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: November 6th, 2026, at 1:30 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. August 7th, 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. Review/Consider Final Workgroup Report for Submission to Legislature. ***(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 February 5th, 2027, 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

August 07, 2026 Meeting Summary

KATHERINE STOCKS
State Court Administrator

JOHN MCCORMICK
Assistant Court Administrator

MEETING SUMMARY
PERMANENT GUARDIANSHIP COMMISSION

Summary Prepared by Marcy Martin

Date and Time of Meeting: 08/07/2026 at 2:00 p.m.
Place of Meeting: Remote Access via Zoom

Members Present

Judge Denise Gentile, Co-Chair
Judge Tamatha Schreinert, Co-Chair
Shauna Brennan
Tracy Bowles
Karen Kelly
Judge Kriston Hill
Lynn Hughes
Kathleen Jones
Michael Keene
Julie Lindesmith
Jennifer Rains
Dana Sisk
Heather Goodlet for Debra Bookout

AOC Staff

Kate McCloskey
John McCormick

Other Attendees

Whitney Jones
Min Yen Jeung
Karla Rigino
Staci Anderson
Hunter Eigenman
Erin Lynch
Mallory Nelson
Carissa Tashiro
Kyle Johnson
Jeremy Chaffin
Chris Bosse
William Voy

I. **Call to Order** — Judge Schreinert called the meeting to order at 2:00 p.m.
- Ms. Martin called roll; a quorum was present.
- The May 15, 2026, meeting summary was approved as presented.

II. **Public Comment**
- There was no public comment.

III. **Reports from Workgroups**
- AB461 Workgroup
    i. William Voy stated that the process was an extensive one- taking nine months with multiple meetings. Mr. Voy conveyed that the first attachment of the final report listed all members of the workgroup. Mr. Voy stated that among the work group, there was a separate sub-group, which discussed the issue of capacity and competency. Mr. Voy stated that Shauna Brennan was the chair and their report was attachment four in the final report.

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ii. Mr. Voy stated they were tasked with giving recommendations to the Guardianship Commission in order to provide recommendations to the Interim Standing Committee on Health and Human Services. The direction behind the work group was to determine whether any and/or all of the provisions of the Uniform Health Care Decisions Act (UHCDA) should be enacted by the state of Nevada. Mr. Voy went on to state that they were also charged with researching and looking at states that have adopted the UHCDA. Mr. Voy stated that only a couple states have adopted the act, with minimal effective dates, thus not providing positives or negatives.

iii. Mr. Voy began summarizing the final report, in which, the work group does not recommend the UHCDA in whole or in part. The workgroup stated that adopting the act would lead to an increase in litigation. Mr. Voy went on to explain that Nevada already has a strong statutory framework for advanced health care decisions/power of attorneys. The work group notes seven separate deficiencies (referenced on pages 2 through 5 of the final report) and then noted the recommendations from the work group. Mr. Voy stated the work group came up with 12 recommendations, in which, the workgroup believes would strengthen current framework. The first recommendation revolved around Nevada Lockbox- requiring providers to check and utilize Nevada Lockbox. Another recommendation revolves around funding Nevada Lockbox, ensuring it's easily accessible, and possibly moving Lockbox to another state entity. Another recommendation referred to being able to opt out of provisions regarding surrogate decision makers in the actual Healthcare Power of Attorney (POA), found in attachment 2 of the final report. The sixth recommendation refers to temporary guardianship pertaining to discharge and placement. The seventh recommendation referenced developing training criteria for executing certificates of incapacity. The eighth recommendation referred the definition of capacity- which is attachment 4 in the final report. Number nine was to adopt the sample of the POA referenced in attachment 2 of the final work group report. Recommendation ten referenced accepting supported decision making regarding advanced health care directives and durable power of attorneys. The eleventh recommendation referenced expanding the authority of an agent (under a health care POA). Lastly, the twelfth recommendation was regarding adding provisions regarding locked facilities and power of attorneys.

iv. As there was no longer a quorum, it was determined that a vote would move forward, via email, with modifications to recommendation 12 and modification to attachment 2.

