Supreme Court of Nevada
ADMINISTRATIVE OFFICE OF THE COURTS

KATHERINE STOCKS
State Court Administrator

JOHN MCCORMICK
Assistant Court Administrator

# MEETING NOTICE AND AGENDA

**Name of Organization:** Supreme Court Permanent Guardianship Commission
**Date and Time of Meeting:** August 7th, 2026, at 2:00 p.m.
**Place of Meeting:** Audio Visual Conference via Zoom
https://us02web.zoom.us/j/86918359431?pwd=CE2MfAztj4y17foe3aOqXuUZyIAv8I.1
Meeting ID: .....869 1835 9431
Participant Passcode: ..... 792075
Teleconference Dial-in: ..... 1 669 219 2599

AGENDA

**I.** Call to Order
- a. Call of Roll and Determination of Quorum
- b. Approval of Meeting Summary
  - i. May 15th, 2026 ***(Attachment 1)***
- c. Opening Remarks

**II.** Public Comment

*Because of time considerations, the period for public comment by each speaker may be limited to 3 minutes, and speakers are urged to avoid repetition of comments made by previous speakers.*

**III.** Workgroup Reports
- a. AB461 Workgroup
  - i. Final Report to the Nevada Supreme Court Guardianship Commission (***Attachment 2***)
- b. Forms Workgroup
- c. Legislative Workgroup
- d. Rules Workgroup
- e. Mental Health Workgroup

**IV.** Statutory and/or Rule Modifications for Adult Guardianships

**V.** Discussion Regarding Funding for Appointed Attorneys

**VI.** Response to Request for Statistics (***Attachment 3***)

**VII.** Educational Needs Discussion

**VIII.** Future Agenda Items

**IX.** Future Meetings

a. The next meeting is scheduled for November 6th, 2026, at 1:30 p.m.

**X.** Public Comment

*Because of time considerations, the period for public comment by each speaker may be limited to 3 minutes, and speakers are urged to avoid repetition of comments made by previous speakers.*

**XI.** Adjournment

# Attachment 1

# May 15, 2026 Meeting Summary

Supreme Court of Nevada
ADMINISTRATIVE OFFICE OF THE COURTS

KATHERINE STOCKS
State Court Administrator

JOHN MCCORMICK
Assistant Court Administrator

# MEETING SUMMARY
# PERMANENT GUARDIANSHIP COMMISSION

*Summary Prepared by Caity Kinnick*

**Date and Time of Meeting:** Friday, May 15, 2026, at 2:00 p.m.
**Place of Meeting:** Remote Access via Zoom

**Members Present**

Judge Denise Gentile, Co-Chair
Judge Tamatha Schreinert, Co-Chair
Debra Amens
Tracy Bowles
Elizabeth Brickfield
Shauna Brennan
Melissa Brown
Judge Kriston Hill
Kathleen Jones
Michael Keane
Karen Kelly
Julie Lindesmith
John Michaelson
Dana Sisk

**AOC Staff**

Kate McCloskey
John McCormick
Martina Schambra

**Other Attendees**

Kimberly Alexander
Alex Cherup
Ashley Gurr
Whitney Jones
Andres Moses
Mallory Nelson
Emily Reed
Carissa Tashiro
William Voy
Brant Wojack

I. **Call to Order** — Judge Schreinert called the meeting to order at 2:02 p.m.

- Ms. Kinnick called roll; a quorum was present.
- The February 6, 2026, meeting summary was approved as presented.

II. **Public Comment**

- There was no public comment.

III. **Presentation – Guardianships Portal Demonstration**

- Ms. McCloskey turned it over to Brant Wojack to provide a demonstration of the Guardianship Portal currently being developed by the Administrative Office of the Courts.
    - Mr. Wojack explained that the Portal is designed to improve consistency and accessibility of guardianship-related data across jurisdictions, support more efficient reporting, and enhance transparency for both courts and policymakers. The system is intended to allow better tracking of guardianship activity statewide and improve the Commission's ability to identify trends, service gaps, and workload demands.

## IV. Reports from Workgroups

- AB461 Workgroup
  - Mr. Voy provided an update on the work group's progress on the final report, noting that the final draft is currently being completed with exhibits being attached and a final vote on recommendations forthcoming. He indicated that the group anticipates completing its vote within the next one to two weeks, after which the report will be finalized and submitted to the Commission, likely by May 31 and no later than early June. Mr. Voy reported that the work group reached a broad consensus not to adopt the Uniform Health Care Decisions Act and instead will include analysis of key concerns along with approximately a dozen recommendations aimed at strengthening the existing statutory framework and adding additional protections. He also explained that the group had limited available data on the recently adopted 2023 version of the Uniform Act, as only a small number of states have implemented it and those adoptions are very recent. Keane emphasized that Workgroup recommendations will return to the Commission for final decision-making and suggested extra time be allocated in the future for discussion due to the broad nature of the Act and any potential resistance to it that may arise legislatively. Judge Schreinert requested Mr. Voy notify the Commission when he would like that extra allotted time be added to the agenda.
  - Judge Schreinert outlined the anticipated review and approval process for the report, noting it will be distributed to Commission members (via Caity) likely at the end of May or beginning of June for review over the summer. The Commission discussed next steps and confirmed the expectation that members will review the final report and be prepared to vote at the August 7 meeting. It was noted there does not appear to be a firm statutory deadline, though members indicated the report will likely need to be submitted by early fall at the latest. Staff also indicated they would confirm applicable bill requirements and coordinate with Legislative Counsel Bureau staff regarding submission procedures and timing to the Interim Committee on Health and Human Services.
  - Later in the meeting, members discussed broader policy concerns related to AB461, particularly the proposed substitute decision-making framework for situations where no power of attorney exists. Several participants raised concerns about whether such a system could function as a parallel decision-making track outside of traditional guardianship and court oversight, while others emphasized the operational pressures faced by hospitals and the challenges of locating appropriate decision-makers in urgent situations. The discussion also reflected differing perspectives on the balance between timely medical decision-making and procedural safeguards, including concerns about potential circumvention of guardianship processes. No conclusions were reached, and the topic was informally noted for further consideration in connection with the forthcoming report. It was also suggested that additional stakeholder engagement, including with hospital associations, may be appropriate after the report is finalized, and the legislative workgroup will be reconvened to continue related discussions.
- Forms Workgroup

  - Ms. Reed reported the Forms Workgroup is currently in a holding pattern with no active form revisions underway and will remain on pause unless issues arise or until the next legislative session.
- Legislative Workgroup
  - Judge Schreinert noted that the Legislative Workgroup has not yet met as previously planned due to scheduling delays but indicated that a meeting will be convened in the coming month or two, with outreach to prior members to confirm continued participation and identify any additional interest.
- Rules Workgroup
  - The Rules Workgroup reported that it has not met recently and is currently on hold pending additional proposals or issues for consideration. Members noted that prior discussion topics included a potential rule requiring filing proof of service, which was not advanced in recent legislation. Participants indicated that additional rule suggestions will be circulated for review, including possible revisions related to hearing procedures and administrative efficiency, and these will be forwarded to the workgroup chair for further development and consideration.
- Mental Health Workgroup
  - The workgroup reported that it has been divided into two subgroups to address distinct areas of focus. The first subgroup is developing a flyer or handout for jails, public defenders, and related stakeholders explaining guardianship basics and how to identify whether an individual is under guardianship. The second subgroup is focusing on nursing home and psychiatric care issues, including challenges related to access to care and documentation.
  - In addition to these subgroup efforts, the workgroup is concentrating on educating jail staff, public defenders, and district attorneys about guardianship, particularly in situations where individuals move through the legal system without guardianship status being identified. Members are also exploring whether a centralized database could assist in identifying guardianship status and are researching best practices implemented in other states.
  - The group is further working to educate nursing facilities regarding guardianship and the treatment of individuals with mental health conditions while examining training opportunities and access concerns related to the Nevada Lockbox system and advance directives. Members discussed concerns that psychiatric advance directives may be stored in the system but are not consistently reviewed by hospitals or providers, and reports indicate the Lockbox is not routinely checked or easily accessible in practice, creating potential usability issues for guardians and emergency situations.
  - Members noted that the next internal meeting is scheduled for June 4, with the goal of developing concrete materials or recommendations to share with the full Commission before the August 7 meeting.

- SIJS Workgroup

- The Workgroup did not meet in the past quarter. Judge Schreinert decided to pause the Workgroup; there was no objection from the Commission.

## V. Discussion and Possible Action on Legislative Review Authorization Procedures

- The Commission reviewed, amended, and approved a proposed policy establishing formal legislative review procedures for the Commission and its work groups. The policy creates a structured three-step process in which designated work groups review legislative proposals, develop recommendations, and forward them to the full Commission for consideration and vote. Members clarified that work groups are responsible for exploring issues and advancing recommendations by majority vote, while the Commission retains responsibility for determining and transmitting the official public position. Ms. Brennan further explained that the Commission would use standard legislative position categories, including approve, oppose, amend, neutral, or other, and that approved positions would be transmitted to the Legislature by designated Commission representatives.
- Members discussed how Commission consensus should be defined when establishing official positions. Mr. Keane expressed concern about situations involving closely divided votes, and Judge Schreinert noted that a threshold higher than a simple majority would be appropriate for issuing a unified Commission position. Following discussion, members agreed that the full Commission would require a two-thirds majority vote to adopt an official legislative position. It was also clarified that, when consensus is not achieved, individual members may still provide testimony or comments in their personal or professional capacities, provided they do not represent the Commission.
- Additional amendments addressed implementation details and terminology. Ms. Bowles identified inconsistent references to “shared decision-making” and “supported decision-making” in the draft policy, and Ms. Brennan confirmed that “supported decision-making” should be used consistently throughout the document. Members also agreed that co-chairs would serve as the primary signatories and points of contact for transmitting approved positions, while allowing the Commission flexibility to designate alternates at the time of approval. The motion, as amended to incorporate these revisions, was seconded and approved.

## VI. Legal Aid Provider Survey

- The Commission reviewed updated data from the Legal Aid Provider Survey regarding county funding for legal aid services and the actual cost of services provided by legal aid organizations. Staff clarified that the information was compiled based on county responses and follow-up data from legal aid providers, including updated figures from Nevada Legal Services regarding services in Elko County. Nevada Legal Services reported receiving approximately $62,430 in county funding compared to an estimated actual cost of approximately $150,289.15 for services provided, highlighting a significant gap between funding and cost of service delivery.
- Members discussed concerns regarding the apparent disparity between county funding allocations and the actual costs of providing legal representation in guardianship and related matters. It was noted that this information will be incorporated into a broader discussion at a future meeting regarding funding for appointed counsel and systemic resource constraints.

- Members also raised broader statewide concerns regarding strain on the guardianship system, including delays in hearings, variation in court timelines across counties, and limited capacity of legal aid providers. Discussion highlighted concerns about inconsistencies in access to counsel, particularly in older or reopened cases where representation had not previously been appointed or where providers are unable to accept additional cases due to capacity limits. Members noted that these issues may reflect both funding limitations and statutory or procedural ambiguities regarding appointment and duration of counsel.
- The Commission agreed to update the survey data to include the newly provided information and correct minor reporting errors, and to revisit the topic in conjunction with the upcoming discussion on appointed counsel funding and related statutory issues at a future meeting.

## I. Educational Needs Discussion

- Aside from educational needs discussed earlier in the meeting, no further needs were discussed.

## II. Response for Request for Statistics

- The Commission briefly reviewed monthly guardianship statistics for the Second and Eighth Judicial Districts. No substantive discussion was raised regarding the data. Chair Schreinert noted that updated statistics are available publicly on the Second Judicial District Court's website and encouraged members to review them there. Members made general remarks noting the continued high volume of guardianship cases statewide.

## III. Future Meetings

- The next meeting of the Commission is scheduled for Aug 7, 2026, at 2:00 p.m.

## IV. Public Comment

- There was no public comment.

## V. Adjournment

- There being no further discussion, the meeting was adjourned at 4:02 p.m.

# Attachment 2
# AB461 Workgroup Final Report to the Nevada Supreme Court Guardianship Commission

# Report of the A.B. 461 Workgroup to the Nevada Supreme Court Guardianship Commission

## Background

In response to the passage of Assembly Bill (A.B.) 461 with Amendments, also known as the Uniform Health-Care Decisions Act (UHCDA), by the 83rd (2025) Session of the Nevada Legislature, the Nevada Supreme Court Guardianship Commission chartered the establishment of the A.B. 461 Workgroup to further examine the UHCDA and make recommendations to the full Guardianship Commission. The Guardianship Commission will then present its recommendations to the 84th Session of the Nevada Legislature when it convenes in 2027.

Specifically, the following were the two principal objectives of the A.B. 461 Workgroup:

1. To examine: (a) The provisions of the UHCDA that have not been enacted in Nevada; (b) The manner in which the UHCDA has been implemented in other jurisdictions; and (c) The effects of such implementation in other jurisdictions.

2. Provide recommendations to the Joint Interim Standing Committee on Health and Human Services, in writing or at a meeting of the Committee, concerning: (a) Whether any or all of the provisions of the UHCDA which have not yet been enacted in Nevada should be enacted; (b) If the Commission recommends the enactment of any additional provisions of the UHCDA in Nevada, any modifications to those provisions that the Commission deems advisable; (c) The potential benefits and drawbacks of enacting any or all of the provisions of the UHCDA in Nevada; and (d) Any other subjects related to the UHCDA, as the Commission deems advisable.

The A.B. 461 Workgroup has 24 members, consisting of health care practitioners and subject matter experts on aging, disability, probate, estate planning, and guardianship. They represent a wide range of legal practice settings such as private law firms, health care organizations, government agencies, and legal aid organizations. **Attachment 1** contains the list of A.B. 461 Workgroup members.

## Executive Summary

After a thorough review and analysis of the UHCDA, the A.B. 461 Workgroup does not recommend adopting the UHCDA either in whole or in part. The consensus of the Workgroup members is that the UHCDA will very likely increase the volume of litigation due to its vague provisions, dangerously expand the authority of default surrogate decision-makers, and repeal needed supportive mechanisms for individuals with cognitive disabilities. There is also consensus among the Workgroup members that Nevada already has a very strong and robust

statutory framework for advance health care directives and powers of attorney for health care. Although the Capacity Sub-workgroup of the A.B. 461 Workgroup identified concerns about the involuntary commitment of individuals with dementia in Nevada, protection of rights, path to restore capacity and least restrictive alternatives, which are addressed in part by UHCDA, the UHCDA falls short of the necessary protections for Nevadans against involuntary confinement.

Therefore, instead of adopting the UHCDA in whole or in part, the Workgroup recommends further strengthening the existing Nevada statutory framework pertaining to advance health care directives, durable powers of attorney for health care, and rights and protections in locked-down placement for dementia. These specific recommendations are outlined below in this report.

Furthermore, the UHCDA has not been widely adopted by other states. The state of Delaware adopted the 2023 version of the UHCDA, effective September 30, 2025. The state of Utah adopted the 2023 version of the UHCDA, effective January 1, 2026. Several other states, including Colorado, Oklahoma, and North Carolina, have legislation pending. No reports or other information were found on the effects of such implementation in these two jurisdictions. Both states adopted the Act with amendments. However, it is far too early to determine its impact on patient care, the health care industry, and judicial involvement.

**Deficiencies of the UHCDA**

The A.B. 461 Workgroup identified the following areas as major deficiencies of the UHCDA:

**1. *The definition of "Capacity" is overly stringent and difficult to meet*:** Subsection 1 of Section 28 of A.B. 461 imposes a highly restrictive definition of "capacity." It requires someone to be "willing and able" to fully understand the nature, consequences, risks, and benefits of 1) health care decisions, 2) health care instructions, and 3) appointment of an agent under a power of attorney for health care or identification of a default surrogate under paragraph (a) of subsection 2 of Section 36 of A.B. 461. Individuals must meet these requirements for capacity before they can appoint an agent under a power of attorney for health care or execute an advance health care directive. Consequently, these requirements will exclude many elderly, disabled, and cognitively impaired individuals from using less restrictive alternatives to guardianship such as a power of attorney for health care, forcing them into court-supervised guardianship proceedings.

Therefore, the Workgroup recommends aligning the definition of capacity with NRS 159.019. NRS 159.019 states that "A person is "incapacitated" if he or she, for reasons other than being a minor, is unable to receive and evaluate information or make or communicate decisions to such an extent that the person lacks the ability to meet essential requirements for physical health, safety or self-care without appropriate assistance." Unlike the UHCDA, the definition in NRS

159.019 is more flexible and does not require the individual to have a sophisticated understanding of complex medical treatments.

The Capacity Sub-workgroup of the A.B. 461 Workgroup identified a "protection gap" under Nevada law in cases involving the placement in a locked-down facility of a dementia patient, without hearing or any preservation of rights.

**2. *The definition of "Reasonably Available" is too ambiguous:*** As articulated in Section 21 of A.B. 461, the definition of "Reasonably Available" means "able to be contacted without undue effort and being willing and able to act in a timely manner considering the urgency of an individual's health care situation. When used to refer to an agent or default surrogate, the term includes being willing and able to comply with the duties under section 41 of this act in a timely manner considering the urgency of an individual's health care situation." This definition is very vague and highly subjective. It places very little burden on the health care provider or hospital to make a diligent effort to contact an agent under a power of attorney or an appointed guardian.

This raises the danger that medical providers or health care organizations will bypass an agent named under a power of attorney for health care or a court-appointed guardian if they determine that the named agent or appointed guardian is "not reasonably available." Under this situation, the medical provider or health care organization could appoint a default surrogate decision-maker under Section 36 of A.B. 461 without a court order or any input from the patient.

**3. *The UHCDA will increase the volume of litigation in the court system:*** The UHCDA process is so complex and subjective that the safest way to proceed is to get a judicial determination on even the slightest issue. Specifically, the following areas will very likely increase litigation by requiring court determinations:

a. The question of an individual's capacity to execute a power of attorney for health care (Sections 28, 29, 30).

b. Default Surrogates who can act as an Agent for the patient (Sections 36, 37, 38).

c. Actions allowed by or not allowed by Default Surrogates (Sections 41, 42, 43).

d. The good faith exceptions to civil, criminal, and professional liability for health care professionals and institutions are conditioned on subjective standards (Section 47).

e. The question of liability and damages under Section 48. Specifically, when does a recommendation by either a doctor or an attorney to a person to create a Directive or to select

some options on the form change from advice to an "inducement" that others may claim was fraudulent or coercive?

f. Section 31 of A.B. 461 will potentially generate additional litigation when a health care professional deems a patient as lacking capacity under subsection 2 of Section 29 of A.B. 461. Section 31 sets up a legal framework for the patient to challenge this determination but fails to explain how it would work. Although Section 31 states that the patient may petition the district court, it does not specify in which court the patient should file his/her case (*e.g., probate court, guardianship court, civil court)*.

**4. *There is a dangerous expansion of Default Surrogate authority under the UHCDA:*** Primarily through its vague and subjective definition of "reasonably available," A.B. 461 enables the appointment without a court order of a default surrogate decision-maker to make any health care decision for the patient, including a decision for placement to a lower level of care. This further undermines the protections provided by court-appointed guardians as well as agents under valid powers of attorney.

**5. *A.B. 461 repeals needed supportive mechanisms for individuals with cognitive disabilities:*** Section 82 of A.B. 461 repeals Powers of Attorney for individuals diagnosed with dementia or intellectual disability. Currently, Nevada's statutes provide authority for the use of Supported Decision-Making Agreements, Healthcare Powers of Attorney for individuals with dementia (NRS 162A.870) and Healthcare Powers of Attorney for individuals with intellectual disabilities (NRS 162A.865). Under Section 82 of A.B. 461, individuals with cognitive disabilities would not be able to avoid guardianships, which would make guardianships the default option rather than the option of last resort.

**6. *A.B. 461 contains definitions for terms such as "Health Care Professional" and "Person Interested in the Welfare of the Individual" that are very broad and vague:*** Under Section 14 of A.B. 461, the definition of "Health Care Professional" may include anyone "licensed or certified" to provide health care in Nevada. This broad definition raises concerns about who qualifies as a "Health Care Professional" for purposes of the UHCDA.

The definition of "Person Interested in the Welfare of the Individual" in Section 18 is also very broad. It is not clear who would be excluded from the term "Person Interested in the Welfare of the Individual." The very broad definitions of both of these terms may result in additional litigation.

**7. *Section 72 of A.B. 461 forces the use of a single standard form for the Advance Health-Care Directive that is very vague and does not provide clear direction to medical providers:*** The form that is utilized under A.B. 461 is the one that appears in NRS 162A.855. The entire middle

section of this form entitled "Instruction about Priorities" is very vague and sets a malpractice trap for health care providers. The following is an example of one of the questions from this part of the form:

"Staying alive as long as possible even if I have a substantial physical limitation is
___very important ____somewhat important _____not important."

In this question, it is not clear what "a substantial physical limitation" means. A sample form that is preferred appears in **Attachment 2**.

**Recommendations of the A.B. 461 Workgroup**

For the reasons outlined above, the A.B. 461 Workgroup does not recommend adopting the UHCDA either in full or in part. The consensus of the Workgroup is that Nevada already possesses a very strong and robust statutory framework for advance health care directives and powers of attorney for health care. Instead, the Workgroup recommends that the current Nevada statutes be further strengthened in the following ways:

1. Mandate that Health Care Providers (HCPs) always check and utilize the Lockbox first to see if their patients have any advance directives and powers of attorney for health care. The power granted to facilities and hospitals by the UHCDA to designate a health care agent is overbroad and allows the health care agent to override the Guardian or other legal representative. However, this Workgroup identified that facilities and hospitals are requesting passage of additional laws to address situations where patients have no legal representation in a non-emergency situation.

2. Ensure adequate funding and support for the Nevada Lockbox program.

3. Consider placing the Lockbox program mentioned above under the jurisdiction of another Department within the State of Nevada.

4. Include an opt-out provision for surrogate decision-makers in the Health Care Power of Attorney (HCPOA).

5. Have specific legislation that permits an HCPOA agent to apply for health-related benefits such as Medicare/Medicaid on behalf of the principal.

6. Address changes to guardianship statutes regarding temporary guardianship for discharge and placement. Formulate a Workgroup specifically on this issue for further discussion and analysis.

7. Develop criteria and training for physicians who execute Certificates of Incapacity.

8. Align the definition of "capacity" with NRS 159.019. Revise Nevada law to correct the use of the term "competency" (a legal standard for due process) versus "capacity" (a medical clinical diagnosis) for the appropriate situation. Ensure the definitions of both terms are used under the appropriate context. Refer to **Attachment 4** for a detailed discussion of this issue from the Capacity and Competency Sub-workgroup of the A.B. 461 Workgroup.

9. Adopt the preferred sample form in **Attachment 2** as an approved form for a Durable Power of Attorney for Health Care and Advance Health Care Directive in Nevada.

10. Recognize and accept supported decision-making for purposes of Advance Health Care Directives and Durable Powers of Attorney for Health Care.

11. Expand the authority of the named agent under an HCPOA or appointed guardian to make decisions on behalf of the principal concerning experimental treatments. California already provides for this. Refer to the California Health and Safety Code 24178 (Experimental Treatment) in **Attachment 3**. Add next of kin decision making for those without a HCPOA or guardian to provide access to experimental treatment for all Nevadans. In addition, allow surrogate decision-makers under current Nevada law to also consent to experimental treatments.

12. Regarding placement in a locked-down facility: (a) Add provisions to Probate and Guardianship codes, which (i) do not allow the "automatic" power of a power of attorney or guardian to lock a door (place in memory care), in emergency cases temporary placement up to 30 days until hearing; (ii) require a specific capacity hearing; (iii) require "clear and convincing evidence" and (iv) a specific finding that the person has a "major neurocognitive disorder" based on patient record by a qualified specialist, before a locked placement is authorized. (b) create a new section to NRS 449A requiring any facility with a "secured perimeter" to (i) report all non-consensual admissions to the State Long-Term Care Ombudsman or a Regional Behavioral Health Board within 48 hours for an independent review and (ii) and to permit the patient to request an independent evaluation at least once every 6 months.

