1	Code: (Your name)			
2 3	(Address)			
4				
5				
6	(Telephone) In Proper Person			
7	IN THE JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA			
8	IN AND FOR THE COUNTY OF			
9				
10	In the Matter of the Guardianship of the person CASE NO.			
11	☐ the estate) ☐ the person and the estate,) DEPT NO			
12	of:)			
13				
1415	a Minor.			
16	STATE OF NEVADA)			
17	COUNTY OF)			
18 19	REPORT OF THE GUARDIAN OF THE MINOR PERSON			
20	BEGINNING DATE ENDING DATE			
21	BEGINNING DATE ENDING DATE			
22	I, (name of guardian) am the Guardian of the Person of			
23	(name of ward), who was born on (date of birth)			
24 25	and is years old. My annual report is as follows:			
26	I.			
27	Development of the Ward			
28	Minor With Hearing or Minor Without Hearing Report of Guardian 1 of 4 ©2006 Nevada Supreme Court Revised December 14, 2006			

'	The ward's goals, accomplishmen	nts or activities which have o	occurred over the past year are:
.			
-			
-			
		II.	
		Health of the Ward	
	(A) The ward's current phy	rsical health is Good/ Fa	air/ □ Poor. (Please describe)
-			
-			
-		a not had any significant has	
			Ith problems in the last year.
((If yes, please describe)		
-			
_			
	(C) The ward □ has/ □ has	not had any significant injur	ries or accidents in the last year.
((If yes, please describe)		
`	(ar y ez, presse sector)		
-			
-			
	(D) If the ward has had any	significant health problems,	injuries or accidents in the last
3	year, I have filed any medical doc	cumentation and/or doctors'	notes under a Confidential
ľ	Medical/Educational Information	Sheet	
		~	
	nor With Hearing or Minor Without Hearing	2 of 4	©2006 Nevada Supreme Court Revised December 14, 2006

1	(E) The ward □ has/□ has not received the required immunizations. If the ward has		
2	received immunizations, I have filed a copy of the ward's immunization record under a		
3	Confidential Medical/Educational Information Sheet.		
4	III.		
5	Education of the Ward		
6 7	(A) The ward attended (name of school) last year.		
8	I have filed a copy of his/her most recent report card under a Confidential Medical/Educationa		
9	Information Sheet.		
10	(B) The ward will attend (name of school) next year.		
11	{		
12	(C) The ward had the following accomplishments and/or problems in school last year:		
13	(Please describe or write "N/A")		
14			
15			
16	IV.		
17	Well Being of the Ward		
18	(A) The ward □ has/□ has not had any emotional difficulties in the last year. (If yes,		
19			
20	please describe)		
21			
22			
23			
24	(B) (Check One)		
25	☐ The ward lives with me.		
26	☐ THE WARD HVES WITH ME.		
27	(Or)		
28	Minor With Hearing or Minor Without Hearing Report of Guardian 3 of 4 ©2006 Nevada Supreme Court Revised December 14, 2006		

1	☐ The ward does not live with me because (explain why the ward does not live
2	
3	
4	
5	
6	
7	(C) The ward is primarily supervised by (name and relationship to ward)
8	
9	
10	SIGNED and SWORN to before me by (name of guardian)
11	
12	on the,
13	NOTARY PUBLIC
14	
15	OR
16	
17	
18	DEPUTY CLERK
19	OR
20	I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING
21	IS TRUE AND CORRECT.
22	Executed on (date) (signature)
23	
24	
25	
26	
27	
28	
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