- Forms Workgroup
  - Judge Schreinert reported that the Forms Workgroup have not met, with plans to meet as the Legislative Session commences.
- Legislative Workgroup
  - Judge Schreinert reported the Legislative Workgroup met on July 24th. The discussion involved having an AOC bill as a placeholder for changes that could benefit adult guardianships. Judge Schreinert reported that there currently are no bills to be reported to the commission. Lastly,

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another workgroup meeting is scheduled for October 23rd, 2026, with hopes that there will be bills to report on during the November Guardianship Commission meeting.

- Rules Workgroup
    - Michael Keane stated that workgroup has not met, stating that the group will possibly be meeting in the fall. Mr. Keane stated that he believes discovery should be a topic addressed within the workgroup, as well as motion practice.
- Mental Health Workgroup
    - Karen Kelly stated the work group had not met; however, communication ensued regarding some ideas for a handout- that could be handed out at jails. These handouts would provide guidance to staff on how to handle people under or possibly under guardianship. This handout will potentially be available to Guardianship Commission members at the November meeting.

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

- Judge Gentile discussed the possibility of creating a sub-sub-group to discuss all the statutes and rules, which would commence after the upcoming legislative session, with the focus for the upcoming session being on less controversial topics. Judge Gentile requested that anyone interested in joining the group reach out to her.

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

- Judge Schreinert started the discussion by discussing how recorder fees are not enough, which in turn impacts everyone. The biggest issue being Legal Services, such as Northern Nevada Legal aid and Southern Nevada Legal Aid, not being able to take cases when needed. Judge Schreinert emphasized the importance of Legal Services, as she refers to her pro bono list frequently.
- John McCormick stated that during the upcoming legislative session, there may be another group targeting a change with the recorder fees.
- Discussion ensued about the time frame an attorney is assigned a to case. In Northern Nevada, specifically Washoe County, attorneys are appointed for the life of the Guardianship. Dana Sisk mentioned the idea of a Social Worker- in which the Social Worker visits the Clients to ease the amount of in person and/or steps to the process for the attorneys. Ms. Sisk noted that legal issues are a continuous process, with or without hearings on the calendar. Ms. Sisk emphasized the value of in-person visits by attorneys and/or social workers.

VI. **Response to Request for Statistics**

- No discussion was had.

VII. **Educational Needs Discussion**

- Michael Keane reported that the current guardianship training lacks personal relation with Guardians. Mr. Keane reported that in person trainings for Guardians could be a potential resource for Guardians.

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Tracey Bowles reported that Karen Kelly and Kate McCloskey have been working on a program that could be seen as a support group for Guardians.

VIII. **Future Agenda Items**

- No future agenda items were discussed.

IX. **Future Meetings**

- The next meeting of the Commission is scheduled for November 6, 2026, at 1:30 p.m.

X. **Public Comment**

- There was no public comment.

XI. **Adjournment**

- There being no further discussion, the meeting was adjourned at 3:35 p.m.

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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. The named HCPOA Agent shall have access to the Principal's financial records in order to have the ability to apply for health-related benefits 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, and add in a provision for the Principal to indicate the names of any persons they do not want to have any agency to make medical decisions.

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. It is recommended the Guardianship Commission for a subcommittee to further explore this recommendation.

It is also recommended that the administrative regulations for (1) admission requirements for placement to a secured facility be revised to include determination of many of the guardianship evaluations, including least restrictive environment, add a behavioral assessment and specify the levels of capability of activities of daily living, performed by a physician who has reviewed five

years of patient history or a review by the attending physician for at least the last two consecutive years, and (2) increase oversight of secured facilities.

It is recommended the Guardianship Commission for a subcommittee to further explore this recommendation.