## Attachment 1: A.B. 461 Workgroup Membership

*as of 1 June 2026*

| Name of Member | Position | Organization | E-mail |
|---|---|---|---|
| **William O. Voy** | **Chairperson, A.B. 461 Workgroup** | **Southern Nevada Senior Law Program (Pro Bono Program Director)** | wvoy@snslp.org |
| Debra Amens | Attorney | Amens Law Firm | debra@amenslawfirm.com |
| Debra Bookout | Directing Attorney, Guardianship Advocacy Project | Legal Aid Center of Southern Nevada | dbookout@lacsn.org |
| Chris Bosse | Government Relations | Renown Health | cbosse@renown.org |
| Shauna Brennan | Advocacy Rights Attorney | Nevada Department of Human Services, | sbrennan@adsd.nv.gov |
| Patrick Clifford | Attorney | Clifford Senior Law | patrick@cliffordseniorlaw.com |
| Charlie De La Paz | Government Affairs | Government Affairs | charlie@dlpnevada.com |
| Alice Denton | Attorney | Denton Cho | dentonalice@hotmail.com |
| Suzanne R. Fitts | Attorney | Lee, Kiefer &Park | suzie@lkpfirm.com |
| Alex Giuliani | Attorney | Giuliani Law Firm | alex@giulianilawfirm.com |
| Lynn Hughes | Attorney | Roberts Stoffel Family Law Group | lynn@lvfamilylaw.com |
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| Michael Keane | Attorney | Keane Law Firm (Reno, Nevada) | keanelawreno@gmail.com |
| Carol Kingman | Senior Staff Attorney | Southern Nevada Senior Law Program | ckingman@snslp.org |
| Jeffrey P. Luszeck | Attorney | Solomon Dwiggins & Freer, Ltd. | jluszeck@sdfnvlaw.com |
| John McCormick | Assistant Court Administrator | AOC, Government Relations | jmccormick@nvcourts.nv.gov |
| John P. Michaelson | Attorney | Michaelson Law | john@michaelsonlaw.com |
| Jonathan Norman | Attorney | Legal Aid Center of Southern Nevada | jnorman@lacsn.org |
| Whitney Short | Attorney | Short and Stevens Law Firm | whitney@shortandstevenslaw.com |
| Allyson Sieck | Attorney | Lee, Kiefer &Park | allyson@lkpfirm.com |
| Amanda Stevens | Attorney | Short and Stevens Law Firm | amanda@shortandstevenslaw.com |
| Steven E. Tackes | Attorney | Kaempfer Crowell | stackes@kcnvlaw.com |
| Megan Walls | Attorney | Walls Legal Services | megan@wallslegalservices.com |
| Kendal Lee Weisenmiller | Attorney | Dawson & Lordahl, PLLC | kweisenmiller@dlnevadalaw.com |
| **Capacity and Competency Sections Sub-Workgroup** | | | |
| Deanne O'Rear-Cameron | | Chairperson, Nevada Commission on Aging; Chairwoman, City of Las Vegas Senior Advisory Board | deanneorear@gmail.com |
| Catherine M. Nielsen | Executive Director | Nevada Governor's Council on Developmental Disabilitites; Nevada Health Authority | cmnielsen@nvha.nv.gov |
| Jennifer Carson, PhD, Director | Clinical Associate Professor, School of Public Health, University of Nevada, Reno | Dementia Engagement, Education, and Research (DEER) Program; Member, Nevada Task Force on Alzheimer's Disease (TFAD) and Dementia Friendly Nevada | jennifercarson@unr.edu |
| Marie Coe | Long Term Care Ombudsman | Nevada ADSD Long Term Care Ombudsman Program | macoe@adsd.nv.gov |
| Robin Tejada | Social Services Chief 2 | Nevada ADSD Adult Protective Services | rmtejada@adsd.nv.gov |
| Jamie Ahumada, Planning Chief | Planning Chief | Nevada ADSD Office of Community Living | JamieA@adsd.nv.gov |
| Shauna Brennan | Advocacy Rights Attorney | Nevada Department of Human Services, Aging & Disability Services Division (ADSD) | sbrennan@adsd.nv.gov |
| Patrick Clifford | Attorney | Clifford Senior Law | patrick@cliffordseniorlaw.com |
| William O. Voy | Chairperson, A.B. 461 Workgroup | Southern Nevada Senior Law Program (Pro Bono Program Director) | wvoy@snslp.org |

# Attachment 2:

## Preferred Form

## for

## Durable Power of Attorney for Healthcare

## And

## Advance Healthcare Directive

DURABLE POWER OF ATTORNEY FOR HEALTHCARE

ADVANCE HEALTHCARE DIRECTIVE

_____(Name)

THIS IS AN IMPORTANT LEGAL DOCUMENT. IT CREATES A DURABLE POWER OF ATTORNEY FOR HEALTH CARE. BEFORE EXECUTING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

1. THIS DOCUMENT GIVES THE PERSON YOU DESIGNATE AS YOUR AGENT THE POWER TO MAKE HEALTH CARE DECISIONS FOR YOU. THIS POWER IS SUBJECT TO ANY LIMITATIONS OR STATEMENT OF YOUR DESIRES THAT YOU INCLUDE IN THIS DOCUMENT. THE POWER TO MAKE HEALTH CARE DECISIONS FOR YOU MAY INCLUDE CONSENT, REFUSAL OF CONSENT OR WITHDRAWAL OF CONSENT TO ANY CARE, TREATMENT, SERVICE OR PROCEDURE TO MAINTAIN, DIAGNOSE OR TREAT A PHYSICAL OR MENTAL CONDITION. YOU MAY STATE IN THIS DOCUMENT ANY TYPES OF TREATMENT OR PLACEMENTS THAT YOU DO NOT DESIRE.

2. THE PERSON YOU DESIGNATE IN THIS DOCUMENT HAS A DUTY TO ACT CONSISTENT WITH YOUR DESIRES AS STATED IN THIS DOCUMENT OR OTHERWISE MADE KNOWN OR, IF YOUR DESIRES ARE UNKNOWN, TO ACT IN YOUR BEST INTERESTS.

3. EXCEPT AS YOU OTHERWISE SPECIFY IN THIS DOCUMENT, THE POWER OF THE PERSON YOU DESIGNATE TO MAKE HEALTH CARE DECISIONS FOR YOU MAY INCLUDE THE POWER TO CONSENT TO YOUR DOCTOR NOT GIVING TREATMENT OR STOPPING TREATMENT WHICH WOULD KEEP YOU ALIVE.

4. UNLESS YOU SPECIFY A SHORTER PERIOD IN THIS DOCUMENT, THIS POWER WILL EXIST INDEFINITELY FROM THE DATE YOU EXECUTE THIS DOCUMENT AND, IF YOU ARE UNABLE TO MAKE HEALTH CARE DECISIONS FOR YOURSELF, THIS POWER WILL CONTINUE TO EXIST UNTIL THE TIME WHEN YOU BECOME ABLE TO MAKE HEALTH CARE DECISIONS FOR YOURSELF.

5. NOTWITHSTANDING THIS DOCUMENT, YOU HAVE THE RIGHT TO MAKE MEDICAL AND OTHER HEALTH CARE DECISIONS FOR YOURSELF SO LONG AS YOU CAN GIVE INFORMED CONSENT WITH RESPECT TO THE PARTICULAR DECISION. IN ADDITION, NO TREATMENT MAY BE GIVEN TO YOU OVER YOUR OBJECTION, AND HEALTH CARE NECESSARY TO KEEP YOU ALIVE MAY NOT BE STOPPED IF YOU OBJECT.

6. YOU HAVE THE RIGHT TO DECIDE WHERE YOU LIVE, EVEN AS YOU AGE. DECISIONS ABOUT WHERE YOU LIVE ARE PERSONAL. SOME PEOPLE LIVE AT HOME WITH SUPPORT, WHILE OTHERS MOVE TO ASSISTED LIVING FACILITIES OR FACILITIES FOR SKILLED NURSING. IN SOME CASES, PEOPLE ARE MOVED TO FACILITIES WITH LOCKED DOORS TO PREVENT PEOPLE WITH COGNITIVE

DISORDERS FROM LEAVING OR GETTING LOST OR TO PROVIDE ASSISTANCE TO PEOPLE WHO REQUIRE A HIGHER LEVEL OF CARE. YOU SHOULD DISCUSS WITH THE PERSON DESIGNATED IN THIS DOCUMENT YOUR DESIRES ABOUT WHERE YOU LIVE AS YOU AGE OR IF YOUR HEALTH DECLINES.

7. YOU HAVE THE RIGHT TO REVOKE THE AUTHORITY GRANTED TO THE PERSON DESIGNATED IN THIS DOCUMENT TO MAKE HEALTH CARE DECISIONS FOR YOU BY NOTIFYING THE AGENT OR THE TREATING PHYSICIAN, HOSPITAL OR OTHER PROVIDER OF HEALTH CARE.

9. THE PERSON DESIGNATED IN THIS DOCUMENT TO MAKE HEALTH CARE DECISIONS FOR YOU HAS THE RIGHT TO EXAMINE YOUR MEDICAL RECORDS AND TO CONSENT TO THEIR DISCLOSURE UNLESS YOU LIMIT THIS RIGHT IN THIS DOCUMENT.

10. THIS DOCUMENT REVOKES ANY PRIOR DURABLE POWER OF ATTORNEY FOR HEALTH CARE.

11. IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

DURABLE POA HEALTHCARE -- ADVANCE HEALTHCARE DIRECTIVE

1. DESIGNATION OF HEALTH CARE AGENT.

I, _____(Name) _____(birthdate), do hereby designate and appoint:

Name: _____
Address: _____
Phone: _____ email: _____

as my agent to make health care decisions for me as authorized in this document.

2. NAMING AN ALTERNATE AGENT: I want the following persons in the order listed to make health care decisions for me if I cannot and my agent is not willing, able or reasonably available to make them for me:

| | 1st Alternative Agent: | 2nd Alternative Agent: |
|---|---|---|
| Name: | _____ | _____ |
| Address: | _____ | _____ |
| Phone: | _____ | _____ |
| Email: | _____ | _____ |

SURROGATE. If none of the above are available, then I authorize the following persons listed in NRS 139.040 to act as my agent in the priority listed. (e.g. 1-surviving spouse, 2-adult children, 3-adult grandchildren, 4-other adult issue, 5-parent, 6-adult sibling).
(___) initial here if you do not want the Surrogate clause to apply.

3. CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE.

By this document I intend to create a durable power of attorney by appointing the person designated above to make health care decisions for me. This power of attorney shall not be affected by my subsequent incapacity. By signing this document, I revoke any prior durable power of attorney for health care that I may have made. If my designated agent is my spouse or is one of my children, then I waive any conflict of interest in carrying out the provisions of this Durable Power of Attorney for Health Care that said spouse or child may have by reason of the fact that he or she may be a beneficiary of my estate or a trust in which I have settled in whole or in part.

4. GENERAL STATEMENT OF AUTHORITY GRANTED.

In the event that I am incapable of giving informed consent with respect to health care decisions, I hereby grant to the agent named above full power and authority to make health care decisions for me, including consent, refusal of consent or withdrawal of consent to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition; to request, review and receive any information, verbal or written, regarding my physical or mental health, including, without limitation, medical and hospital records; to execute on my behalf any releases or other documents that may be required to obtain medical care and/or medical and hospital records.

INSTRUCTIONS TO CARE PROVIDERS

LIFE-SUSTAINING TREATMENT. This section gives you the opportunity to say how you want your agent to act while making decisions for you. You may initial each item or leave any item blank.

Prolonging life vs. dying a natural death

1. (___) I desire that my life be prolonged to the greatest extent possible, without regard to my condition, the chances I have for recovery or long-term survival, or the cost of the procedures. In other words, keep my body alive even if my doctors have reasonably concluded that there is no reasonable hope for long term recovery or survival or that my coma (if I have one) is irreversible.

2. (___) If I am in a coma which my doctors have reasonably concluded is irreversible, I desire that life-sustaining or prolonging treatments not be used.

3. (___) If I have an incurable or terminal condition or illness and no reasonable hope of long-term recovery or survival, I desire that life-sustaining or prolonging treatments not be used.

4. (___) I have reviewed the Nevada POLST form. If in the future, I have not executed a POLST form and my physician determines, or my agent suspects that, execution of a POLST is appropriate then my agent is authorized to execute a POLST on my behalf in accordance with my wishes stated in this Durable Power of Attorney for Health Care.

GI feeding tube or IV. I understand that withholding or withdrawal of artificial nutrition and hydration may result in death by starvation or dehydration. For some people, receiving nutrition after all other treatment is ended may be a tenet of their religion. For some people it may not make sense to continue this when all other treatment is terminated.

5. (___) I do not want continued artificial nutrition and hydration (e.g. gastrointestinal (GI) feeding tube or intravenous (IV) liquids) after all other treatment is terminated.

6. (___) I do want continued artificial nutrition and hydration (e.g. gastrointestinal feeding tube or intravenous liquids) after all other treatment is terminated.

Experimental procedures, treatments and drugs. I understand that it can take a long time to obtain FDA approval for new medical procedures, treatments and drugs. As a result, many are categorized as "experimental". I also understand that some such procedures, treatments or drugs have a good record of success and that some contain risks. I also understand that experimental procedures, treatments and drugs can only be given to me if I authorize them.

7. (___) I authorize my agent to enroll me in experimental procedures or treatments, or to take experimental drugs, if said procedures, treatments or drugs are recommended by my physician and my agent consents. My agent is to consider the relief of suffering, the preservation or restoration of bodily or cognitive functioning, and the quality as well as the extent of the possible extension of my life in making that decision. My agent is to consider whether the expected benefits outweigh the burdens of the procedures, treatment or drugs.

8. (___) I do not want any experimental procedures, treatments or drugs.

Palliative care (Dying with dignity/Use of pain-relieving drugs)

9. (___) When I die, I wish to do so with dignity, grace and without pain and suffering. If I have an incurable or terminal condition, including but not limited to, late stage dementia, and no reasonable hope of long-term survival or recovery, I desire my attending physician to administer any medication to alleviate suffering without regard to the fact that the medication may be addictive or may reduce the extension of my life.

10. (___) I do not wish to have any medication that may be addictive or reduce the extension of my life.

Assisted living.

11. (___) I desire to live in my home as long as it is safe and my medical needs can be met. My agent may arrange for a natural person, employee of an agency or provider of community-based services to come into my home to provide care for me. When it is no longer safe or reasonable for me to live in my home, I authorize my agent to place me in a facility or home that can provide any medical assistance and support in my activities of daily living that I require. Before being placed in such a facility or home, I wish for my agent to discuss and share information concerning the placement with me, and allow me to participate in the decision of said facility or home. If I am married, placement shall be done in a manner that considers the support needs of my spouse and my minor children.

12. (__) I refuse to be placed in any assisted living facility. I understand that, before I may be placed in a facility or home other than the home in which I currently reside, a guardian must be appointed for me, which means that a Court action would be needed to remove me from my home.

Cognitive rehabilitation or other mental healthcare

13. (___) I authorize my agent to admit me as a voluntary patient to a facility for mental health or place me in rehabilitative care if my agent determines such treatment is best for my health and safety, or if recommended by a physician.

14. (___) I do not authorize my agent to admit me as a voluntary patient to a facility for mental health or place me in rehabilitative care even if my agent determines such treatment is best for my health and safety, or even if recommended by a physician.

ACCESS TO MY HEALTH INFORMATION (HIPAA). I give my agent permission to examine and share information about my health needs and health care if I am not able to make decisions for myself. By signing this form, I give the authorization and full release of information by any government agency, medical provider, business, creditor or third party who may have information pertaining to my health care, to my agent named herein, pursuant to the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended, and applicable regulations.

GUIDANCE FOR MY AGENT. The instructions I have stated in this document should guide my agent in making decisions for me (initial or mark one of the below items to tell your agent more about how to use these instructions):

15. (___) I give my agent permission to be flexible in applying these instructions if he or she thinks it would be in my best interest based on what they know about me and the recommendations of the attending physician.

16. (__) I want my agent to follow these instructions as written if possible, even if he or she thinks something else is better.

GOOD FAITH CARE. My wish is that the provider of healthcare be working cooperatively with me and my Agent for my care. To that end, a provider of health care who relies in good faith on the provisions of this advance directive shall be immune from criminal and civil liability applicable to the withholding or withdrawal of life-sustaining treatment. As such, the liability protection provisions already in law in NRS 449A.727 shall apply whether or not this advance directive is retrieved from the Registry established by the Nevada Secretary of State.

NOMINATION OF GUARDIAN. A guardian is a person appointed by a court to make decisions for someone who cannot make decisions. Filling this out does NOT mean you want or need a guardian right now. If a court appoints a guardian to make personal decisions for me, I want the court to choose my agent named in this form. If my agent cannot be a guardian, I want my alternate agent(s) in the order named in this form. If I prefer someone other than the agent(s)

named in this form, their name and their contact information is:_____

_____

ORGAN DONATION

17. (__) I want to donate my organs, tissues and other body parts, except for those listed below (list any body parts you do not want to donate or any restrictions on use of the organs): .....

18. (__) I do not want my organs, tissues or body parts donated to anybody for any reason.

You may also designate organ donation on your driver license. If there is a conflict between this form and your driver license, the most recent shall control.

CHALLENGES

If the legality of any provision of this Durable Power of Attorney for Health Care is questioned by any person or healthcare provider, then my agent is authorized to commence an action for declaratory judgment as to the legality of the provision in question. The cost of any such action is to be paid from my estate. This Durable Power of Attorney for Health Care/Advanced Healthcare Directive must be construed and interpreted in accordance with the laws of the State of Nevada.

SIGNATURE WITH NOTARY OR WITH WITNESSES Either process is permitted under NRS 162A.790. You only need to use one of these methods.

Sign your name: _____ Today's date: _____

STATE OF NEVADA )
)ss:
COUNTY OF _____ )

On this ___ day of _____, 20__, before me, the undersigned, a Notary Public, personally appeared _____ (Name), personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that said person executed it.

_____

(SEAL) NOTARY PUBLIC

WITNESS ALTERNATIVE: The undersigned witnessed the above signature. The witnesses must be adults and not a person named as an agent above.

Witness signature_____ Witness signature _____
Printed Name:_____ Printed Name: _____

COPIES: You should retain an executed copy of this document and give one to your agent, your primary medical care provider or any other provider of your healthcare.

INFORMATION FOR AGENTS

(1) If this form names you as an agent, you can make decisions about health care for the person who named you when they cannot make their own.
(2) If you make a decision for the person, follow any instructions the person gave, including any in this form.
(3) If you make a decision for the person and you don't know what the person would want, make the decision that you think is in the person's best interest. To figure out what is in the person's best interest, consider the person's values, preferences and goals if you know them or can learn them. Some of those preferences might be in this form. You should also consider any behaviors or communications from the person that indicate what they currently want.
(4) If this form names you as an agent, you can also get and share the person's health information. But you can only obtain or share this information to assist in their health care.

Sample POLST attached.

# ATTACHMENT 3

## CALIFORNIA HEALTH AND SAFETY CODE: 24178 – EXPERIMENTAL TREATMENT

Except for this section and the requirements set forth in Section 24172 and 24176, this chapter shall not apply to any person who is conducting a medical experiment as an investigator within an institution that holds an assurance with the United States Department of Health and Human Services pursuant to Part 46 of Title 45 of the Code of Federal Regulations and who obtains informed consent in the method and manner required by those regulations.

**(b)**

Subdivisions (c) and (e) shall apply only to medical experiments that relate to the cognitive impairment, lack of capacity, or serious or life-threatening diseases and conditions of research participants.

**(c)**

For purposes of obtaining informed consent required for medical experiments in a nonemergency room environment, and pursuant to subdivision (a), if a person is unable to consent and does not express dissent or resistance to participation, surrogate informed consent may be obtained from a surrogate decisionmaker with reasonable knowledge of the subject, who shall include any of the following persons, in the following descending order of priority:

**(1)**

The person's agent pursuant to an advance health care directive.

**(2)**

The conservator or guardian of the person having the authority to make health care decisions for the person.

**(3)**

The spouse of the person.

**(4)**

An individual as defined in Section 297 of the Family Code.

**(5)**

An adult son or daughter of the person.

**(6)**

A custodial parent of the person.

**(7)**

Any adult brother or sister of the person.

**(8)**

Any adult grandchild of the person.

**(9)**

An available adult relative with the closest degree of kinship to the person.

**(d)**

(1) When there are two or more available persons who, pursuant to subdivision (c), may give surrogate informed consent and who are in the same order of priority, if any of those persons expresses dissent as to the participation of the person in the medical experiment, consent shall not be considered as having been given.

**(2)**

When there are two or more available persons who are in different orders of priority pursuant to subdivision (c), refusal to consent by a person who is a higher priority surrogate shall not be superseded by the consent of a person who is a lower priority surrogate.

**(e)**

For purposes of obtaining informed consent required for medical experiments in an emergency room environment, and pursuant to subdivision (a), if a person is unable to consent and does not express dissent or resistance to participation, surrogate informed consent may be obtained from a surrogate decisionmaker who is any of the following persons:

**(1)**

The person's agent pursuant to an advance health care directive.

**(2)**

The conservator or guardian of the person having the authority to make health care decisions for the person.

**(3)**

The spouse of the person.

**(4)**

An individual defined in Section 297 of the Family Code.

**(5)**

An adult son or daughter of the person.

**(6)**

A custodial parent of the person.

**(7)**

Any adult brother or sister of the person.

**(f)**

When there are two or more available persons described in subdivision (e), refusal to consent by one person shall not be superseded by any other of those persons.

**(g)**

Surrogate decision-makers described in this section shall exercise substituted judgment and base decisions about participation in accordance with the person's individual health care instructions, if any, and other wishes, to the extent known to the surrogate decision-maker. Otherwise, the surrogate decisionmaker shall make the decision in accordance with the person's best interests. In determining the person's best interests, the decisionmaker shall consider the person's personal values and the person's best estimate of what the person would have chosen if capable of making a decision.

**(h)**

Research conducted pursuant to this section shall adhere to federal regulations governing informed consent pursuant to Section 46.116 of Title 45 of the Code of Federal Regulations.

# Attachment 4:

## Capacity and Competency Subcommittee Summary Review of A.B. 461

Capacity Subcommittee Summary review of AB 461 proposed UHCDA:

Overview of Issues:

Nevada law is inconsistent in the use of terminology of "competency" (a legal standard for due process) and "capacity" (a medical clinical diagnosis), this creates confusion for courts, attorneys, medical professionals, individuals and government enforcement entities.

Nevada defines the term "incapacitated" at NRS 159.019, within the context of adult guardianship. Within guardianship an individual retains rights under a Bill of Rights (NRS 159.328) and is appointed an attorney Nevada is committed to the least restrictive alternative to guardianship and favors supported decision making and legal representatives, such as power of attorney. Often the power of attorney will contain language that allows a physician to make a determination of "lack of capacity" to invoke the rights of the legal representative and to remove the rights of the principal.

In Nevada a "dementia" is excluded from the definition "mental illness" such that the protections against confinement available to persons with mental illness do not apply to dementia patients, such as the right to a second medical opinion during involuntary confinement (NRS 433.472) and right to Court review of involuntary confinement (NRS 433A.140). In Nevada a medical determination of "dementia" is sufficient to place the individual in a locked down facility, without Court order and the individual is deprived of all rights. Other states, such as California define "dementia" within the probate code, requires "clear and convincing" evidence and a court hearing specifically for dementia powers.

Review of Laws:

UHCDA Sec 29-31 addresses the determination of capacity, allows the individual to petition a court and offers additional rights. However, the UHCDA proposed code is deficient as indicated on Attachment 1.

The Nevada law is inconsistent in the terminology of "competency" (a legal standard for due process) and capacity (a medical clinical diagnosis) and should be reviewed thoroughly to correct the use of terminology for the appropriate situation.

