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Ward's phone number: _____

Ward's current physician (address and phone number) _____

Name(s) and addresses of guardian(s) _____

Guardian(s) relationship to ward: _____

Number of times guardian(s) visited the ward in the last year: _____

The ward (**check one**) does/ does not continue to need a guardian. (Explain) _____

II.

Physical and Mental Condition of the Ward

(A) The ward currently lives in a (**check one**) private home/ boarding home/ nursing home/ other (explain) _____

(B) The ward's facility provides for the ward's daily living and recreational needs by (describe) _____

(C) The ward (**check one**)

does not attend daily or regular weekly outings, training or work because:

attends daily or regular weekly outings, training or work as follows:

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(D) The activities described in (C), above (**check one**) do/ do not meet the ward's needs. (Explain, if necessary) _____

(E) The ward has had the following medical care during the last year: _____

(F) The ward was last seen by a physician on (date) _____

(G) The ward's current physical health is Good/ Fair/ Poor (please describe)

(H) There (**check one**) have/ have not been any substantial changes in the ward's mental abilities or health in the last year. (If there have been substantial changes, explain.)

III.

Miscellaneous Information

(A) (**Check one**)

The ward does not have any assets or property and does not have annual income more than \$5,000.

The ward does have assets or property or an annual income more than \$5,000. (name) _____ is responsible for these assets. (Note: you may need to

1 file an accounting. See accounting instructions and form in a separate packet and NRS 159.177-
2 NRS 159.181 and NRS 159.076.)

3 **(B) (Check one)**

- 4 The ward does not receive any county services.
5
6 The ward receives the following county services:

7 _____
8 _____

9 **(C) (Check one)**

- 10 The ward does not receive any other services.
11
12 The ward receives the following non-county services:

13 _____
14 _____

14 **(D) I would like the court to know the following: (briefly state anything else that you**
15 **would like the court to know, or write "N/A")**

16 _____
17 _____
18 _____
19 _____
20 _____
21 _____
22 _____

1 SIGNED and SWORN to before me by (name of guardian) _____

2 on the _____ day of _____, _____.

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NOTARY PUBLIC

OR

DEPUTY CLERK

OR

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE
AND CORRECT.

Executed on (date) _____ (signature) _____