Nevada law needs to be revised to protect individuals with cognitive decline and to eliminate the "locked-down gap", as follows:

**Hybrid "Nevada-California" Solution** focused on these three pillars:

| Pillar | Policy Change | Nevada Statute |
|---|---|---|
| **Pillar 1: Special Powers** | Add provisions to Probate and Guardianship codes, which (i) do not allow the "automatic" power of a power of attorney or guardian to lock a door (place in memory care), in emergency cases temporary placement up to 30 days until hearing; (ii) require a specific capacity hearing; (iii) require "clear and convincing evidence" and (iv)n a specific finding that the person has a "major neurocognitive disorder" based on patient record by a qualified specialist, before a locked placement is authorized. | **Guardianship**<br>**NRS 159.079; 159.0807**<br>**Probate NRS 162A.805** |
| **Pillar 2: Independent Check** | Mandate a Court Investigator (not the guardian's doctor) to visit the facility to verify necessity. | **Guardianship**<br>**NRS 159.0485**<br>**Probate NRS 162A** |
| **Pillar 3: Facility Compliance** | Create a new section requiring any facility with a "secured perimeter" to (1) report all non-consensual admissions to the State Long-Term Care Ombudsman or a Regional Behavioral Health Board within 48 hours for an independent review and (2) and to permit the patient to request an independent evaluation at least once every 6 months. | **NRS 449A (Patient Rights)** |

Attachment 1

1. Determination of Capacity UHCDA 28: The requirements in subsection 1 are an extreme definition of capacity. It requires someone to be "willing and able" to understand the nature, consequences, risks and benefits of 1) health care decisions, 2) health care instructions, AND 3) appointment of an agent to appoint an agent for health care decisions. This limits the ability of many individuals to create less-restrictive alternatives. Stakeholders experience that some individuals decide, "I want my mom/dad/spouse/friend" to make medical decisions for me," but probably cannot understand "this is what XX medical procedure would entail and the risks and benefits of it." With this definition of capacity, a POA would limit many individuals from executing this less restrictive alternative and push them into guardianship when it, otherwise, could be avoided.

   The recommendation is to track the definition of capacity in NRS 159.019. A person is incapacitated if he or she, for reasons other than being a minor, is unable to receive or evaluate information or make or communicate decisions to such an extent that the person lacks the ability to meet essential requirements for physical health, safety or self-care without appropriate support.
2. Determination of lack of capacity UHDCA: UHCDA does not specify qualification for the "responsible health care professional" to determine capacity or history with the patient; does not include training. UHDCA has no consideration for the consequences of the decision, including, without limitation, the primary risks and benefits of the decision. Both NV and UHCDA recommend language to broaden the field for who decides capacity; however, do they have training to perform capacity assessment, add consideration of changing capacity?
3. Notice of determination and rights UHDCA 30: Subsection 4(c) – requiring a decision to be made promptly - What is "serious harm to the health" – how is this determined? Would this allow forcing psych meds, or amputating a limb, over a patient's objection? Forcing a patient with kidney failure to endure dialysis? These are all scenarios that arise in guardianship cases. As written, this would allow a facility to determine someone lacks capacity, inform them of this determination, then act over the person's objection, with no court order (or even seeking court permission) because it could cause "serious harm" to the individual's health.

Subsection 4(d) – second finding of lack of capacity - If someone objects to one doctor, social worker, etc., finding that person lacks capacity, as written, this provision allows for the facility to call another provider, who also is employed by the facility - to rubber stamp their determination. The result is that people will lose their rights to make their own healthcare decisions, or even to designate an agent to do so, with no court determination. This already leads to disputes with hospitals who refuse to release patients when the hospital determines the individual lacks capacity. This would allow hospitals to hold individuals indefinitely in a facility, essentially against their will, with no court approval or oversight. The "medical holds"" when they cannot (or could never) justify a legal hold.

4. Right to Petition Court UHDCA 31: In what Court does this individual file a Petition? It is unclear the full purpose of the hearing and what would happen after a hearing? There is a concern that if someone is found to be incapacitated in a District Court (based upon this petition), could that court appoint a guardian? Want to ensure that a guardian could NOT be appointed this way. Needs clarification. Do we anticipate increased court hearings? It seems it would increase the number of hearings (by how much?) Not enough information to know how this would increase the need for judicial officers – a fiscal note may be necessary?

# Attachment 3
# Response to Request for Statistics

# Eighth Judicial District Court

## State of Nevada
## Clark County

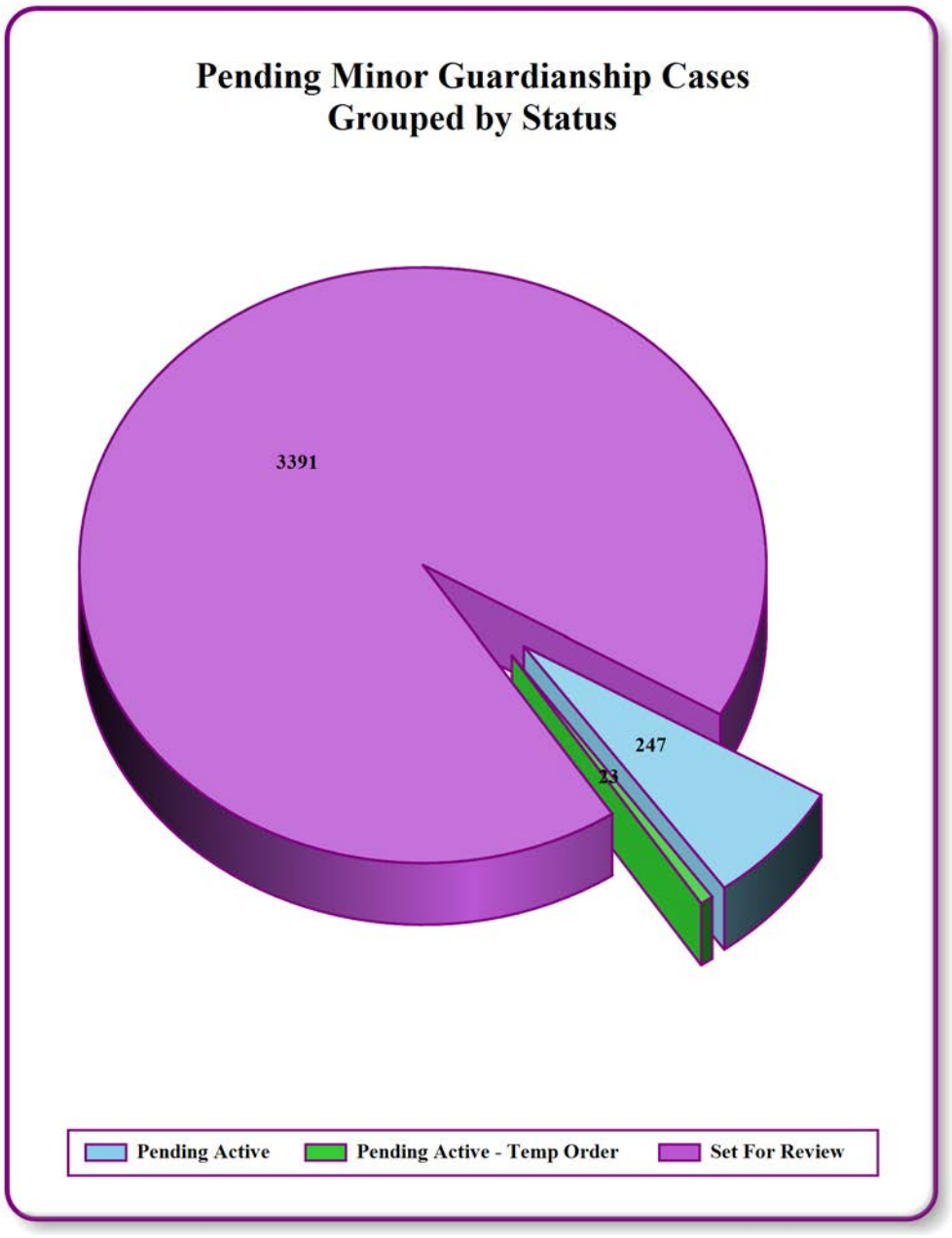
## June 2025 - May 2026

# Summary Monthly Minor Guardianship Case Status Report

## Table of Contents

**Caseload Reports**
**1.1 - Status of Pending Minor Guardianship Cases**
Average Age of Case reflects time of initial petition to either time of disposition or current date.

| | 0 - 30 Days | 31 - 60 Days | 61 - 90 Days | 91 - 180 Days | 181 - 365 Days | Greater Than 365 Days | Totals |
|---|---|---|---|---|---|---|---|
| **Pending Active** | 63 | 66 | 27 | 28 | 9 | 9 | 202 |
| **Pending Active - Temp Order** | 1 | 6 | 2 | 4 | 3 | 1 | 17 |
| **Disposed / Set For Review** | 55 | 50 | 49 | 126 | 270 | 2,358 | 2,908 |
| **Totals** | 119 | 122 | 78 | 158 | 282 | 2,368 | 3,127 |



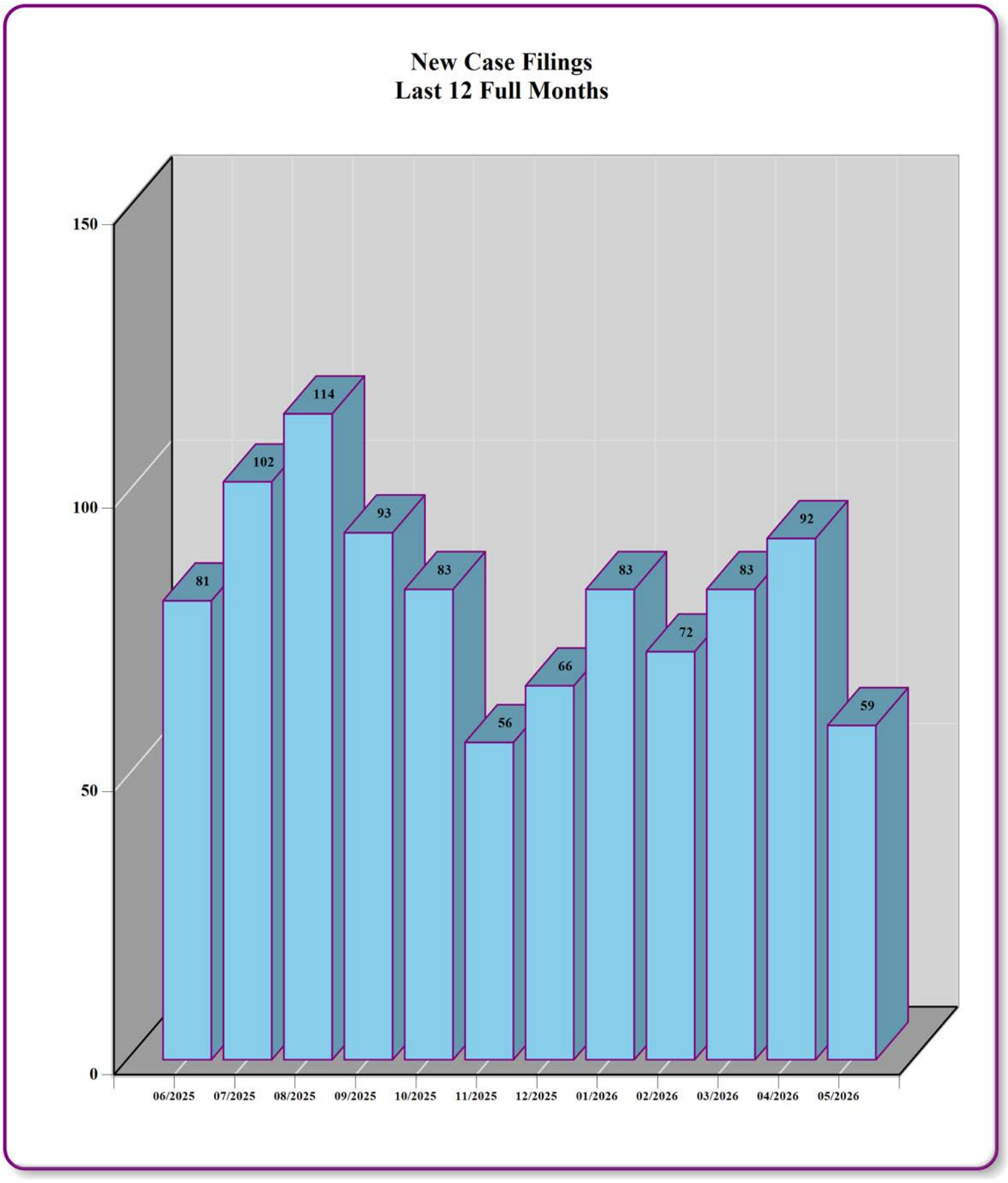

**Cases represented in the previous table and this graph contain cases with any initial filing date. Disposed cases are not listed here. Age of case is determined by the date the status was updated.**

**Pending - Active:** A count of cases that, at the start of the reporting period, are awaiting disposition.

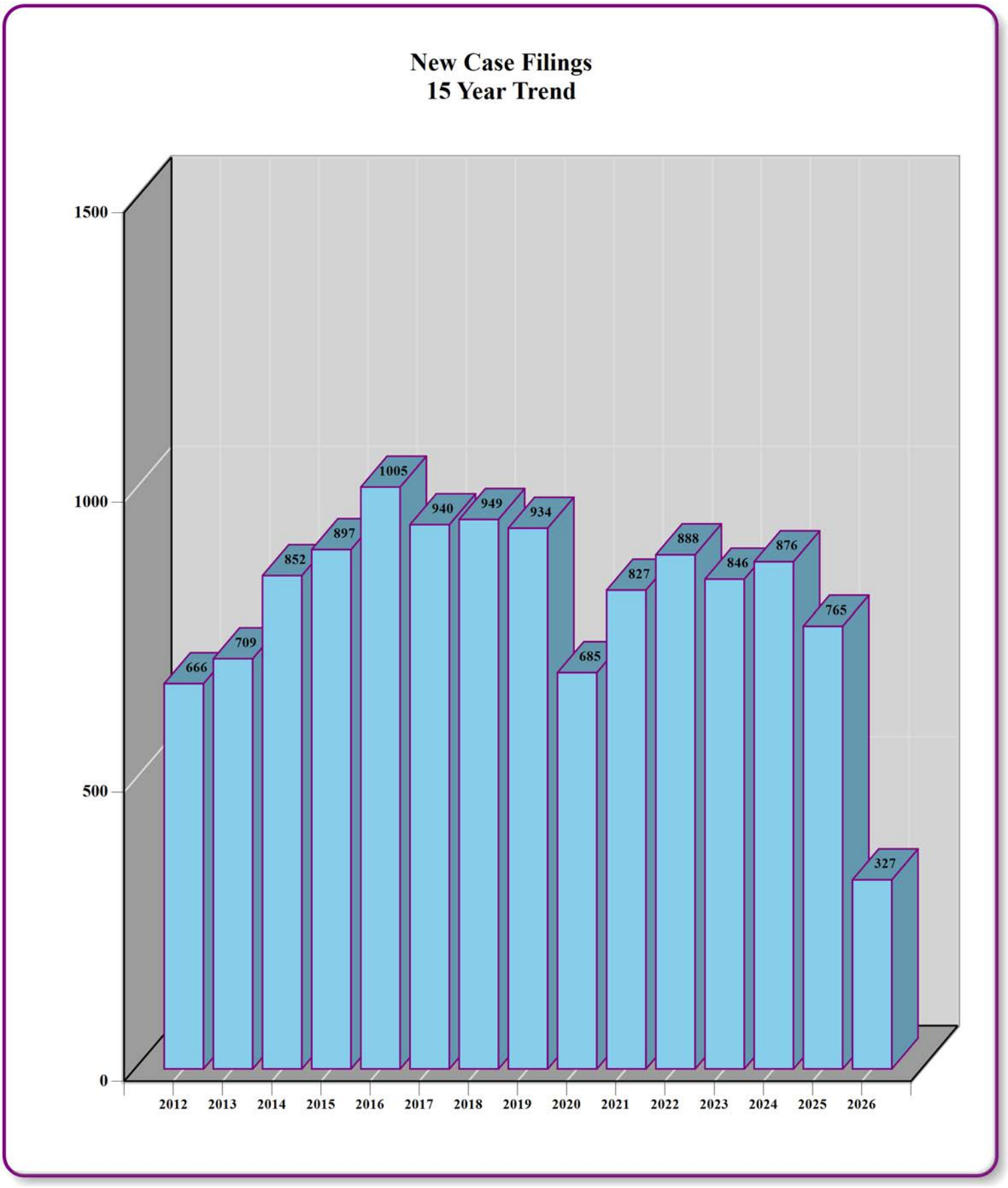
**Pending Active - Temp Order:** A count of cases that have an order of temporary guardianship filed and are awaiting disposition.

**Disposed/Set for Review:** A count of cases at the end of each month that, following an initial Entry of Judgment, are awaiting a regularly scheduled review involving a hearing before a judicial officer during the reporting period. NOTE: Includes closed cases with future hearings.

**Caseload Reports**
**1.2 - New Minor Guardianship Cases**
New Minor Guardianship cases filed in the previous 12 months.



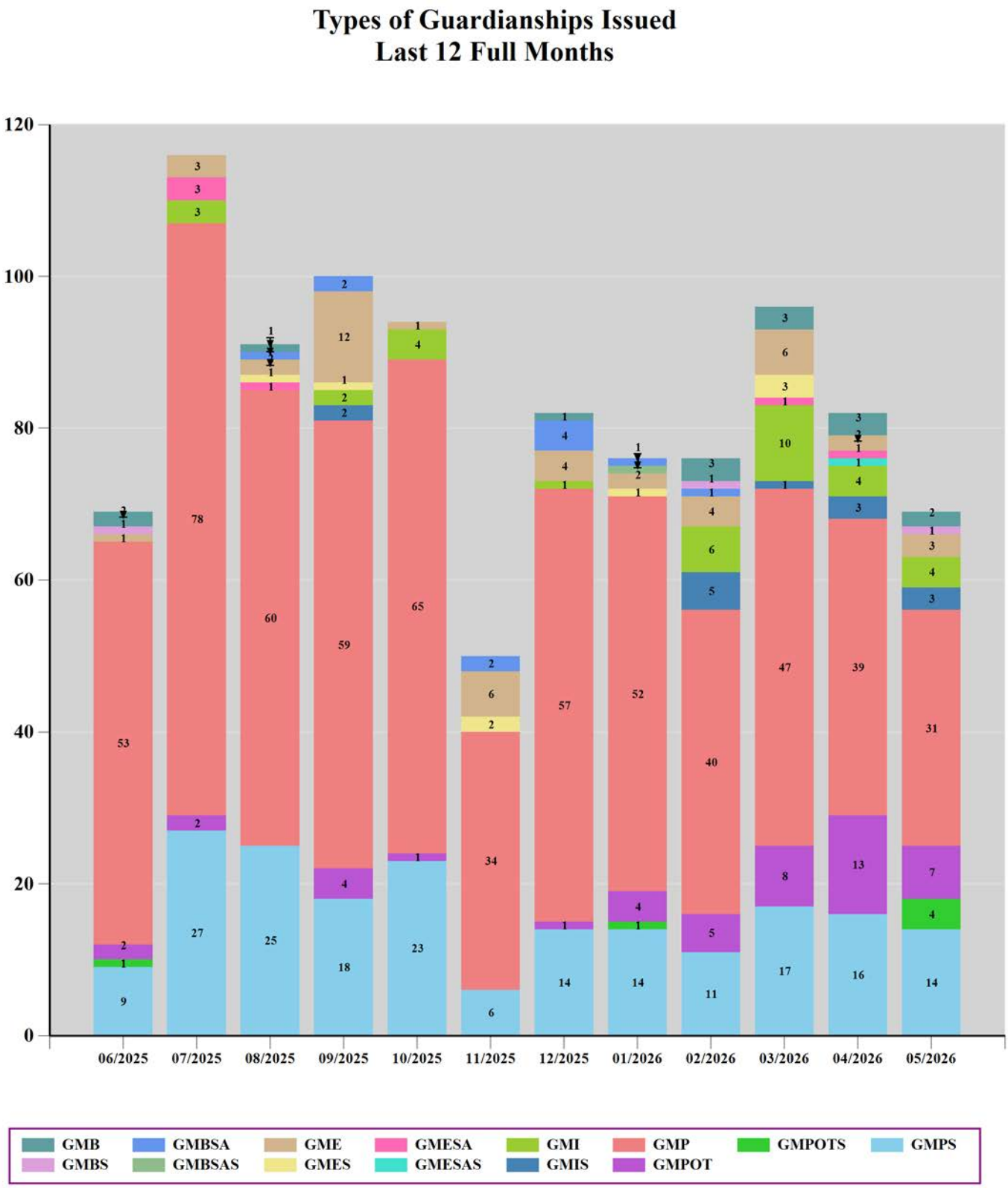
**Caseload Reports**
**1.2.1 - New Minor Guardianship Cases**
New Minor Guardianship cases filed in the previous 15 years.



**Caseload Reports**
**1.3.A - Types of Guardianships Ordered**
The below table shows the number and types of guardianships in which letters of guardianship were issued in the past 12 full months. Definitions regarding the statutory authority for types of guardianships are listed in Appendix A.

| | 01/2026 | 02/2026 | 03/2026 | 04/2026 | 05/2026 | 06/2025 | 07/2025 | 08/2025 | 09/2025 | 10/2025 | 11/2025 | 12/2025 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **ESPM/ESPMS: Estate Only AND Special/Limited - Person Only - Minor** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **GMB/GMBS: Person and Estate - Minor** | 0 | 4 | 3 | 3 | 3 | 3 | 0 | 1 | 0 | 0 | 0 | 1 | 18 |
| **GMBSA/GMBSAS: Sum Admin Person/Estate - Minor** | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 2 | 4 | 12 |
| **GMBSAT: Temporary Sum Admin Person/Estate - Minor** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **GMBT: Temporary Person and Estate - Minor** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **GME/GMES: Estate Only - Minor** | 3 | 4 | 9 | 2 | 3 | 1 | 3 | 3 | 13 | 1 | 8 | 4 | 54 |
| **GMEOT/GMEOTS: Temporary - Estate Only - Minor** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **GMESA/GMESAS: Sum Admin Estate - Minor** | 0 | 0 | 1 | 2 | 0 | 0 | 3 | 1 | 0 | 0 | 0 | 0 | 7 |
| **GMESAT: Temporary Sum Admin Estate - Minor** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **GMEST/GMESTS: Temporary - Estate Only - Summary - Minor** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **GMET: Temporary Estate Only - Minor** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **GMP/GMPS: Person Only - Minor** | 66 | 51 | 64 | 55 | 45 | 62 | 105 | 85 | 77 | 88 | 40 | 71 | 809 |
| **GMPEST/GMPESTS: Temporary - Person & Estate - Summary - Minor** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **GMPET/GMPETS: Temporary - Person & Estate - Minor** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **GMPOT/GMPOTS: Temporary - Person Only - Minor** | 5 | 5 | 8 | 13 | 11 | 3 | 2 | 0 | 4 | 1 | 0 | 1 | 53 |
| **GMPSA/GMPSAS: Sum Admin Person Only - Minor** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **GMPT: Temporary Person Only - Minor** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **PSEM/PSEMS: Person Only AND Special/Limited - Estate Only - Minor** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total** | 76 | 65 | 85 | 75 | 62 | 69 | 113 | 91 | 96 | 90 | 50 | 81 | 953 |

**Caseload Reports**
**1.3.B - Types of Guardianships Ordered**
The below table shows the number and types of guardianships in which letters of guardianship were issued in the past 12 full months. Definitions regarding the statutory authority for types of guardianships are listed in Appendix A.



**Caseload Reports**
**1.4 - Average Time to Disposition for Pending Active Cases - Last 12 Full Months**
The average time to disposition for pending active cases can be increased significantly in a particular month when a petition for guardianship has been filed and the department was not notified or when parties have asked for continuance due to pending residency in Nevada.

| | 01/2026 | 02/2026 | 03/2026 | 04/2026 | 05/2026 | 06/2025 | 07/2025 | 08/2025 | 09/2025 | 10/2025 | 11/2025 | 12/2025 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Average Number of Days to Initial Disposition** | 101 | 105 | 64 | 70 | 171 | 43 | 79 | 49 | 60 | 48 | 136 | 53 | 82 |

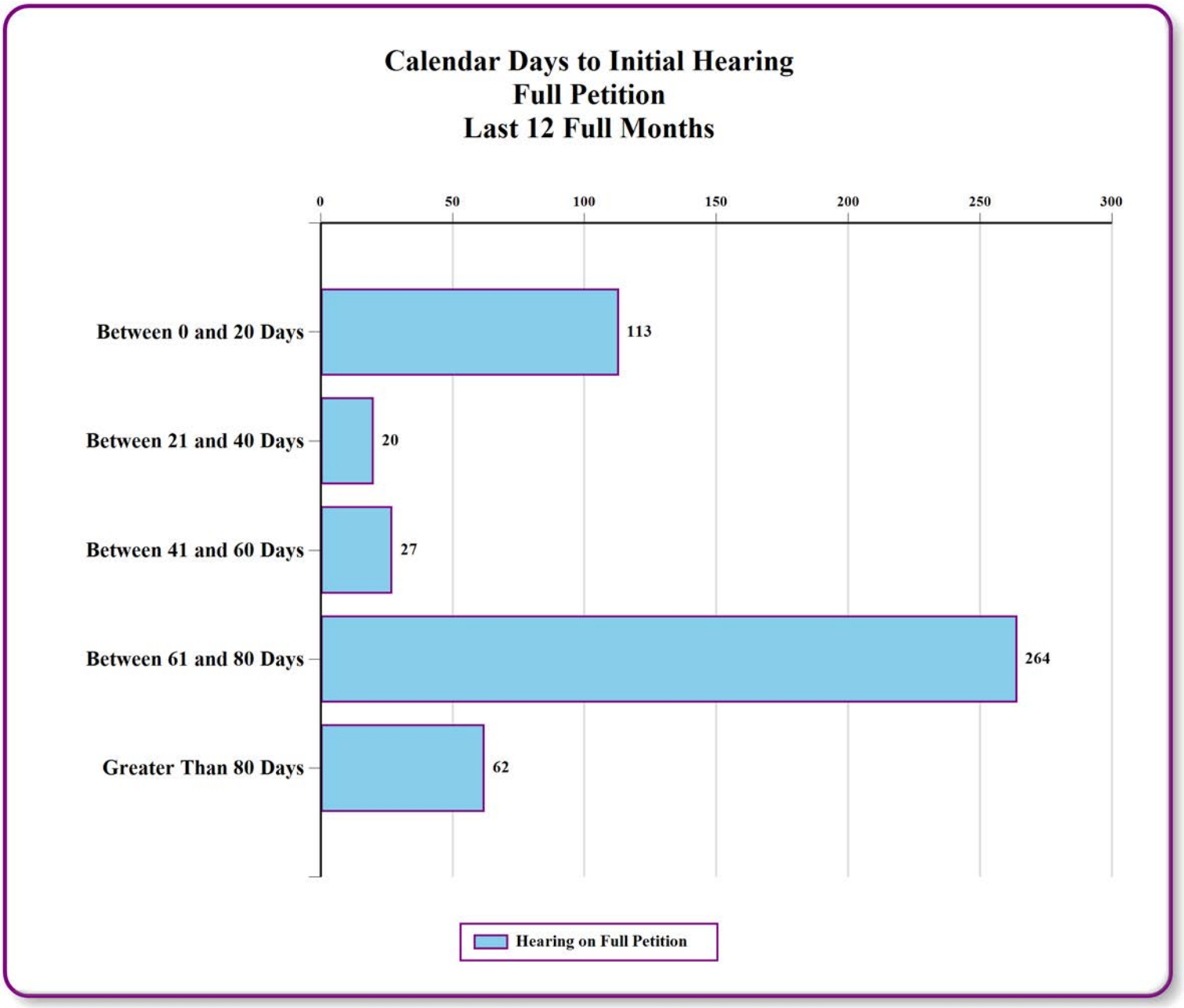
**Caseload Reports**
**1.5 - Minor Guardianship Cases Disposed (All Dispositions During the Period)**
State of Nevada - USJR definitions are provided in Appendix B.

| | 01/2026 | 02/2026 | 03/2026 | 04/2026 | 05/2026 | 06/2025 | 07/2025 | 08/2025 | 09/2025 | 10/2025 | 11/2025 | 12/2025 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Age of Majority** | 50 | 28 | 34 | 48 | 12 | 19 | 53 | 25 | 50 | 25 | 17 | 41 | 402 |
| **Death** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| **Order Terminating Guardianship or Final Accounting** | 19 | 31 | 13 | 30 | 27 | 19 | 26 | 20 | 32 | 49 | 36 | 25 | 327 |
| **Totals** | 69 | 59 | 47 | 78 | 39 | 38 | 79 | 45 | 83 | 74 | 53 | 66 | 730 |
| **Alternative Dispute Resolution** | 2 | 0 | 0 | 0 | 0 | 0 | 8 | 0 | 1 | 0 | 0 | 0 | 11 |
| **Disposed After Trial Start (Bench Trial)** | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 3 |
| **Dismissed - Want of Prosecution** | 0 | 6 | 11 | 2 | 3 | 6 | 1 | 0 | 2 | 3 | 1 | 1 | 36 |
| **Involuntary Dismissal** | 7 | 2 | 5 | 5 | 7 | 13 | 5 | 7 | 4 | 6 | 8 | 2 | 71 |
| **Judgment Reached (Bench Trial)** | 3 | 0 | 1 | 2 | 8 | 2 | 1 | 1 | 1 | 0 | 0 | 0 | 19 |
| **Settled/Withdrawn ADR** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Other Manner of Disposition** | 4 | 2 | 1 | 1 | 6 | 1 | 2 | 4 | 1 | 0 | 0 | 2 | 24 |
| **Transferred** | 0 | 0 | 0 | 0 | 2 | 0 | 3 | 1 | 2 | 0 | 1 | 1 | 10 |
| **Settled/Withdrawn With Judicial Conference or Hearing** | 56 | 81 | 56 | 67 | 85 | 33 | 58 | 44 | 53 | 56 | 58 | 50 | 697 |
| **Settled/Withdrawn Without Judicial Conference or Hearing** | 27 | 35 | 37 | 31 | 54 | 15 | 44 | 29 | 32 | 36 | 31 | 27 | 398 |
| **Totals** | 99 | 126 | 111 | 109 | 166 | 70 | 123 | 86 | 96 | 101 | 99 | 83 | 1269 |

**Additional Caseload Statistics**
**2.1 - Timeliness of First Hearing - Last 12 Full Months**
**2.1.1 - Hearing on Full Petition**
Scheduled hearings for the last 12 months, broken out by the number of calendar days from initial petition filing to first hearing on a full petition.

## Hearing on Full Petition

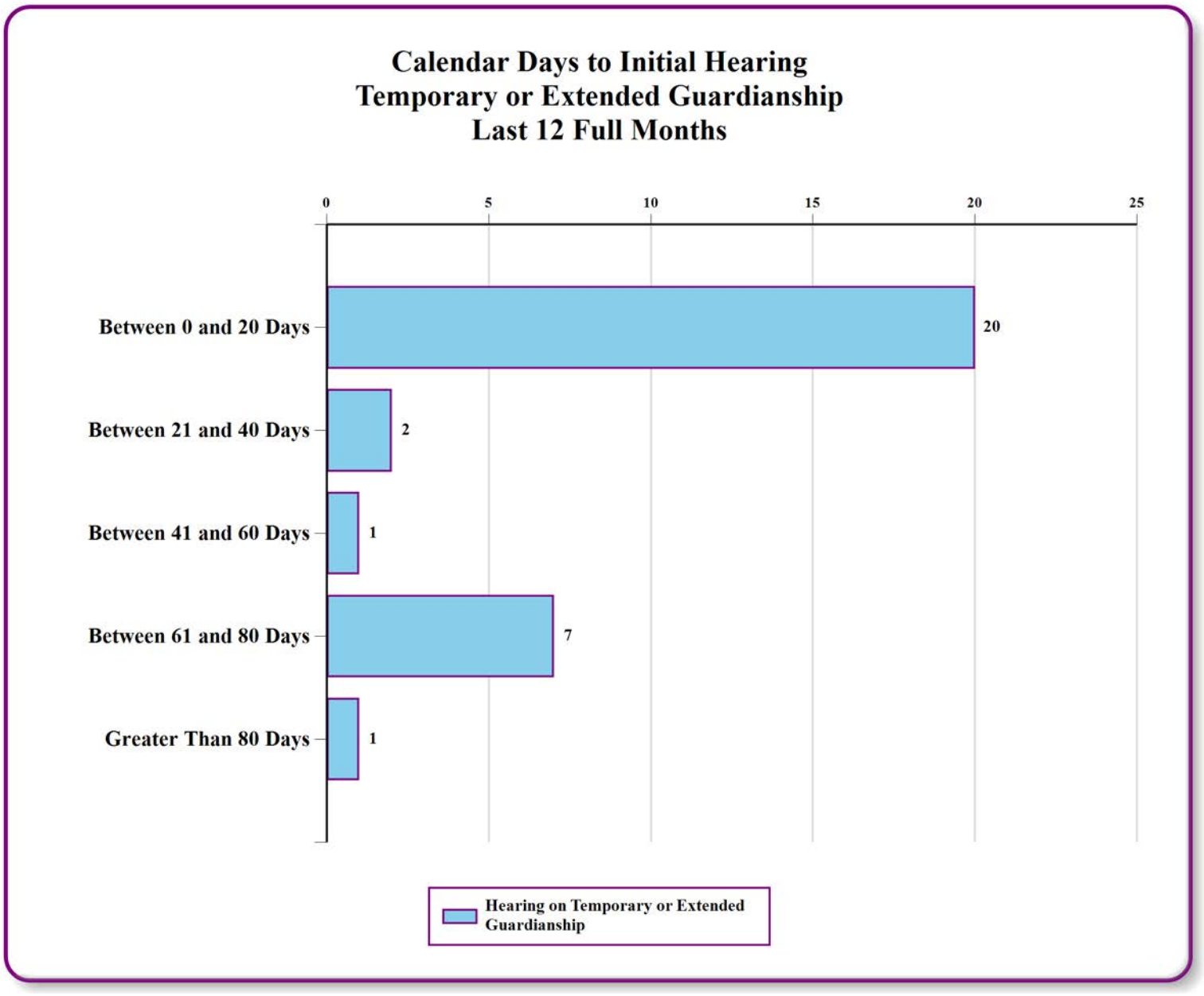
| | 0 - 20 Days | 21 - 40 Days | 41 - 60 Days | 61 - 80 Days | Greater Than 80 Days | Totals |
|---|---|---|---|---|---|---|
| **Denied** | 0 | 0 | 0 | 7 | 0 | 7 |
| **Granted** | 35 | 10 | 6 | 243 | 20 | 314 |
| **Guardianship Terminated** | 1 | 0 | 0 | 0 | 3 | 4 |
| **Others** | 77 | 10 | 21 | 14 | 39 | 161 |
| **Totals** | 113 | 20 | 27 | 264 | 62 | 486 |



**Additional Caseload Statistics**
**2.1 - Timeliness of First Hearing - Last 12 Full Months**
**2.1.2 - Hearing on Temporary or Extended Guardianship**
Scheduled hearings for the last 12 months, broken out by the number of calendar days from initial petition filing to first hearing on temporary or extended guardianship.

**Hearing on Temporary or Extended Guardianship**

| | 0 - 20 Days | 21 - 40 Days | 41 - 60 Days | 61 - 80 Days | Greater Than 80 Days | Totals |
|---|---|---|---|---|---|---|
| **Granted** | 15 | 1 | 0 | 3 | 1 | 20 |
| **Others** | 5 | 1 | 1 | 4 | 0 | 11 |
| **Totals** | 20 | 2 | 1 | 7 | 1 | 31 |



**Additional Caseload Statistics**
**2.2 - Alternative Dispute Resolution - Last 12 Full Months**
**2.2.2 - Scheduled Settlement Conferences**
Cases are grouped based upon resolution type. Pending settlement conferences are labled as 'Outcome Pending'.
Multiple events may occur on a single case.

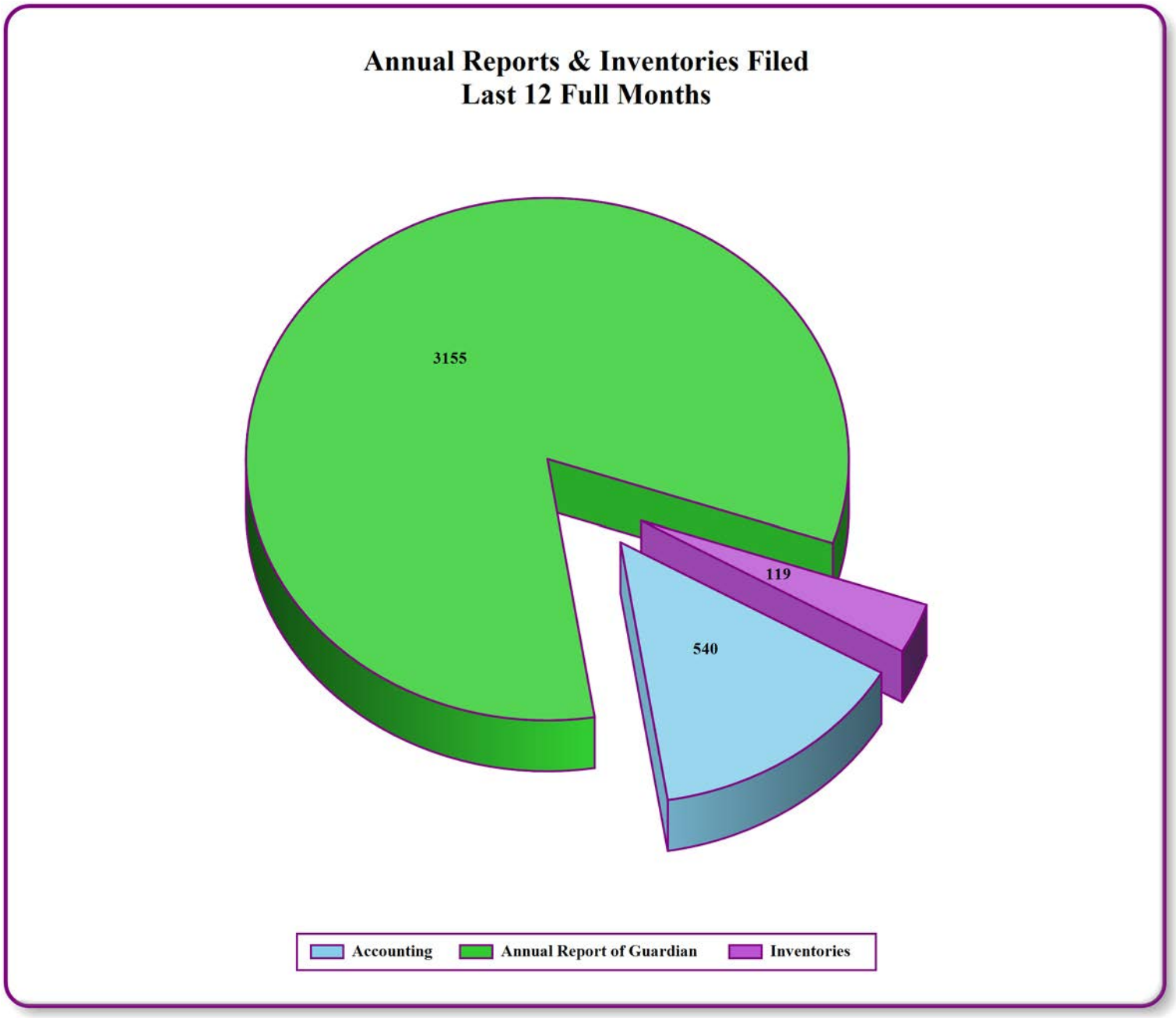
| | 01/2026 | 02/2026 | 03/2026 | 04/2026 | 05/2026 | 06/2025 | 07/2025 | 08/2025 | 09/2025 | 10/2025 | 11/2025 | 12/2025 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Heard - Not Settled** | | | | | | | | | | | | | 0 |
| **Others** | | | | | | | | | | | | | **0** |
| **Totals** | | | | | | | | | | | | | 0 |

## Settlement Conferences
## Last 12 Full Months

No Data Available

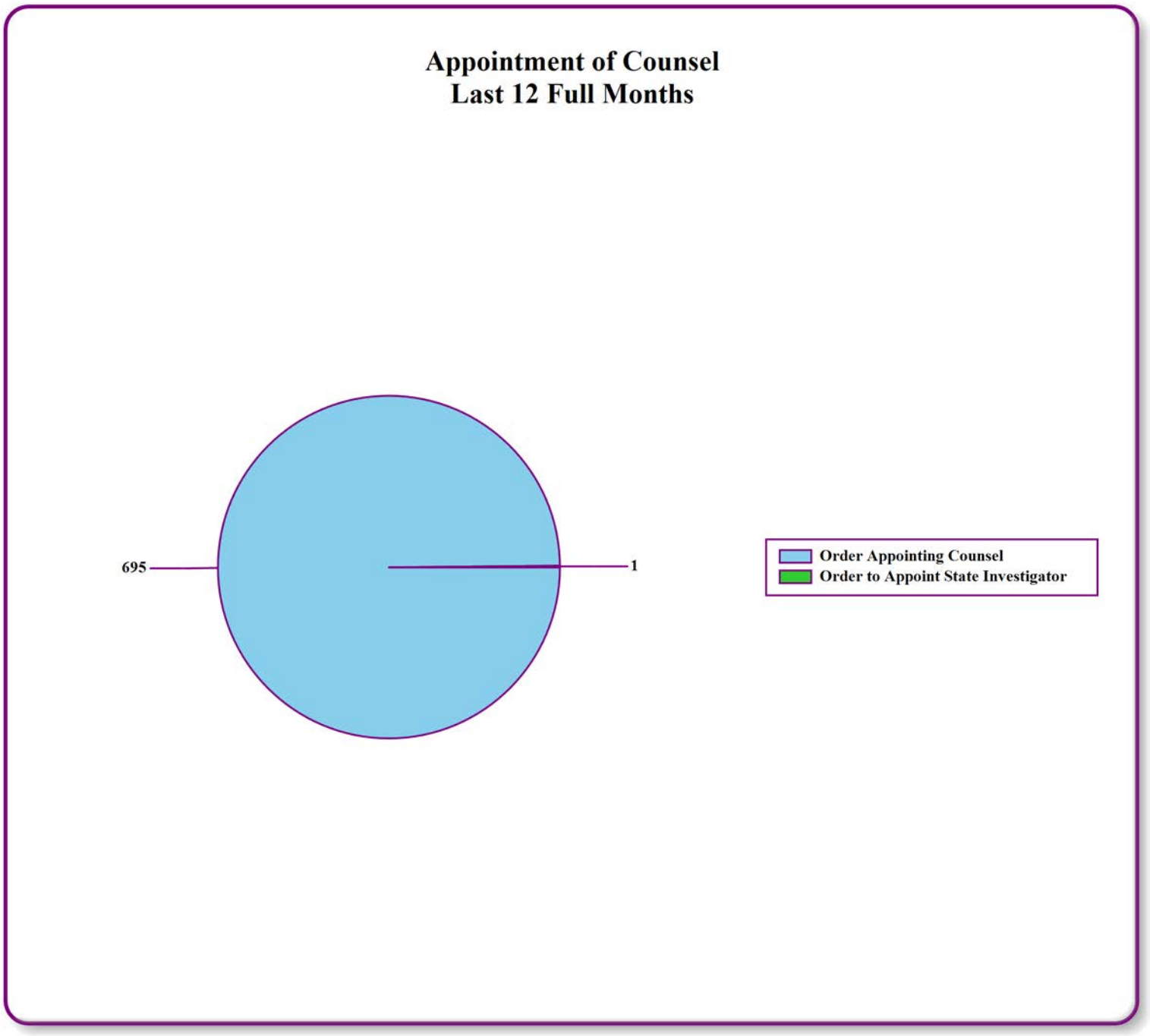
**Additional Caseload Statistics**
**2.3 - Annual Reports and Inventories Filed**
The below table shows the number of annual reports, accountings, inventories, and appraisement and record filings in the last 12 full months.

| | 01/2026 | 02/2026 | 03/2026 | 04/2026 | 05/2026 | 06/2025 | 07/2025 | 08/2025 | 09/2025 | 10/2025 | 11/2025 | 12/2025 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Accounting** | 30 | 66 | 35 | 35 | 36 | 43 | 27 | 57 | 42 | 65 | 53 | 51 | 540 |
| **Annual Report of Guardian** | 170 | 199 | 239 | 186 | 306 | 202 | 248 | 290 | 301 | 425 | 301 | 288 | 3155 |
| **Inventories** | 12 | 11 | 9 | 8 | 6 | 12 | 12 | 5 | 11 | 11 | 6 | 16 | 119 |



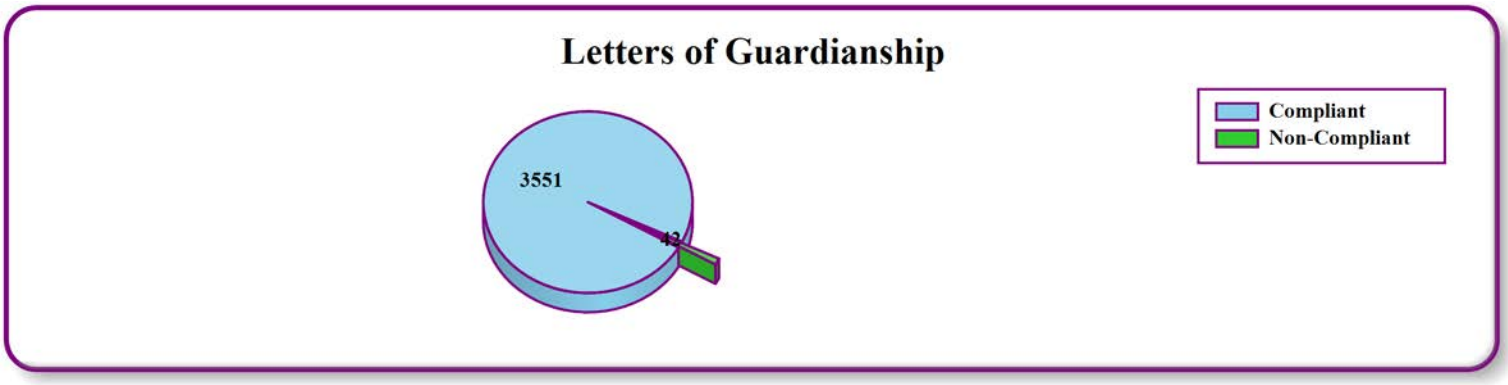
**Additional Caseload Statistics**
**2.5 - Appointment of Counsel - Last 12 Full Months**
Court appointed counsel for the last 12 months, broken out by the party type.

| | 01/2026 | 02/2026 | 03/2026 | 04/2026 | 05/2026 | 06/2025 | 07/2025 | 08/2025 | 09/2025 | 10/2025 | 11/2025 | 12/2025 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Order Appointing Counsel** | 70 | 59 | 80 | 54 | 76 | 37 | 52 | 43 | 25 | 56 | 77 | 66 | 695 |
| **Order to Appoint State Investigator** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| **Totals** | 70 | 59 | 80 | 54 | 76 | 37 | 52 | 43 | 25 | 56 | 78 | 66 | 696 |

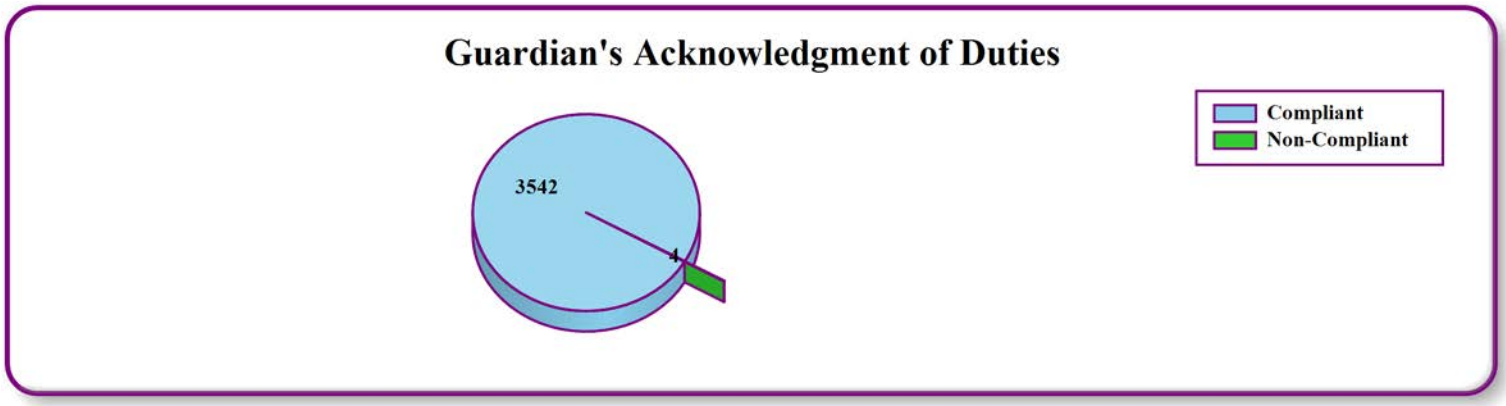


**Compliance Reports**
**3.1 - Milestones for all MinorGuardianship Cases**
Every Minor Guardianship case requires the filing of the following:
-- Letters of Guardianship
-- Guardian's Acknowledgment of Duties
-- Annual Report of Guardian

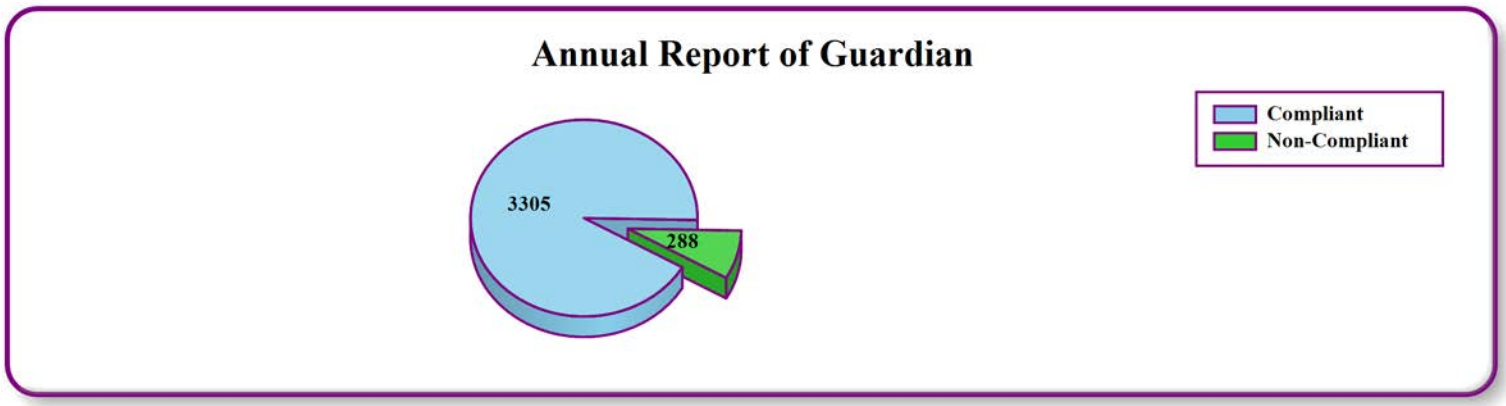
***Compliance Rate for 3593 cases***




| Compliant | Non-Compliant |
|---|---|
| 98.83% | 1.17% |



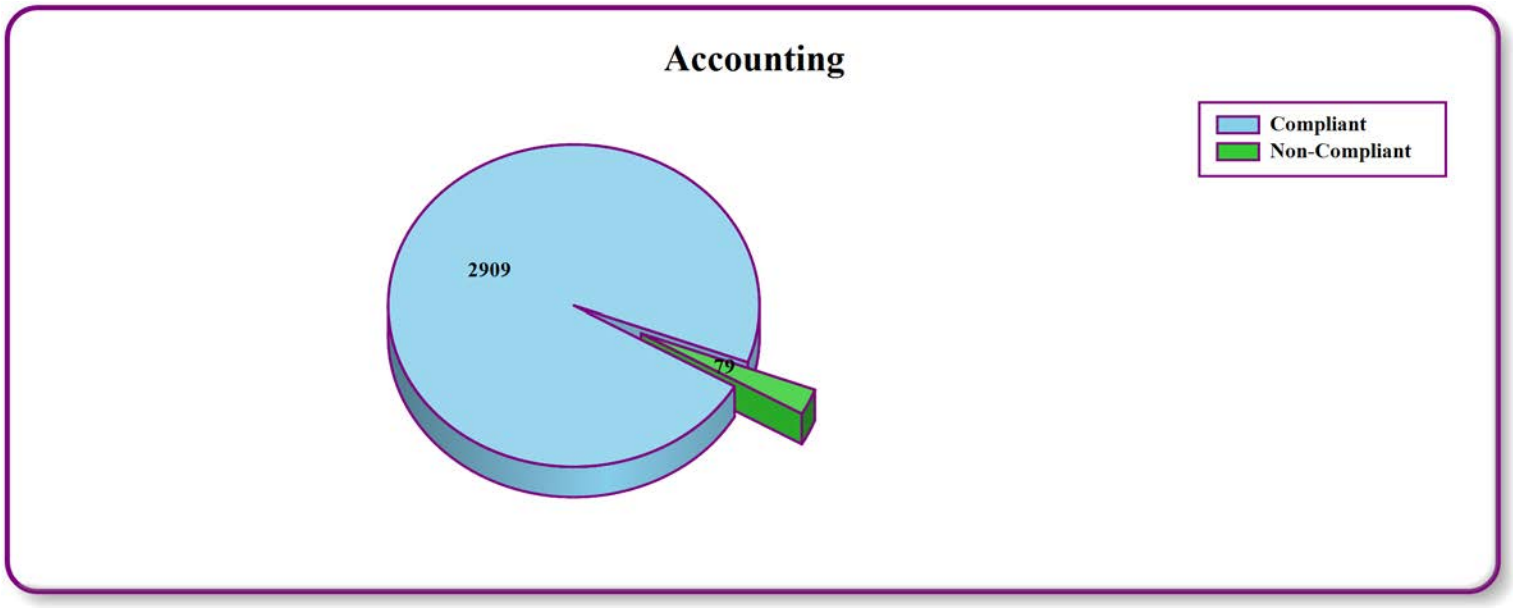

| Compliant | Non-Compliant |
|---|---|
| 99.89% | 0.11% |



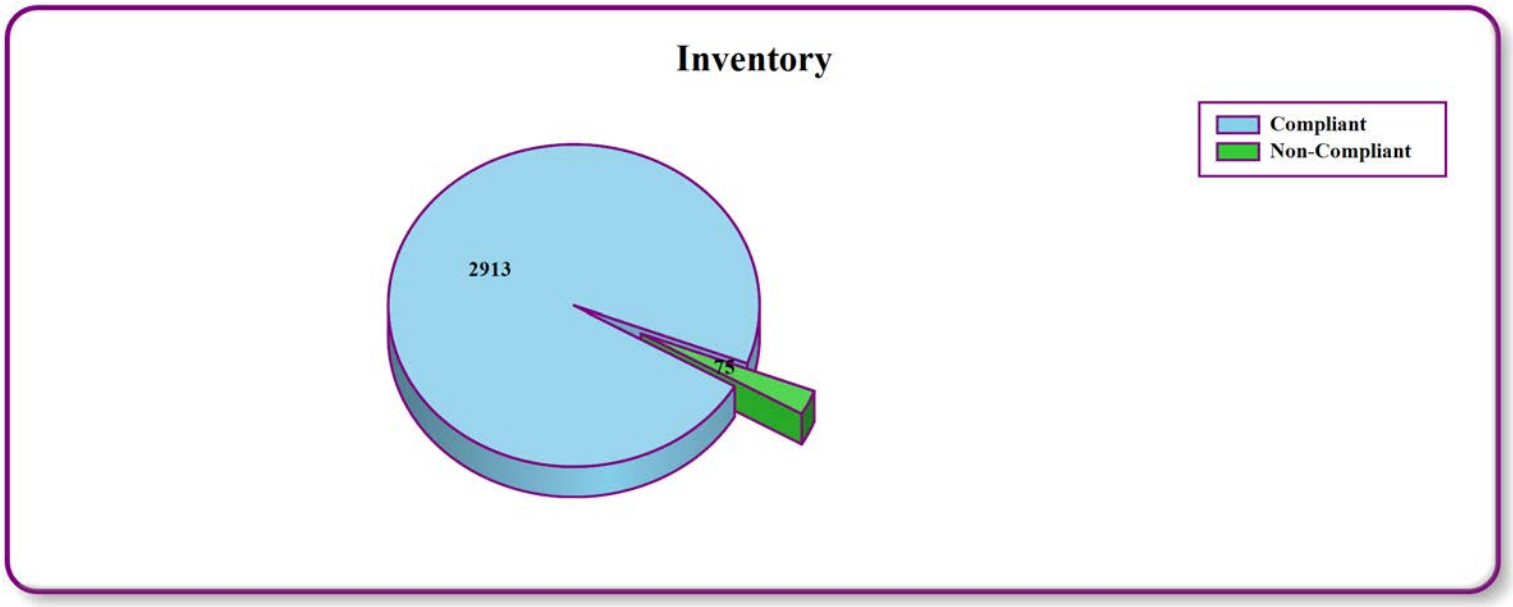

| Compliant | Non-Compliant |
|---|---|
| 91.98% | 8.02% |

**Compliance Reports**
**3.2 - Annual Accountings and Inventories**
A small set of cases require the filing of an Annual Accounting and Inventory.

## *Compliance Rate for 3593 cases*

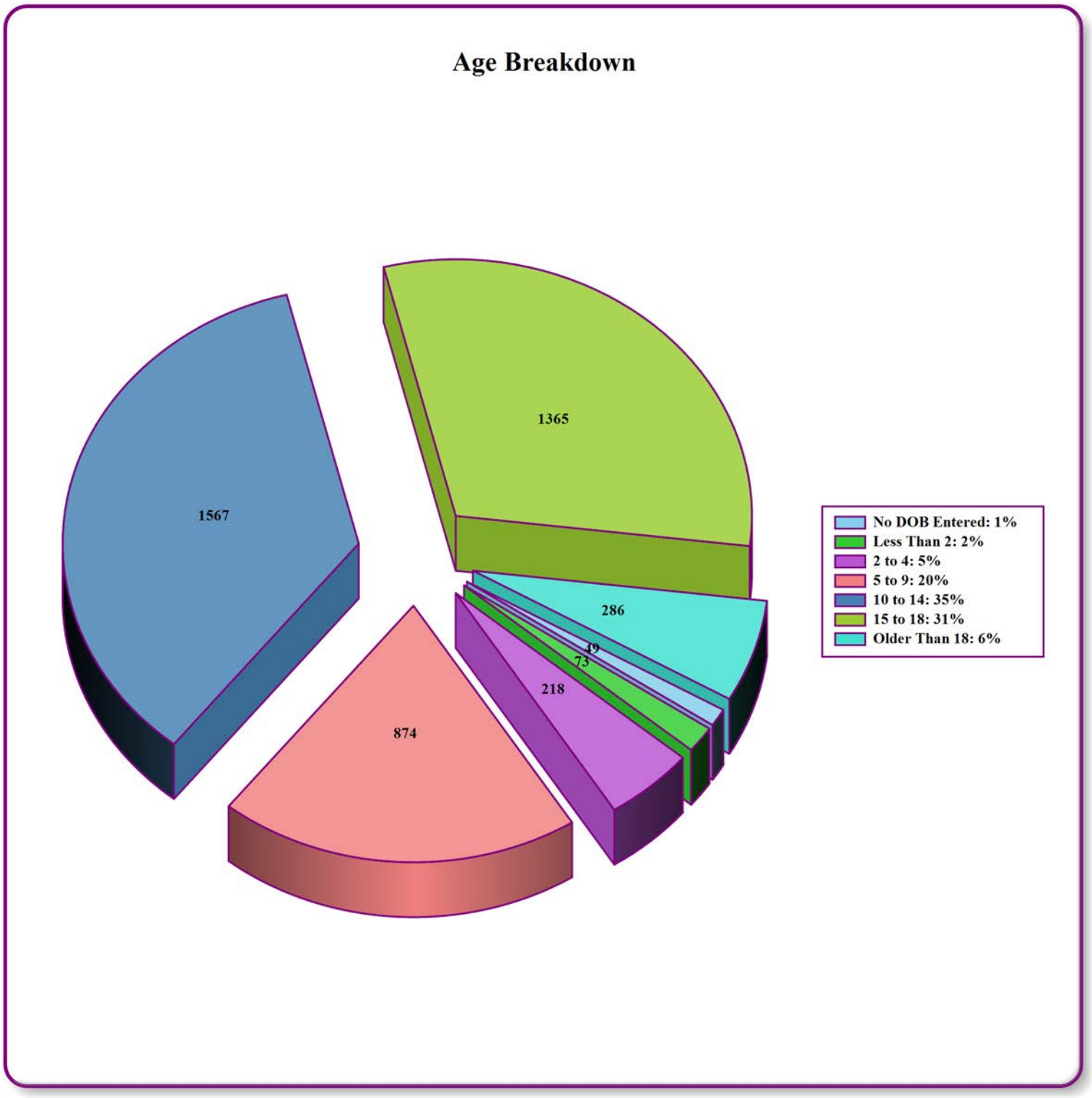



| Compliant | Non-Compliant |
|---|---|
| 97.36% | 2.64% |



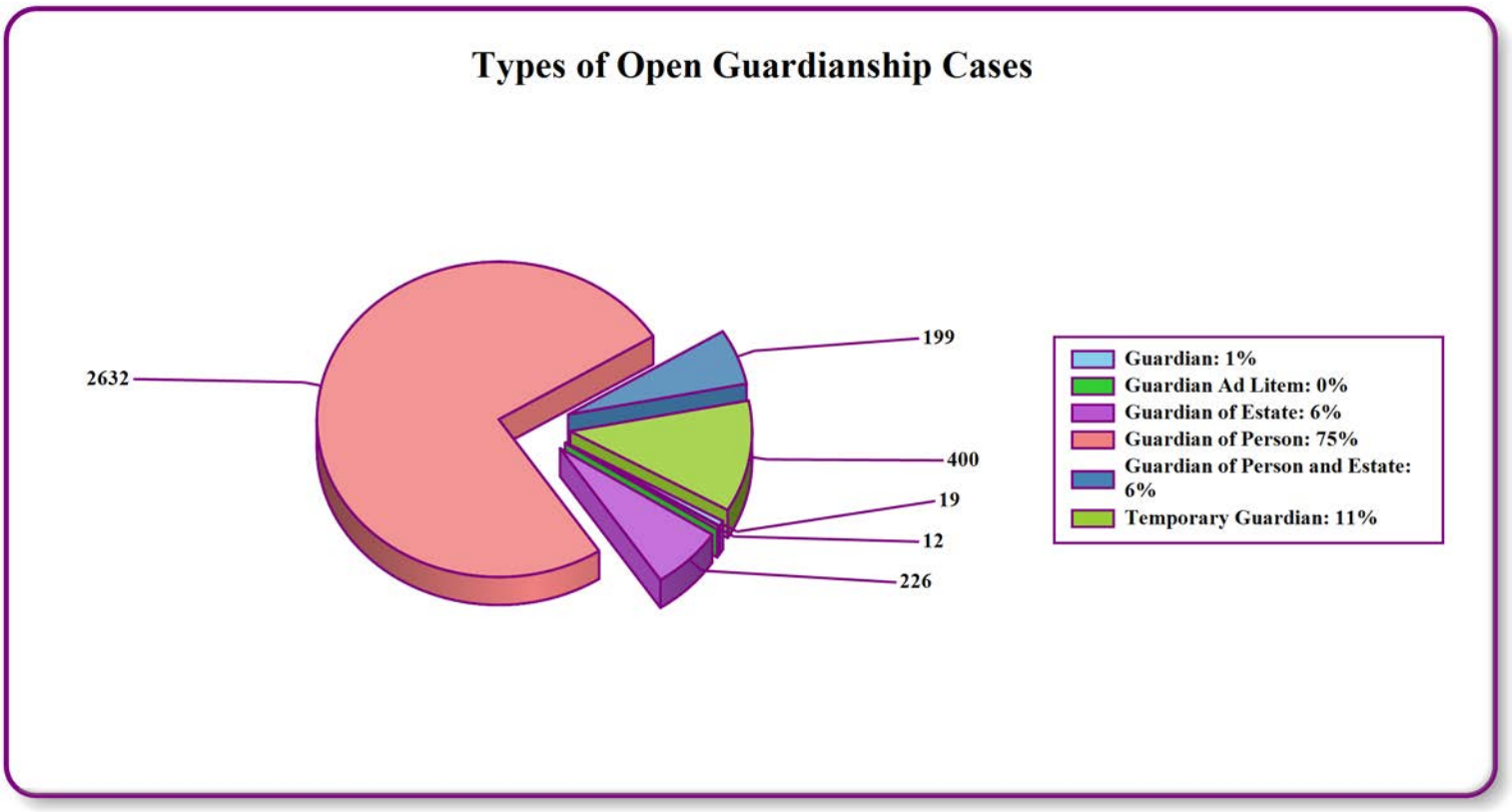

| Compliant | Non-Compliant |
|---|---|
| 97.49% | 2.51% |

**Demographics**
**4.2 - Minor Subject to Guardianship - Age Breakdown**
The table and chart below show the breakdown in age of persons subject to a guardianship in pending cases.

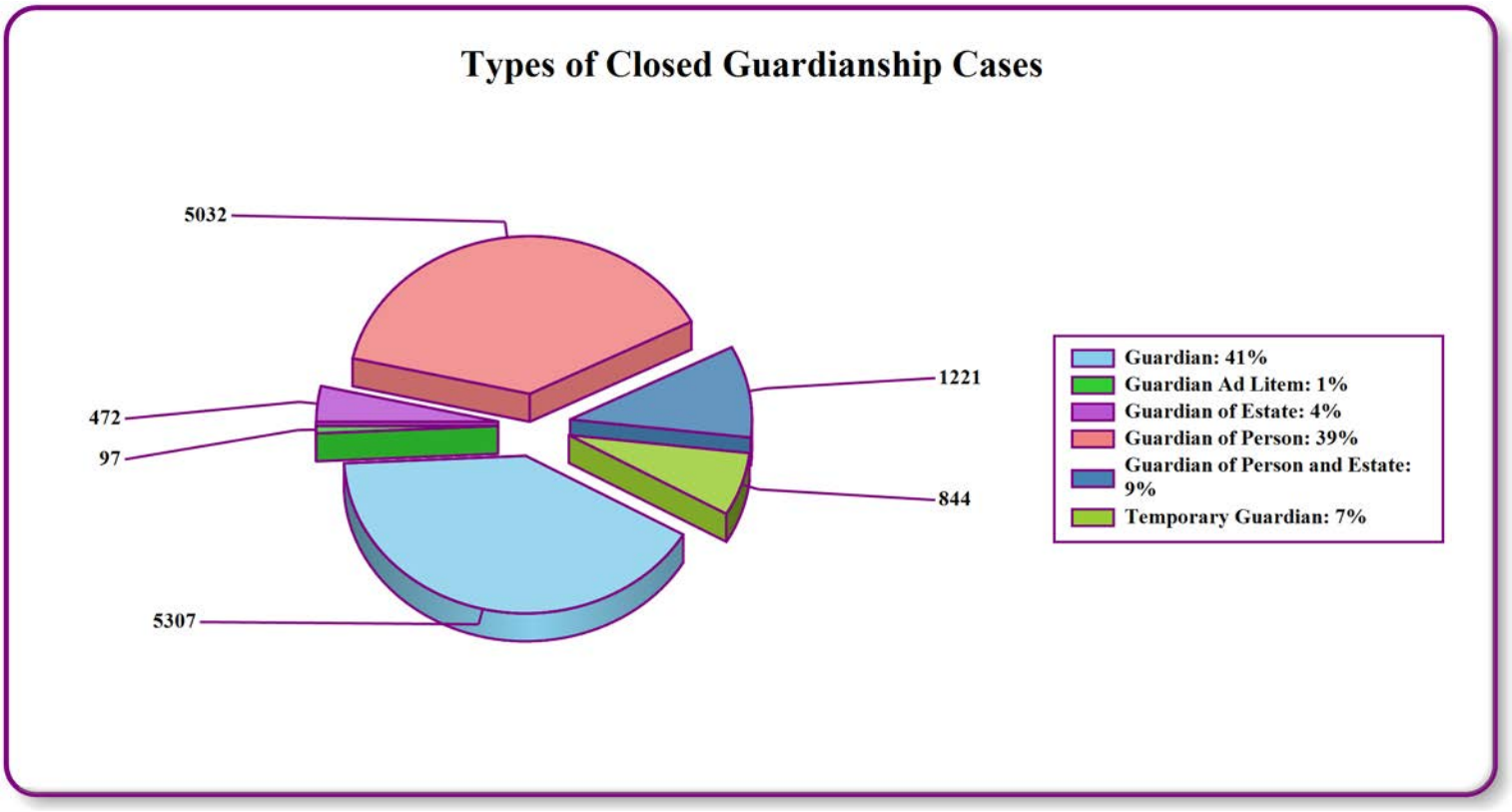



**Total Number of Persons: 4,432**

**Demographics**
**4.3 - Guardian Types**
The charts below show the percentage breakdowns of guardian types in both Open & Closed Minor Guardianship cases.




**Total Number of Open Guardians: 3,488**




**Total Number of Closed Guardians: 12,973**

## Appendix A. Statutory Authority for Types of Guardianships

NRS 159.0487 provides for the appointment of 5 different types of Guardian.

- Guardians of the Person, of the Estate, or of the Person and Estate for incompetents or minors whose home state is this State
  This is a General Guardianship over the Person, Estate or both over a person found to be incompetent with all of the powers available under NRS 159 granted to the Guardian. However the Guardian must still petition the Court before taking action in relation to certain aspects of the Person and/or Estate.
  - Summary Administration of a Guardianship Estate (NRS 159.076)
    Ordinarily a Guardianship of Estate requires annual accountings to be heard on noticed hearing by the Court. However where it appears after payment of all claims and expenses of the guardianship that the value of the Ward's property does not exceed $10,000 the Court may dispense with annual accountings and all other proceedings required by this chapter. However the Guardian must notify the Court through an amended inventory should the net estate exceed $10,000 and file annual accountings from that point on.

- Guardians of the Person, of the Estate, or of the Person and Estate for incompetents or minors who, although not residents of this State, are physically present in this State and whose welfare requires such an appointment
  This is the same type of Guardianship as described at 1. However it is the physical proximity in state and the circumstantial requirement of appointment rather than residence which allows the Court to make an order. The powers granted are the same and subject to the same statutory requirements of permission before action is taken.

- Guardians of the Estate for non-resident incompetents or non-resident minors who have property within this State
  This describes a guardianship concerned with property held in this state only.

- Special Guardians (NRS 159.026, NRS 159.0801, NRS 159.0805)
  This is a guardianship over a person found to be a limited capacity as opposed to incompetency. The Court may dictate the powers granted to the Special Guardian and, save in emergency situations, must apply to the Court for instruction or approval before commencing any act relating to the person of limited capacity. The Special Guardian of the Person may also be granted powers to manage and dispose of the estate of the Ward.

- Guardians ad litem
  Not applicable to this analysis.

- Temporary Guardian of the Person and/or Estate (NRS 159.0523/0525)
  The Court may grant a temporary guardianship over the Person, Estate or both. This may be granted on an ex parte basis but in such circumstances must be heard not later than 10 days after the date of appointment or the guardianship will expire. The Court may extend the guardianship for no longer than 5 months unless extraordinary circumstances are shown. The Court shall limit the powers of the Temporary Guardian to those necessary to respond to a substantial and immediate risk of physical harm or financial loss as is relevant.

## Appendix B. USJR - Family Disposition Definitions

**Non-Trial Dispositions:** A major classification category for family-related case dispositions in which a case is disposed of by a dimissal, default, settlement, withdrawal, transfer or other non-trial action.

**Other Manner of Disposition:** A subcategory of family-related non-trial case type dispositions including ones of unknown specificity or dispositions not attributalbe to one of the other defined family-related dispositon categories.

**Dismissed for Want of Prosecution:** A subcattegory of family-related non-trial dispositions involving cases dismissed by the court because the plaintiff, petitioner or obligee has voluntarily ceased to pursue a case.

**Involuntary (statutory) Dismissal:** A subcategory of family-related non-trial dispositions involving cases adjudicated by an order of dismissal being entered because the legal time a statute has expired, with no other judgment or order being rendered for the case.

**Default Judgment:** A subcategory of famil-related non-trial dispositions involving cases in which the defendant(s) either chose not to or failed to respond to (i.e. answer) the plaintiff's allegations.

**Settled/Withdrawn Without Judicial Conference or Hearing:** A subcategory of family-related non-trial dispositions for cases settled out of court, voluntarily withdrawn from the court docket by the plaintiff, and/or by joint stipulation without a conference or hearing with a judicial officer.

**Settled/Withdrawn With Judicial Conference or Hearing:** A subcategory of family-related non-trial dispositions for cases settled, voluntarily withdrawn from the court docket by the plaintiff, and/or by joint stipulation following a converence or hearing with a judicial officer.

**Settle/Withdrawn by Alternative Dispute Resolution (ADR):** A subcategory of family-related non-trial dispositions involving cases that were referred by the court to programs such as mediation or arbitration and through those processes, were successfully settled and/or withdrawn from the court docket during the reporting period.

**Transferred:** A subcategory of family-related non-trial dispositions involving cases in which a judicial order transfers a case from one court to another judirdiction. Transferred does not mean transferring the case from one judge or master to another judge or master within the same court.

**Death:** A "final" disposition classification for guardianship cases that are "finalized" with a filing of death certificate with the court.

**Age of Majority:** A "final" disposition classification for guardianship cases that are "finalized" when the juvenile ward reaches the age of majority (generally 18 years of age).

**Order Terminating Guardianship or Final Accounting:** A "final" disposition classification for guardianship cases that are "finalized" with an order terminating guardianship or when the final accounting is filed with the court, whichever occurs first. Courts should only use this "final" disposition if the other above-defined "final" dispositions are not applicable.

**Trial Dispositions:** A major classification category for family-related case dispositions that involves a hearing and determination of issues of fact and law, in accordance with prescribed legal procedures, in order to reach a judment in a case before a court.

**Bench (Non-Jury) Trial:** A subcategory of family-related trial dispositions involving a trial in which there is not jury and a judicial officer determines both the issues of fact and law in the case. For statistical purposes, a Bench trial is initiated when an opening statement is made, the first evidence is introduced, or the first witness sworn, whichever comes first, regardless of whether a judgment is reached.

**Disposed After Trial Start:** A subcategory of family-related bench (non-jury) trial dispositions in which a judicial officer determines both the issues of fact and law in the case, but no judgment is reached, typically because the case selttles during the trial.

**Judgment Reached:** A subcategory of family-related bench (non-jury) trial dispositions in which a judicial officer determines both the issues of fact and law in the case and a judgment is rendered by the court/judicial officer.

# Eighth Judicial District Court

## State of Nevada
## Clark County

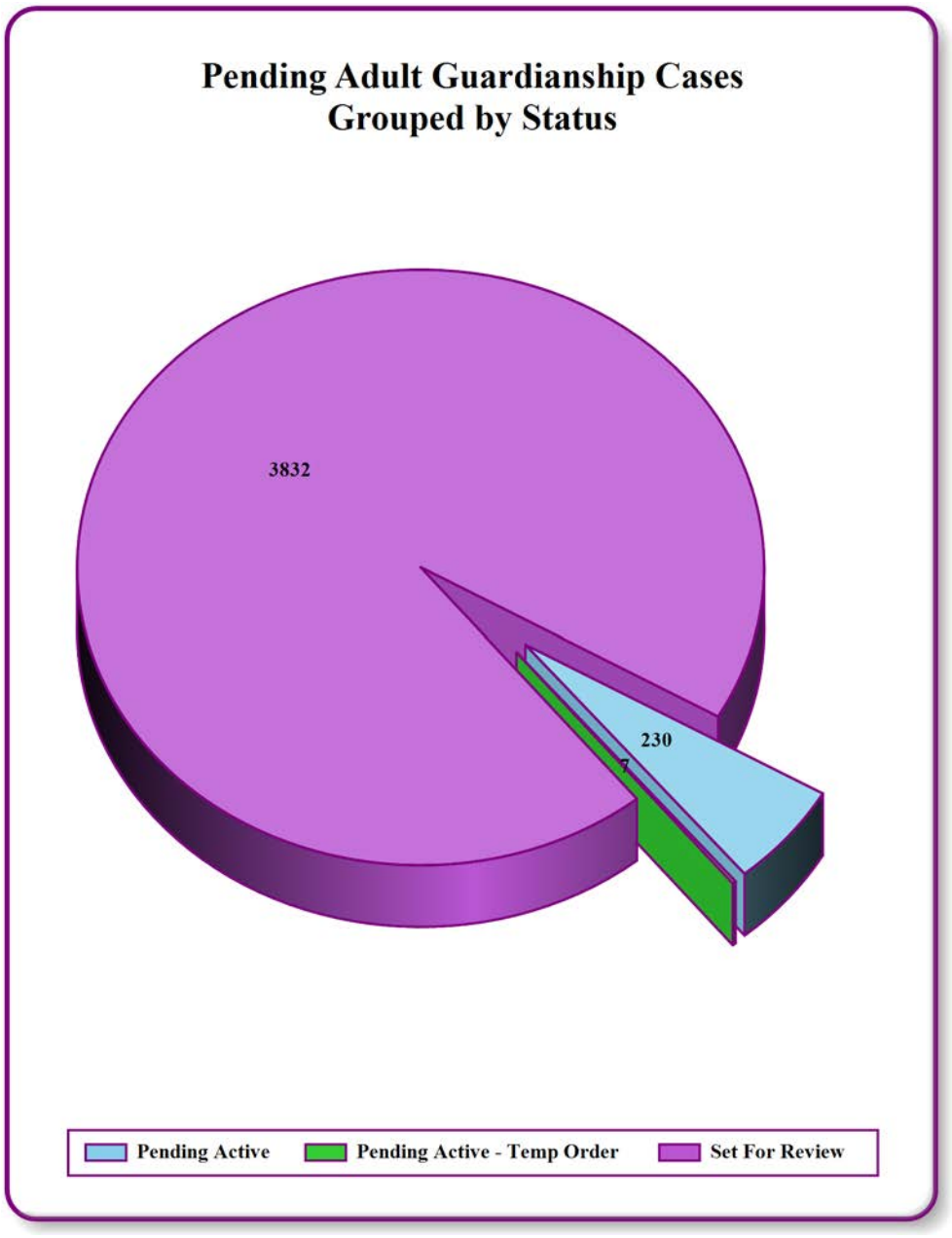
## June 2025 - May 2026

# Summary Monthly Adult Guardianship Case Status Report

## Table of Contents

**Caseload Reports**
**1.1 - Status of Pending Adult Guardianship Cases**
Average Age of Case reflects time of initial petition to either time of disposition or current date.

| | 0 - 30 Days | 31 - 60 Days | 61 - 90 Days | 91 - 180 Days | 181 - 365 Days | Greater Than 365 Days | Totals |
|---|---|---|---|---|---|---|---|
| **Pending Active** | 86 | 66 | 49 | 23 | 5 | 1 | 230 |
| **Pending Active - Temp Order** | 1 | 3 | 1 | 1 | 1 | 0 | 7 |
| **Disposed / Set For Review** | 121 | 77 | 84 | 183 | 391 | 2,976 | 3,832 |
| **Totals** | 208 | 146 | 134 | 207 | 397 | 2,977 | 4,069 |



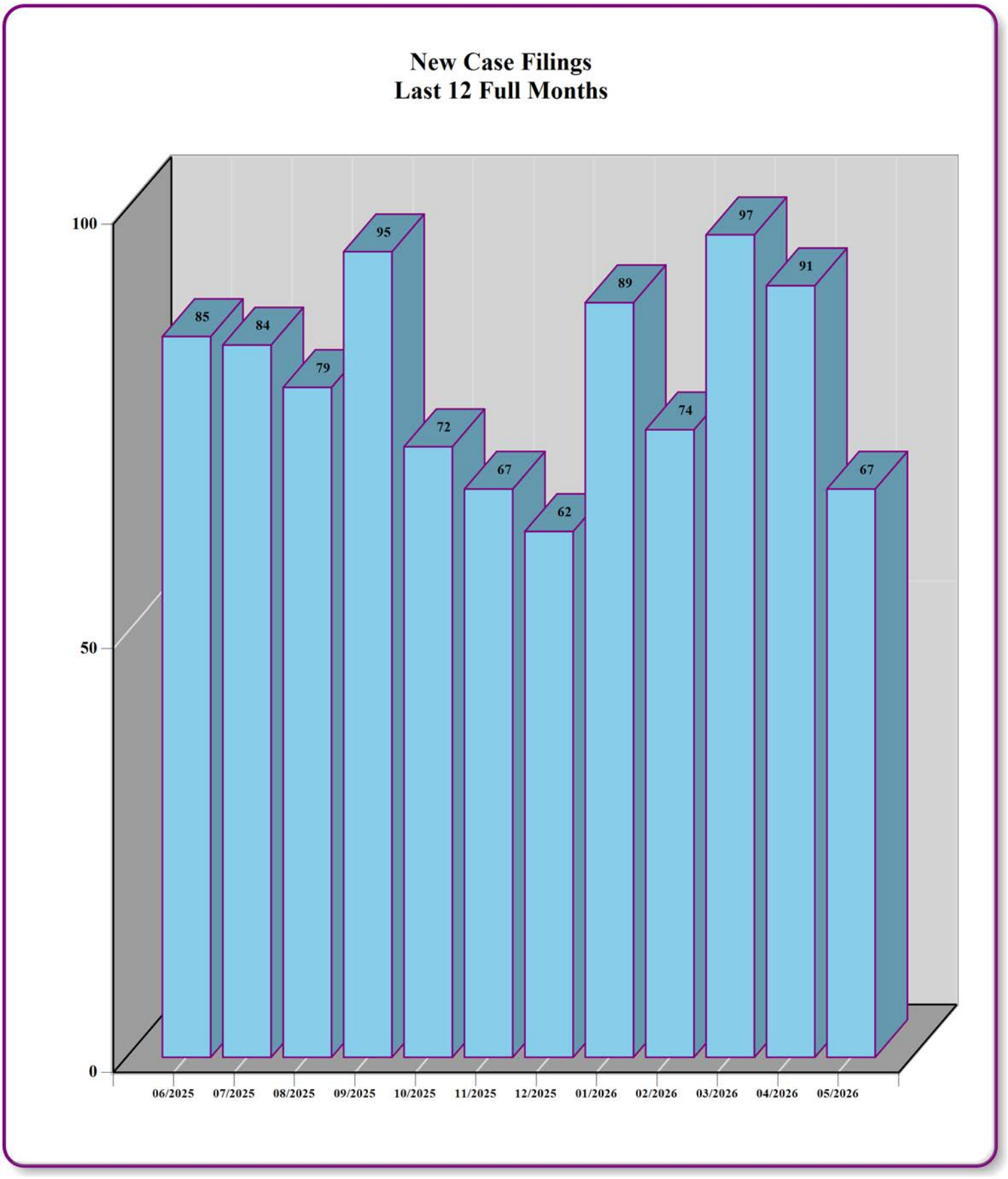

**Cases represented in the previous table and this graph contain cases with any initial filing date. Disposed cases are not listed here. Age of case is determined by the date the status was updated.**

**Pending - Active:** A count of cases that, at the start of the reporting period, are awaiting disposition.

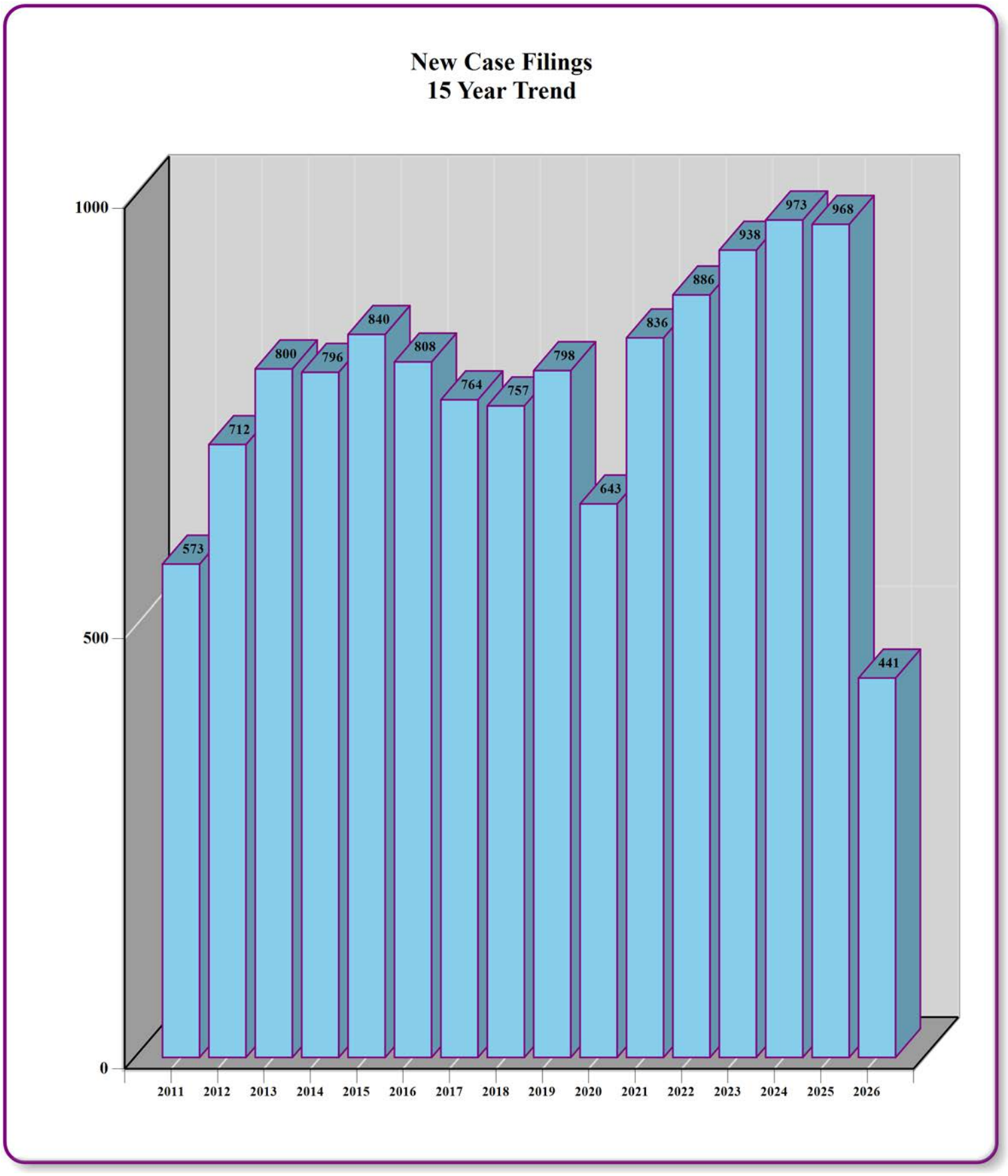
**Pending Active - Temp Order:** A count of cases that have an order of temporary guardianship filed and are awaiting disposition.

**Disposed/Set for Review:** A count of cases at the end of each month that, following an initial Entry of Judgment, are awaiting a regularly scheduled review involving a hearing before a judicial officer during the reporting period. NOTE: Includes closed cases with future hearings.

**Caseload Reports**
**1.2 - New Adult Guardianship Cases**
New Adult Guardianship cases filed in the previous 12 months.



**Caseload Reports**
**1.2.1 - New Adult Guardianship Cases**
New Adult Guardianship cases filed in the previous 15 years.



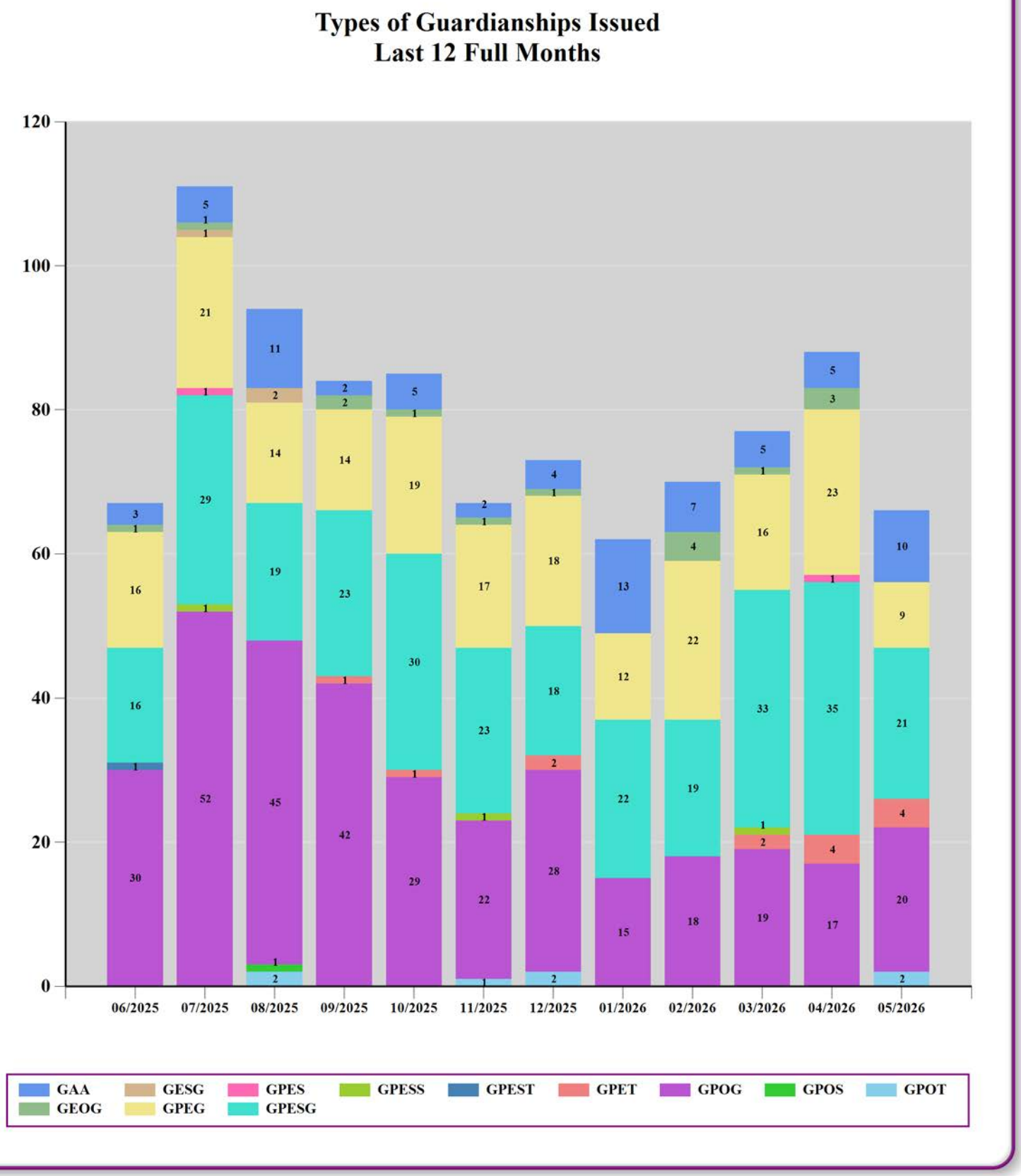
**Caseload Reports**

**1.3.A - Types of Guardianships Ordered**

The below table shows the number and types of guardianships in which letters of guardianship were issued in the past 12 full months. Definitions regarding the statutory authority for types of guardianships are listed in Appendix A.

| | 01/2026 | 02/2026 | 03/2026 | 04/2026 | 05/2026 | 06/2025 | 07/2025 | 08/2025 | 09/2025 | 10/2025 | 11/2025 | 12/2025 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **GAA: General - No Sub Type Description** | 13 | 7 | 5 | 5 | 10 | 3 | 5 | 11 | 2 | 5 | 2 | 4 | 72 |
| **GABSD: Sum Admin Person/Estate - Adult** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **GAESD: Sum Admin Estate - Adult** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **GAS: Special Guardianship** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **GASE: Special Guardian - Estate Only - Adult** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **GASP: Special Guardian - Person Only** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **GASPE: Special Guardian - Person/Estate - Adult** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **GEOG: General - Estate Only** | 0 | 4 | 1 | 3 | 0 | 1 | 1 | 0 | 2 | 1 | 1 | 1 | 15 |
| **GEOS: Special/Limited - Estate Only** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **GEOT: Temporary - Estate Only** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **GESG: General - Estate Only - Summary** | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 3 |
| **GESP: General - Estate Only AND Special/Limited - Person Only** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **GESS: Special/Limited - Estate Only - Summary** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **GEST: Temporary - Estate Only - Summary** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **GPEG: General - Person & Estate** | 12 | 22 | 16 | 23 | 9 | 16 | 21 | 14 | 14 | 19 | 17 | 18 | 201 |
| **GPES: Special/Limited - Person & Estate** | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |
| **GPESG: General - Person & Estate - Summary** | 22 | 19 | 33 | 35 | 21 | 16 | 29 | 19 | 23 | 30 | 23 | 18 | 288 |
| **GPESS: Special/Limited - Person & Estate - Summary** | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 3 |
| **GPEST: Temporary - Person & Estate - Summary** | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| **GPET: Temporary - Person & Estate** | 0 | 0 | 2 | 4 | 4 | 0 | 0 | 0 | 1 | 1 | 0 | 2 | 14 |
| **GPOG: General - Person Only** | 15 | 18 | 19 | 17 | 20 | 30 | 52 | 45 | 42 | 29 | 22 | 28 | 337 |
| **GPOS: Special/Limited - Person Only** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| **GPOT: Temporary - Person Only** | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 2 | 0 | 0 | 1 | 2 | 7 |
| **GPSE: General - Person Only AND Special/Limited - Estate Only** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total** | 62 | 70 | 77 | 88 | 66 | 67 | 111 | 94 | 84 | 85 | 67 | 73 | 944 |

**Caseload Reports**
**1.3.B - Types of Guardianships Ordered**
The below table shows the number and types of guardianships in which letters of guardianship were issued in the past 12 full months. Definitions regarding the statutory authority for types of guardianships are listed in Appendix A.



**Caseload Reports**
**1.4 - Average Time to Disposition for Pending Active Cases - Last 12 Full Months**
The average time to disposition for pending active cases can be increased significantly in a particular month when a petition for guardianship has been filed and the department was not notified or when parties have asked for continuance due to pending residency in Nevada.

| | 01/2026 | 02/2026 | 03/2026 | 04/2026 | 05/2026 | 06/2025 | 07/2025 | 08/2025 | 09/2025 | 10/2025 | 11/2025 | 12/2025 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Average Number of Days to Initial Disposition** | 62 | 309 | 57 | 90 | 146 | 50 | 95 | 61 | 46 | 78 | 70 | 128 | 99 |

**Caseload Reports**
**1.5 - Adult Guardianship Cases Disposed (All Dispositions During the Period)**
State of Nevada - USJR definitions are provided in Appendix B.

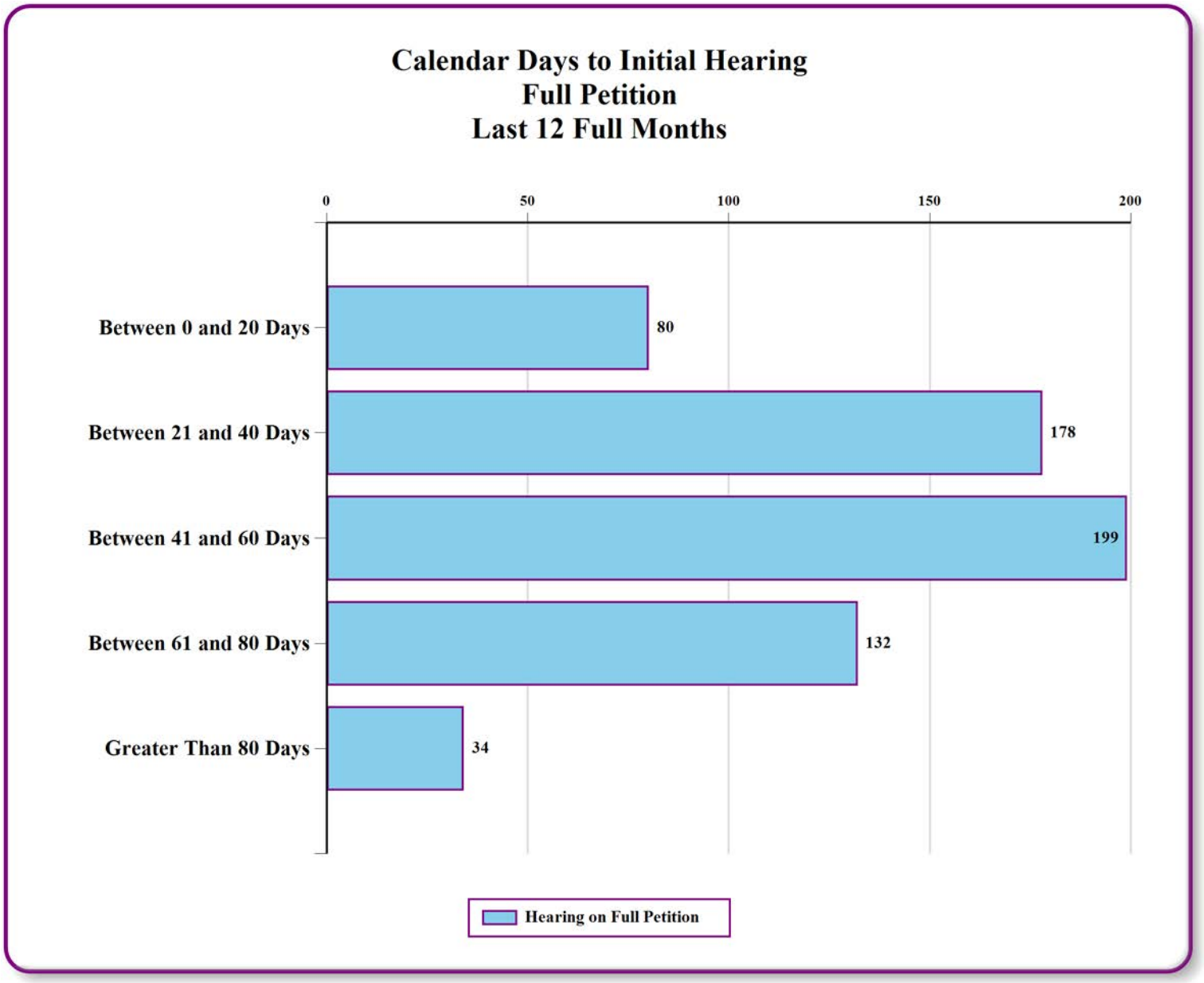
| | 01/2026 | 02/2026 | 03/2026 | 04/2026 | 05/2026 | 06/2025 | 07/2025 | 08/2025 | 09/2025 | 10/2025 | 11/2025 | 12/2025 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Age of Majority** | 0 | 0 | 0 | 3 | 2 | 1 | 2 | 17 | 0 | 5 | 2 | 0 | 32 |
| **Death** | 7 | 2 | 6 | 6 | 4 | 2 | 5 | 3 | 3 | 6 | 13 | 7 | 64 |
| **Order Terminating Guardianship or Final Accounting** | 20 | 32 | 19 | 17 | 19 | 15 | 24 | 27 | 17 | 21 | 14 | 14 | 239 |
| **Restoration of Competency** | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 5 |
| **Totals** | 27 | 34 | 26 | 26 | 26 | 18 | 31 | 48 | 20 | 33 | 30 | 21 | 340 |

| | 01/2026 | 02/2026 | 03/2026 | 04/2026 | 05/2026 | 06/2025 | 07/2025 | 08/2025 | 09/2025 | 10/2025 | 11/2025 | 12/2025 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Dismissed - Want of Prosecution** | 1 | 8 | 6 | 9 | 3 | 4 | 3 | 5 | 5 | 12 | 7 | 4 | 67 |
| **Involuntary Dismissal** | 7 | 9 | 2 | 7 | 4 | 4 | 4 | 2 | 2 | 7 | 4 | 8 | 60 |
| **Judgment Reached (Bench Trial)** | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 2 |
| **Other Manner of Disposition** | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 4 | 10 |
| **Settled/Withdrawn ADR** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Settled/Withdrawn With Judicial Conference or Hearing** | 88 | 127 | 92 | 99 | 119 | 74 | 96 | 100 | 93 | 111 | 87 | 107 | 1193 |
| **Settled/Withdrawn Without Judicial Conference or Hearing** | 22 | 15 | 14 | 37 | 21 | 27 | 15 | 24 | 20 | 29 | 25 | 14 | 263 |
| **Transferred** | 2 | 1 | 3 | 3 | 0 | 2 | 4 | 0 | 0 | 2 | 3 | 0 | 20 |
| **Totals** | 121 | 161 | 117 | 155 | 148 | 111 | 122 | 131 | 120 | 163 | 129 | 137 | 1615 |

**Additional Caseload Statistics**
**2.1 - Timeliness of First Hearing - Last 12 Full Months**
**2.1.1 - Hearing on Full Petition**
Scheduled hearings for the last 12 months, broken out by the number of calendar days from initial petition filing to first hearing on a full petition.

## Hearing on Full Petition

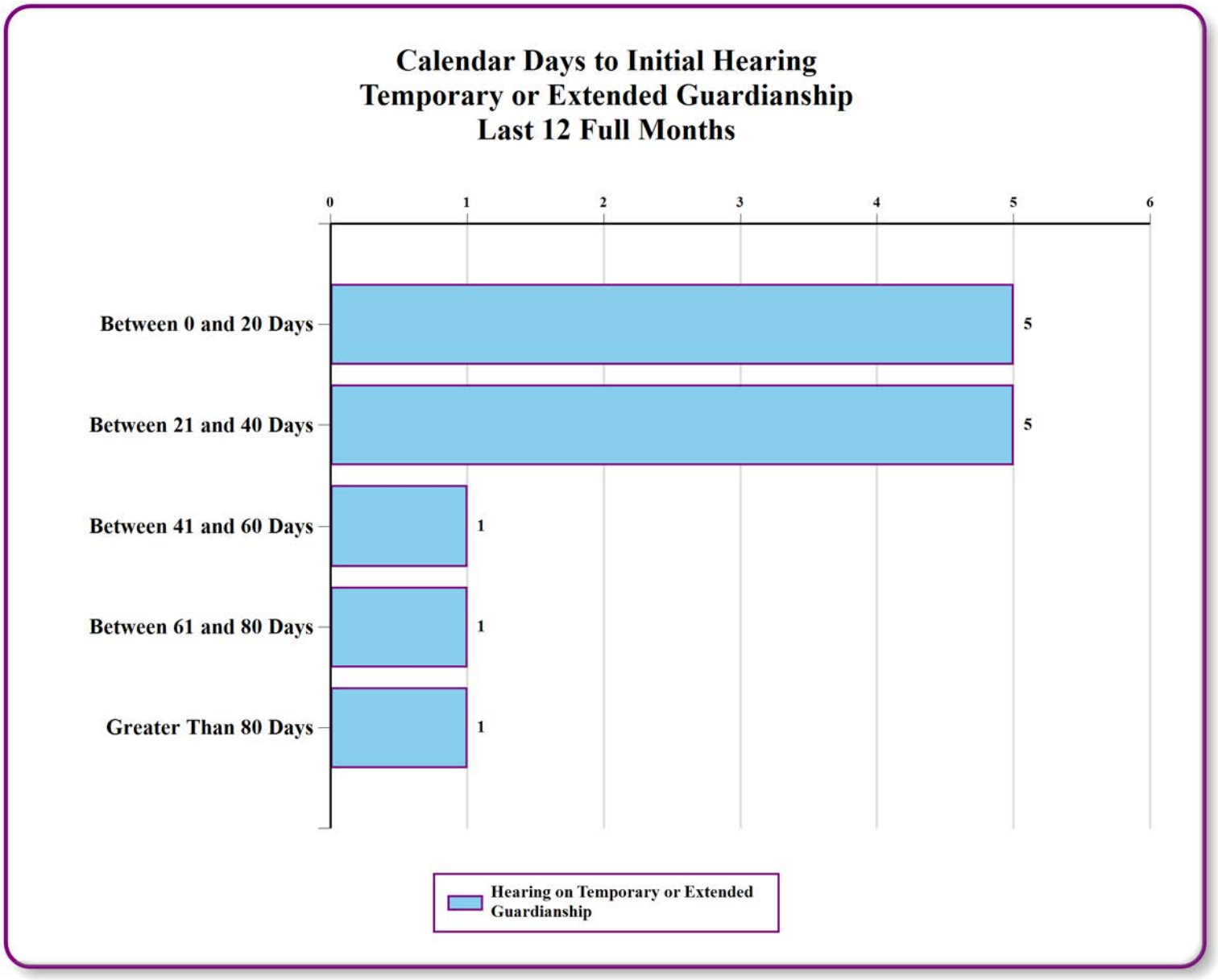
| | 0 - 20 Days | 21 - 40 Days | 41 - 60 Days | 61 - 80 Days | Greater Than 80 Days | Totals |
|---|---|---|---|---|---|---|
| **Denied** | 0 | 8 | 18 | 7 | 1 | 34 |
| **Dismissed** | 0 | 0 | 1 | 3 | 1 | 5 |
| **Granted** | 6 | 152 | 164 | 108 | 24 | 454 |
| **Others** | 74 | 18 | 16 | 14 | 8 | 130 |
| **Totals** | 80 | 178 | 199 | 132 | 34 | 623 |



**Additional Caseload Statistics**
**2.1 - Timeliness of First Hearing - Last 12 Full Months**
**2.1.2 - Hearing on Temporary or Extended Guardianship**
Scheduled hearings for the last 12 months, broken out by the number of calendar days from initial petition filing to first hearing on temporary or extended guardianship.

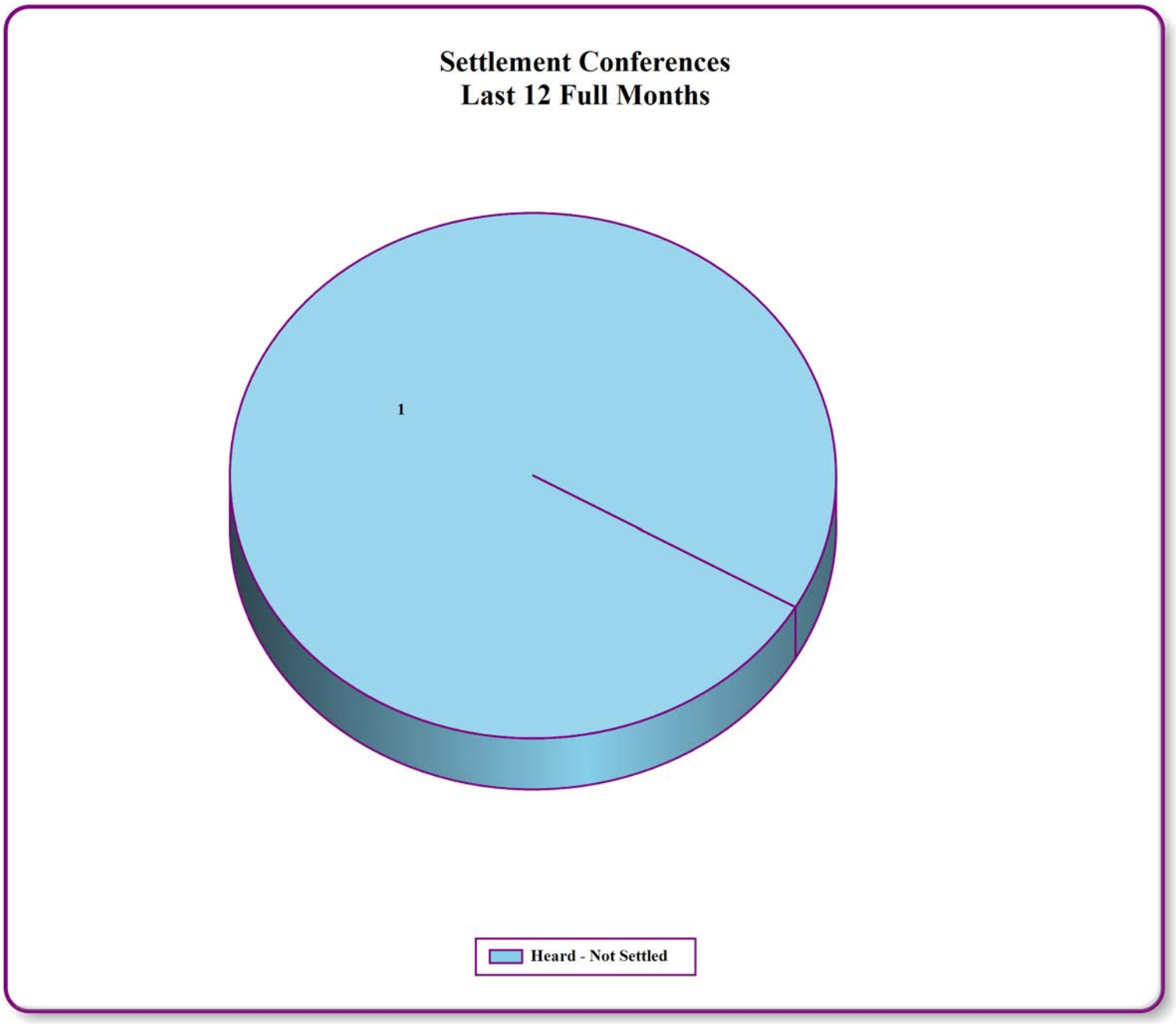
**Hearing on Temporary or Extended Guardianship**

| | 0 - 20 Days | 21 - 40 Days | 41 - 60 Days | 61 - 80 Days | Greater Than 80 Days | Totals |
|---|---|---|---|---|---|---|
| **Denied** | 0 | 1 | 0 | 0 | 0 | 1 |
| **Granted** | 1 | 3 | 1 | 1 | 1 | 7 |
| **Others** | 4 | 1 | 0 | 0 | 0 | 5 |
| **Totals** | 5 | 5 | 1 | 1 | 1 | 13 |



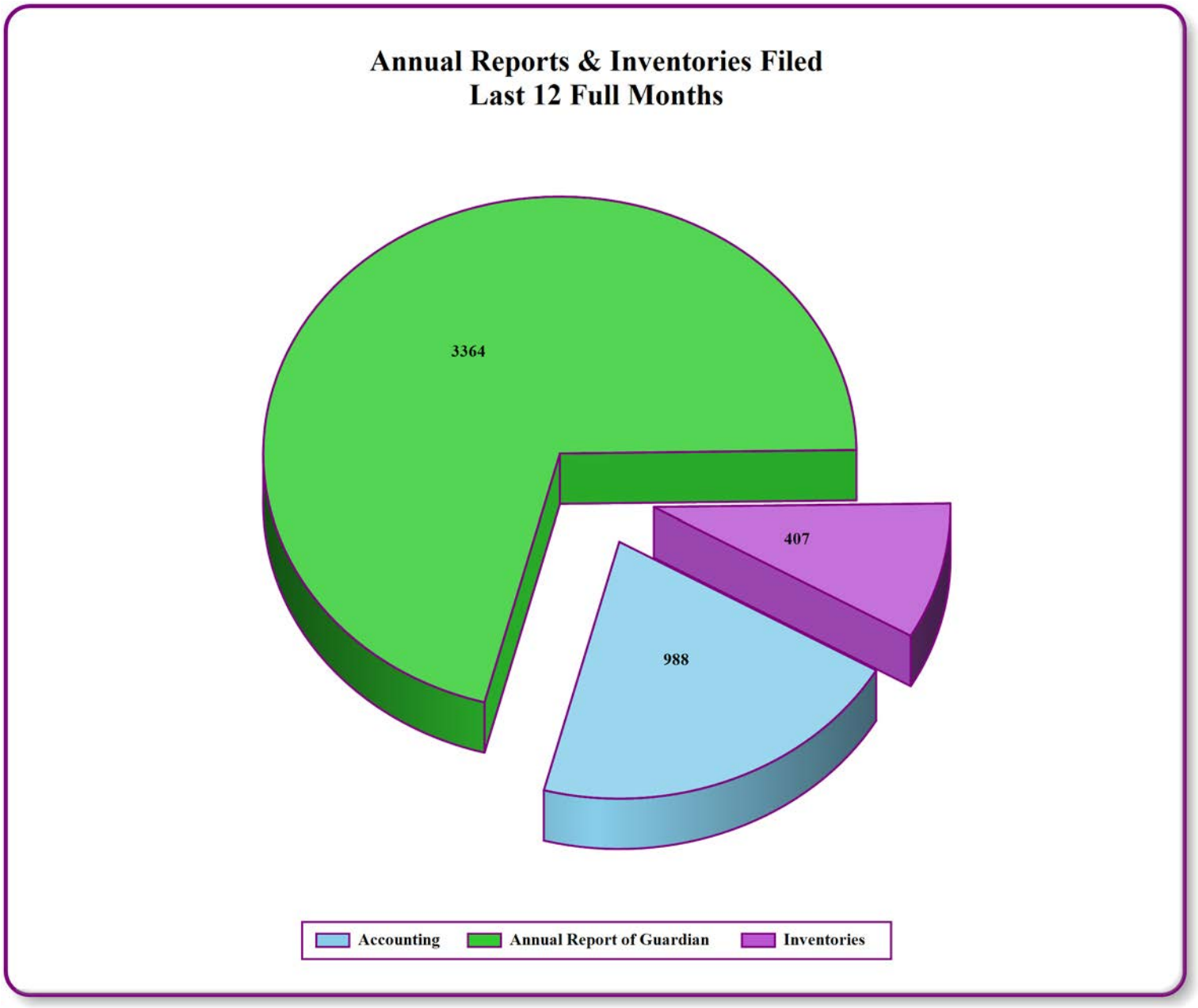
**Additional Caseload Statistics**
**2.2 - Alternative Dispute Resolution: - Last 12 Full Months**
**2.2.2 - Scheduled Settlement Conferences**
Cases are grouped based upon resolution type. Pending settlement conferences are labled as 'Outcome Pending.'
Multiple events may occur on a single case.

| | 01/2026 | 02/2026 | 03/2026 | 04/2026 | 05/2026 | 06/2025 | 07/2025 | 08/2025 | 09/2025 | 10/2025 | 11/2025 | 12/2025 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Heard - Not Settled** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| **Others** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| **Totals** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |



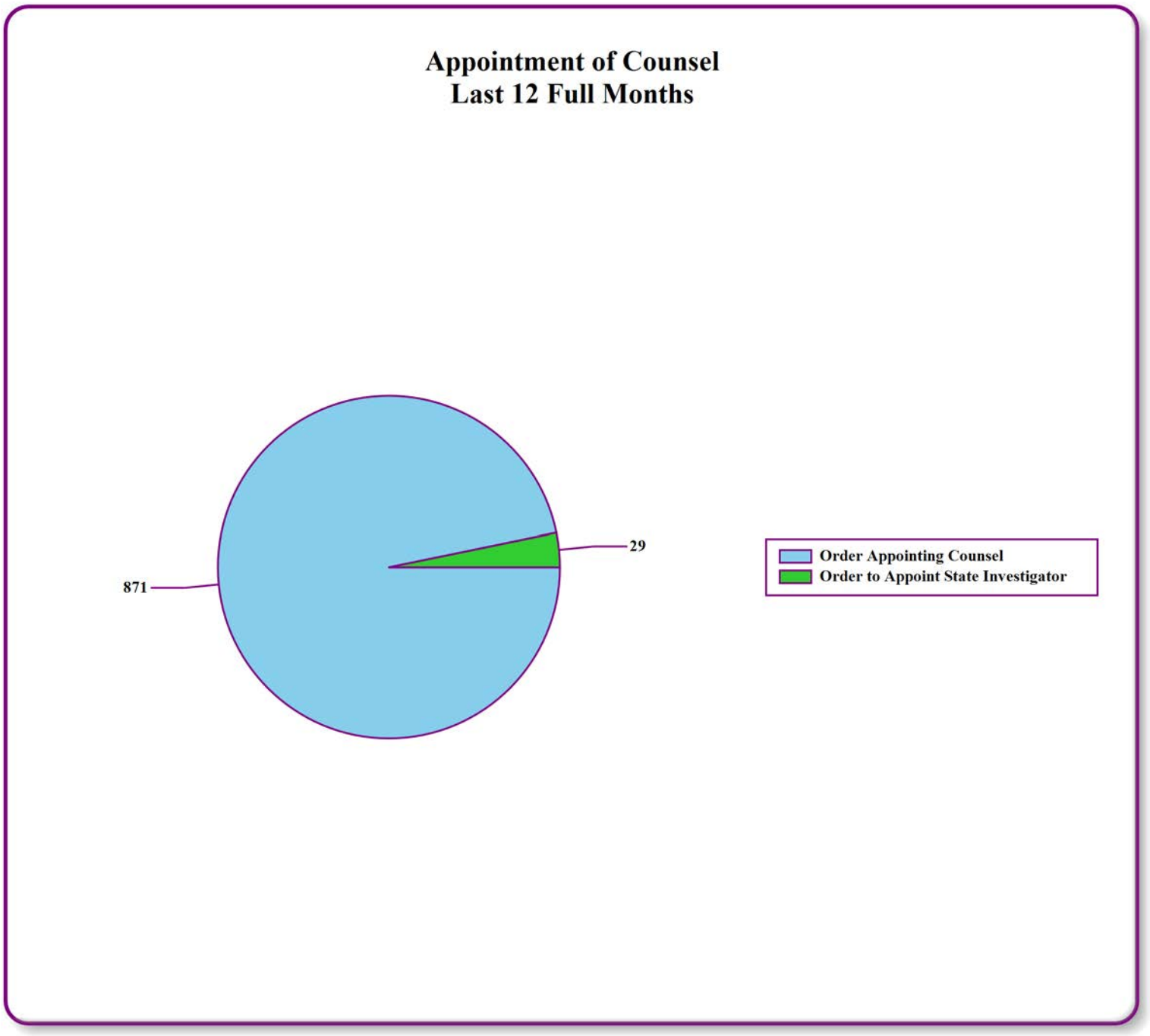
**Additional Caseload Statistics**
**2.3 - Annual Reports and Inventories Filed**
The below table shows the number of annual reports, accountings, inventories, and appraisement and record filings in the last 12 full months.

| | 01/2026 | 02/2026 | 03/2026 | 04/2026 | 05/2026 | 06/2025 | 07/2025 | 08/2025 | 09/2025 | 10/2025 | 11/2025 | 12/2025 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Accounting** | 94 | 85 | 90 | 72 | 100 | 67 | 74 | 83 | 82 | 68 | 89 | 84 | 988 |
| **Annual Report of Guardian** | 252 | 312 | 275 | 263 | 311 | 245 | 327 | 304 | 260 | 290 | 299 | 226 | 3364 |
| **Inventories** | 23 | 37 | 30 | 28 | 41 | 26 | 48 | 47 | 19 | 33 | 42 | 33 | 407 |



**Additional Caseload Statistics**
**2.5 - Appointment of Counsel - Last 12 Full Months**
Court appointed counsel for the last 12 months, broken out by the party type.

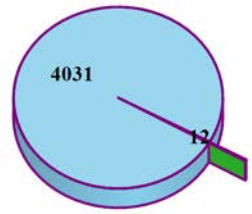
| | 01/2026 | 02/2026 | 03/2026 | 04/2026 | 05/2026 | 06/2025 | 07/2025 | 08/2025 | 09/2025 | 10/2025 | 11/2025 | 12/2025 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Order Appointing Counsel** | 85 | 63 | 78 | 90 | 66 | 61 | 62 | 69 | 66 | 104 | 58 | 69 | 871 |
| **Order to Appoint State Investigator** | 2 | 1 | 2 | 2 | 0 | 2 | 1 | 0 | 1 | 8 | 7 | 3 | 29 |
| **Totals** | 87 | 64 | 80 | 92 | 66 | 63 | 63 | 69 | 67 | 112 | 65 | 72 | 900 |



**Compliance Reports**
**3.1 - Milestones for all Adult Guardianship Cases**
Every Adult Guardianship case requires the filing of the following:
-- Letters of Guardianship
-- Guardian's Acknowledgment of Duties
-- Annual Report of Guardian

## *Compliance Rate for 4043 cases*

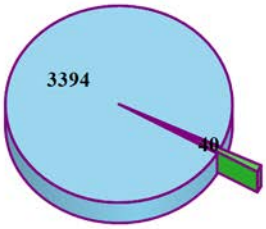
### Letters of Guardianship

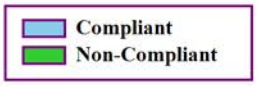




| Compliant | Non-Compliant |
|---|---|
| 99.70% | 0.30% |

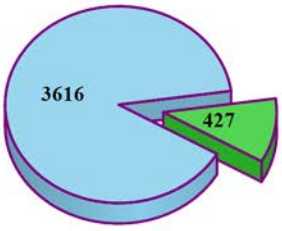
### Guardian's Acknowledgment of Duties

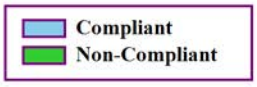



| Compliant | Non-Compliant |
|---|---|
| 98.84% | 1.16% |

### Annual Report of Guardian

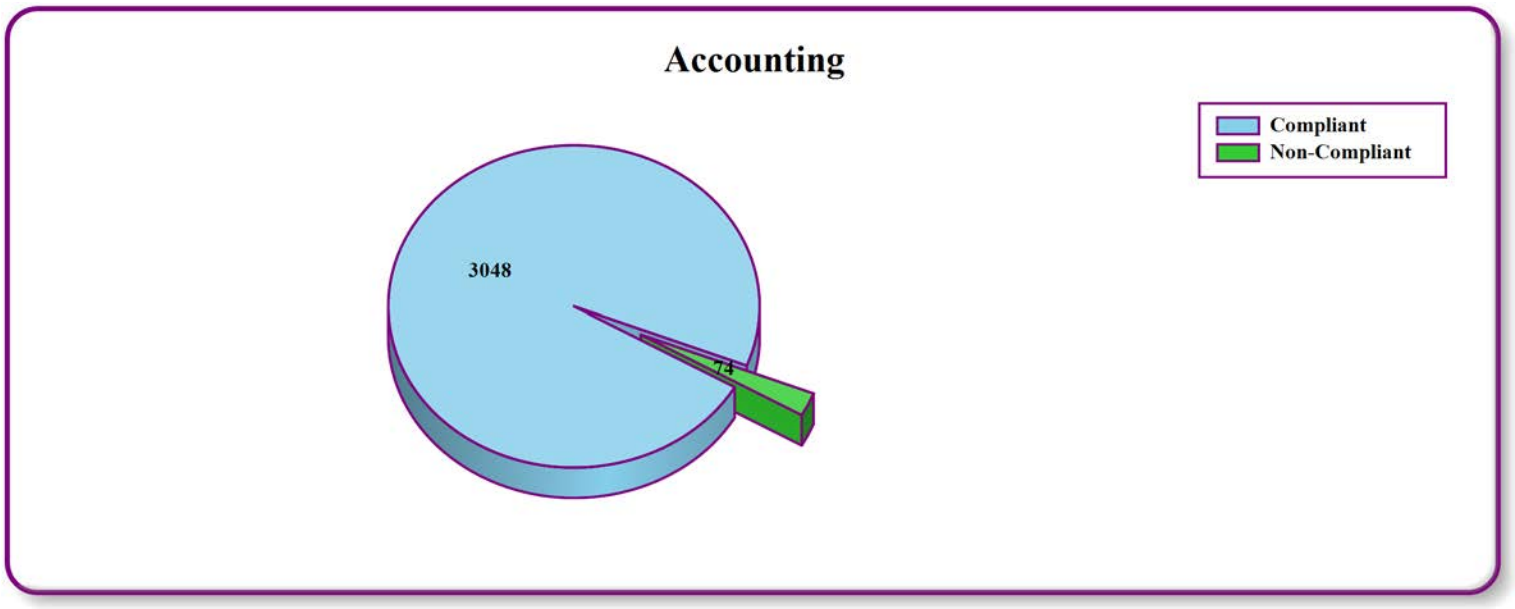


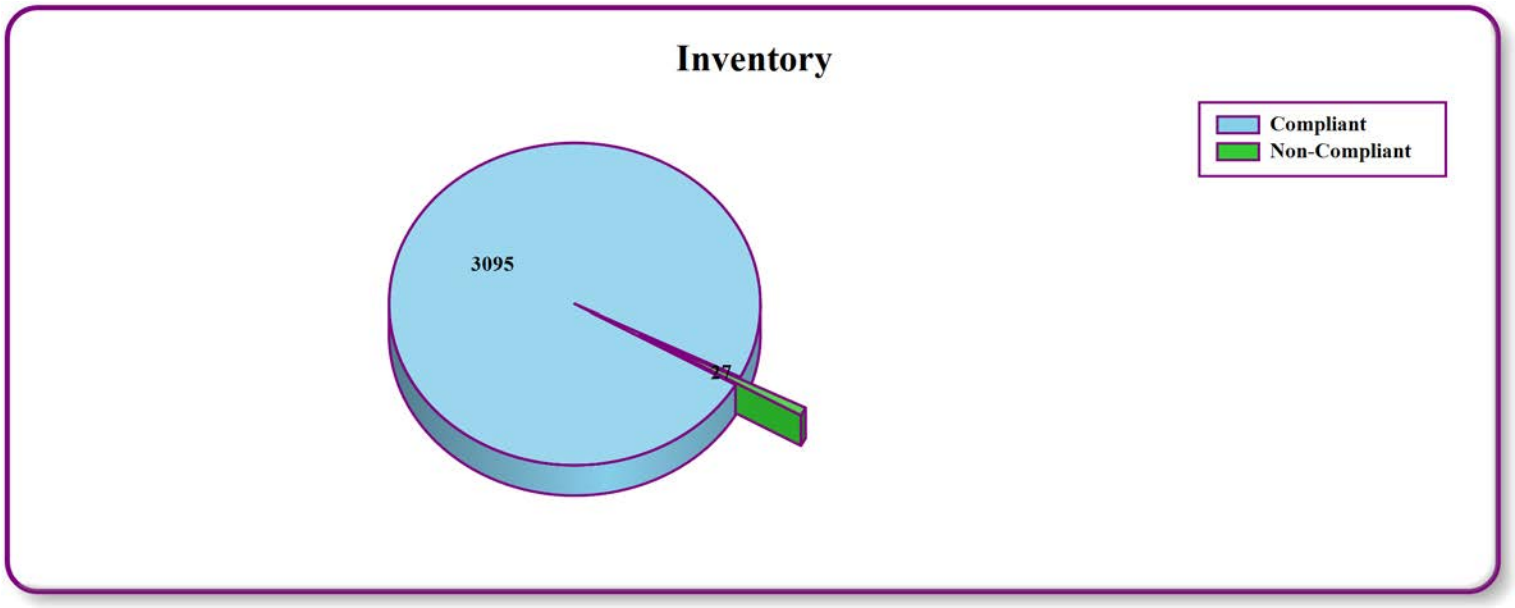

| Compliant | Non-Compliant |
|---|---|
| 89.44% | 10.56% |

**Compliance Reports**
**3.2 - Annual Accountings and Inventories**
A small set of cases require the filing of an Annual Accounting and Inventory.

## *Compliance Rate for 4043 cases*

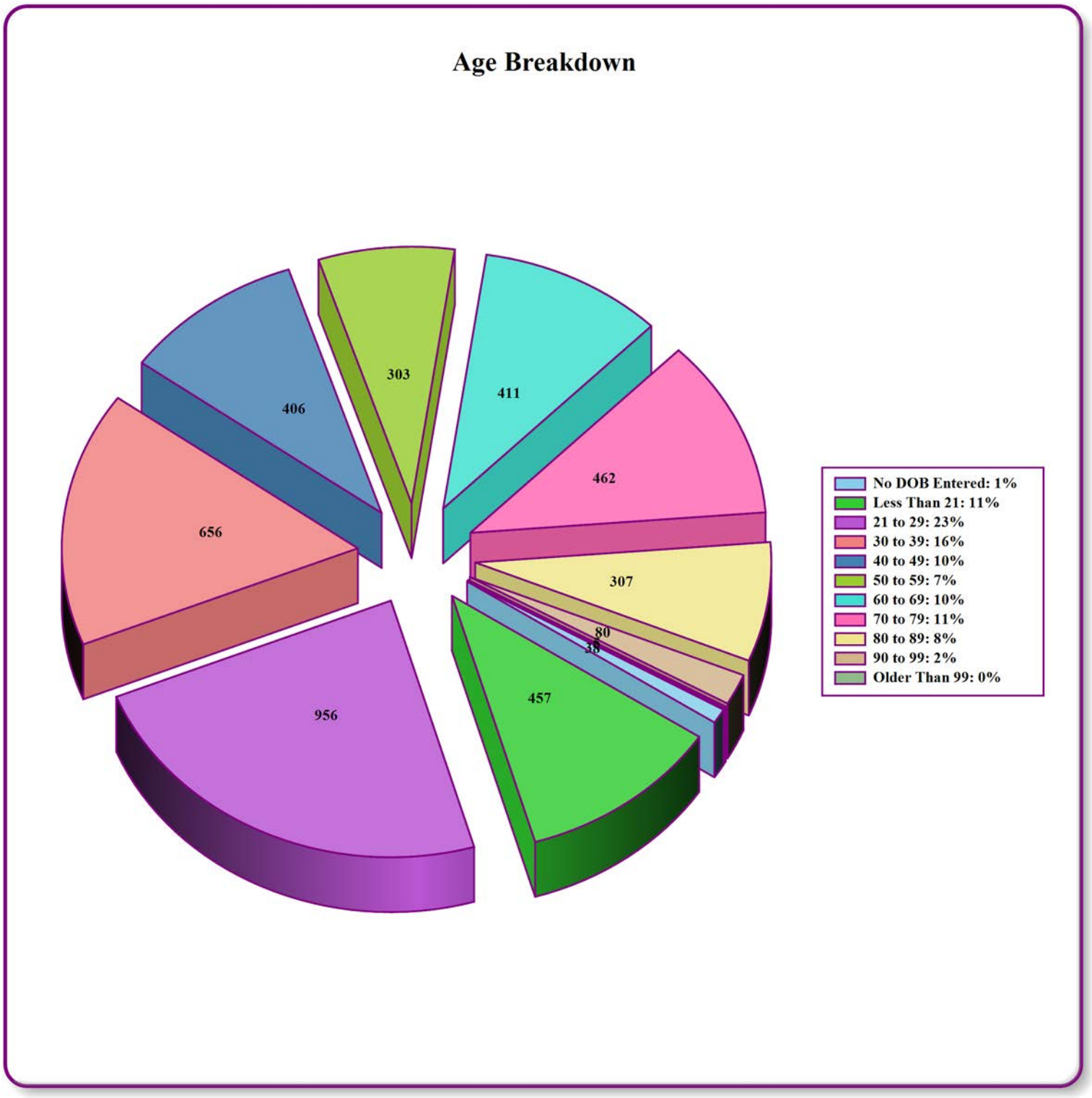



| Compliant | Non-Compliant |
|---|---|
| 97.63% | 2.37% |



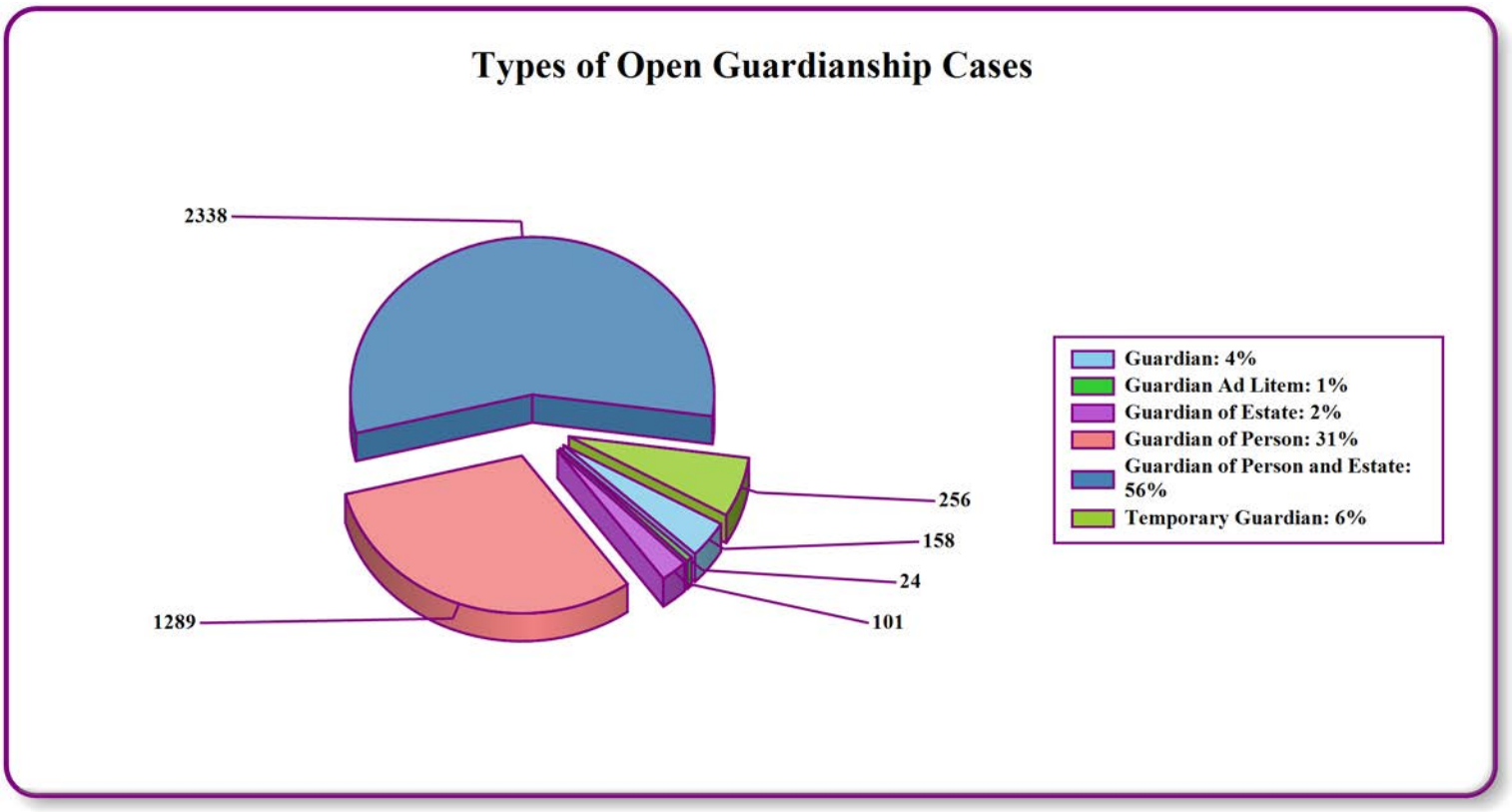

| Compliant | Non-Compliant |
|---|---|
| 99.14% | 0.86% |

**Demographics**
**4.2 - Adult Subject to Guardianship - Age Breakdown**
The table and chart below show the breakdown in age of persons subject to a guardianship in pending cases.

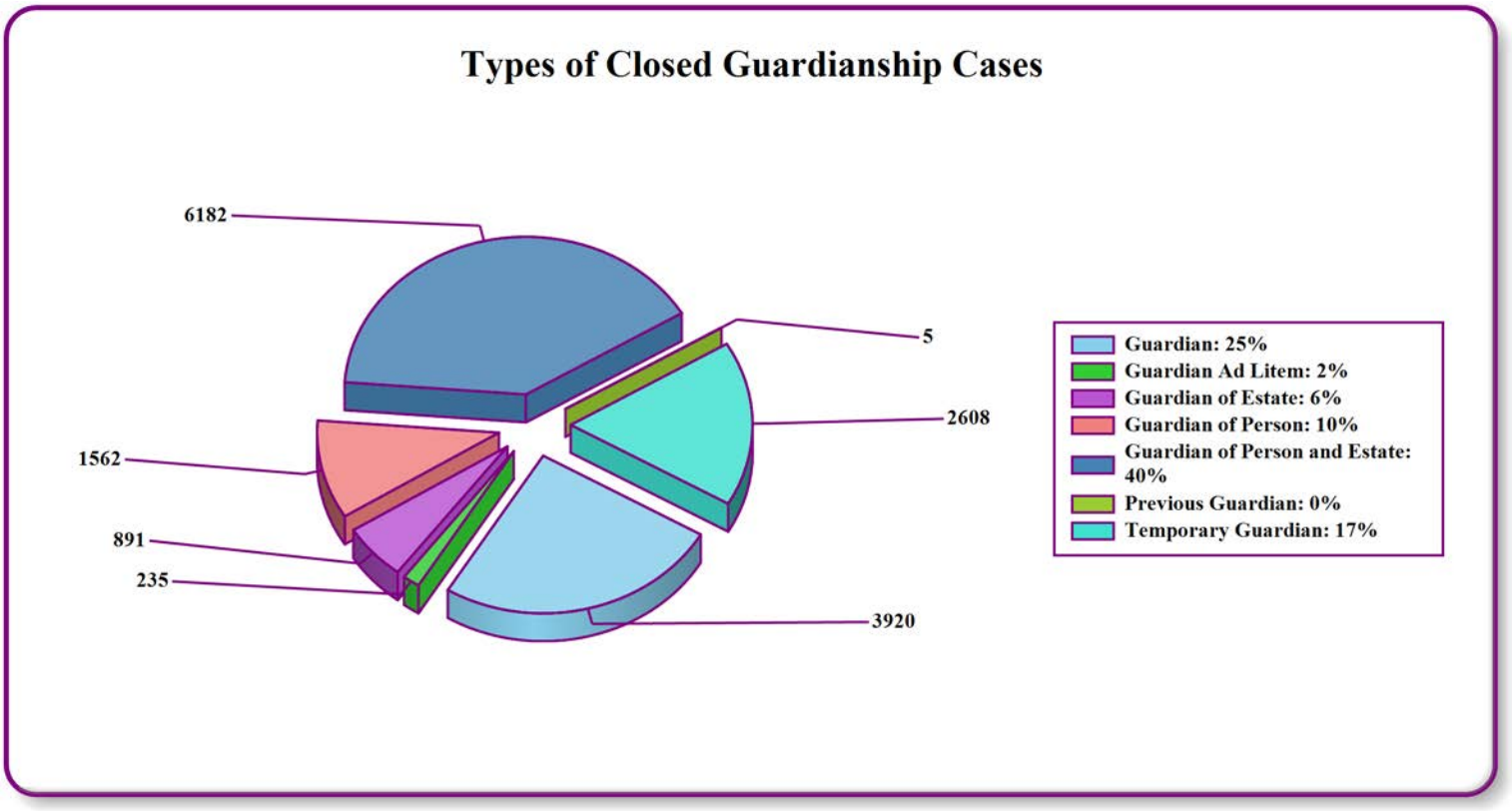



**Total Number of Persons: 4,081**

**Demographics**
**4.3 - Guardian Types**
The charts below show the percentage breakdowns of guardian types in both Open & Closed Adult Guardianship cases.




**Total Number of Open Guardians: 4,166**




**Total Number of Closed Guardians: 15,403**

## Appendix A. Statutory Authority for Types of Guardianships

NRS 159.0487 provides for the appointment of 5 different types of Guardian.

- Guardians of the Person, of the Estate, or of the Person and Estate for incompetents or minors whose home state is this State
  This is a General Guardianship over the Person, Estate or both over a person found to be incompetent with all of the powers available under NRS 159 granted to the Guardian. However the Guardian must still petition the Court before taking action in relation to certain aspects of the Person and/or Estate.
  - Summary Administration of a Guardianship Estate (NRS 159.076)
    Ordinarily a Guardianship of Estate requires annual accountings to be heard on noticed hearing by the Court. However where it appears after payment of all claims and expenses of the guardianship that the value of the Ward's property does not exceed $10,000 the Court may dispense with annual accountings and all other proceedings required by this chapter. However the Guardian must notify the Court through an amended inventory should the net estate exceed $10,000 and file annual accountings from that point on.

- Guardians of the Person, of the Estate, or of the Person and Estate for incompetents or minors who, although not residents of this State, are physically present in this State and whose welfare requires such an appointment
  This is the same type of Guardianship as described at 1. However it is the physical proximity in state and the circumstantial requirement of appointment rather than residence which allows the Court to make an order. The powers granted are the same and subject to the same statutory requirements of permission before action is taken.

- Guardians of the Estate for non-resident incompetents or non-resident minors who have property within this State
  This describes a guardianship concerned with property held in this state only.

- Special Guardians (NRS 159.026, NRS 159.0801, NRS 159.0805)
  This is a guardianship over a person found to be a limited capacity as opposed to incompetency. The Court may dictate the powers granted to the Special Guardian and, save in emergency situations, must apply to the Court for instruction or approval before commencing any act relating to the person of limited capacity. The Special Guardian of the Person may also be granted powers to manage and dispose of the estate of the Ward.

- Guardians ad litem
  Not applicable to this analysis.

- Temporary Guardian of the Person and/or Estate (NRS 159.0523/0525)
  The Court may grant a temporary guardianship over the Person, Estate or both. This may be granted on an ex parte basis but in such circumstances must be heard not later than 10 days after the date of appointment or the guardianship will expire. The Court may extend the guardianship for no longer than 5 months unless extraordinary circumstances are shown. The Court shall limit the powers of the Temporary Guardian to those necessary to respond to a substantial and immediate risk of physical harm or financial loss as is relevant.

## Appendix B. USJR - Family Disposition Definitions

**Non-Trial Dispositions:** A major classification category for family-related case dispositions in which a case is disposed of by a dimissal, default, settlement, withdrawal, transfer or other non-trial action.

**Other Manner of Disposition:** A subcategory of family-related non-trial case type dispositions including ones of unknown specificity or dispositions not attributalbe to one of the other defined family-related dispositon categories.
**Dismissed for Want of Prosecution:** A subcattegory of family-related non-trial dispositions involving cases dismissed by the court because the plaintiff, petitioner or obligee has voluntarily ceased to pursue a case.
**Involuntary (statutory) Dismissal:** A subcategory of family-related non-trial dispositions involving cases adjudicated by an order of dismissal being entered because the legal time a statute has expired, with no other judgment or order being rendered for the case.
**Default Judgment:** A subcategory of famil-related non-trial dispositions involving cases in which the defendant(s) either chose not to or failed to respond to (i.e. answer) the plaintiff's allegations.
**Settled/Withdrawn Without Judicial Conference or Hearing:** A subcategory of family-related non-trial dispositions for cases settled out of court, voluntarily withdrawn from the court docket by the plaintiff, and/or by joint stipulation without a conference or hearing with a judicial officer.
**Settled/Withdrawn With Judicial Conference or Hearing:** A subcategory of family-related non-trial dispositions for cases settled, voluntarily withdrawn from the court docket by the plaintiff, and/or by joint stipulation following a converence or hearing with a judicial officer.
**Settle/Withdrawn by Alternative Dispute Resolution (ADR):** A subcategory of family-related non-trial dispositions involving cases that were referred by the court to programs such as mediation or arbitration and through those processes, were successfully settled and/or withdrawn from the court docket during the reporting period.
**Transferred:** A subcategory of family-related non-trial dispositions involving cases in which a judicial order transfers a case from one court to another judirdiction. Transferred does not mean transferring the case from one judge or master to another judge or master within the same court.
**Death:** A "final" disposition classification for guardianship cases that are "finalized" with a filing of a death certificate with the court.
**Age of Majority:** A "final" disposition classification for guardianship cases that are "finalized" when the juvenile ward reaches the age of majority (generally 18 years of age).
**Order Terminating Guardianship or Final Accounting:** A "final" disposition classification for guardianship cases that are "finalized" with an order terminating guardianship or when the final accounting is filed with the court, whichever occurs first. Courts should only use this "final" disposition if the other above-defined "final" dispositions are not applicable.
**Restoration of Competency:** A "final" disposition classification for guardianship cases that are "finalized" with restoration of competency of the ward.

**Trial Dispositions:** A major classification category for family-related case dispositions that involves a hearing and determination of issues of fact and law, in accordance with prescribed legal procedures, in order to reach a judment in a case before a court.

**Bench (Non-Jury) Trial:** A subcategory of family-related trial dispositions involving a trial in which there is not jury and a judicial officer determines both the issues of fact and law in the case. For statistical purposes, a Bench trial is initiated when an opening statement is made, the first evidence is introduced, or the first witness sworn, whichever comes first, regardless of whether a judgment is reached.

**Disposed After Trial Start:** A subcategory of family-related bench (non-jury) trial dispositions in which a judicial officer determines both the issues of fact and law in the case, but no judgment is reached, typically because the case selttles during the trial.

**Judgment Reached:** A subcategory of family-related bench (non-jury) trial dispositions in which a judicial officer determines both the issues of fact and law in the case and a judgment is rendered by the court/judicial officer.