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
Min-Yen Jung	Pro Bono Program Coordinator	Southern Nevada Senior Law Program	mjung@snslp.org
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 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** **NRS 159.079; 159.0807** **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** **NRS 159.0485** **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

October 2025 - September 2026

Summary Monthly Minor Guardianship Case Status Report

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2.0 Additional Caseload Statistics
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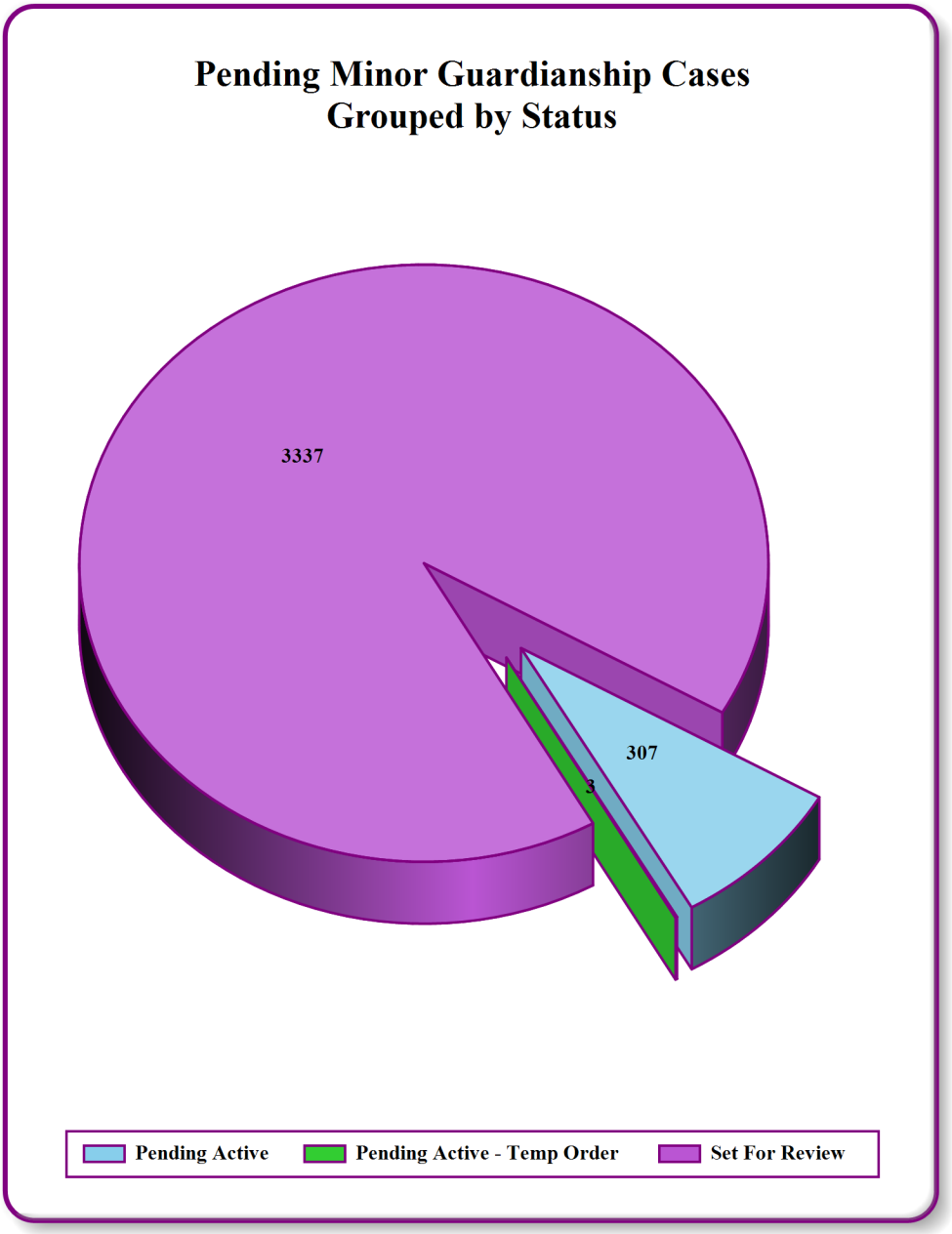
3.0 - Compliance Reports
3.1 - Milestones for all Minor Guardianship Cases
3.2 - Inventories and Annual Accountings

4.0 - Demographics
4.2 - Minor Subject to Guardianship - Age Breakdown
4.3 - Guardian Types

Appendix A. Statutory Authority for Types of Guardianships
Appendix B. USJR - Family Disposition Definitions

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	68	63	50	34	12	11	238
Pending Active - Temp Order	1	0	0	2	0	0	3
Disposed / Set For Review	60	27	49	127	244	2,335	2,842
Totals	129	90	99	163	256	2,346	3,083



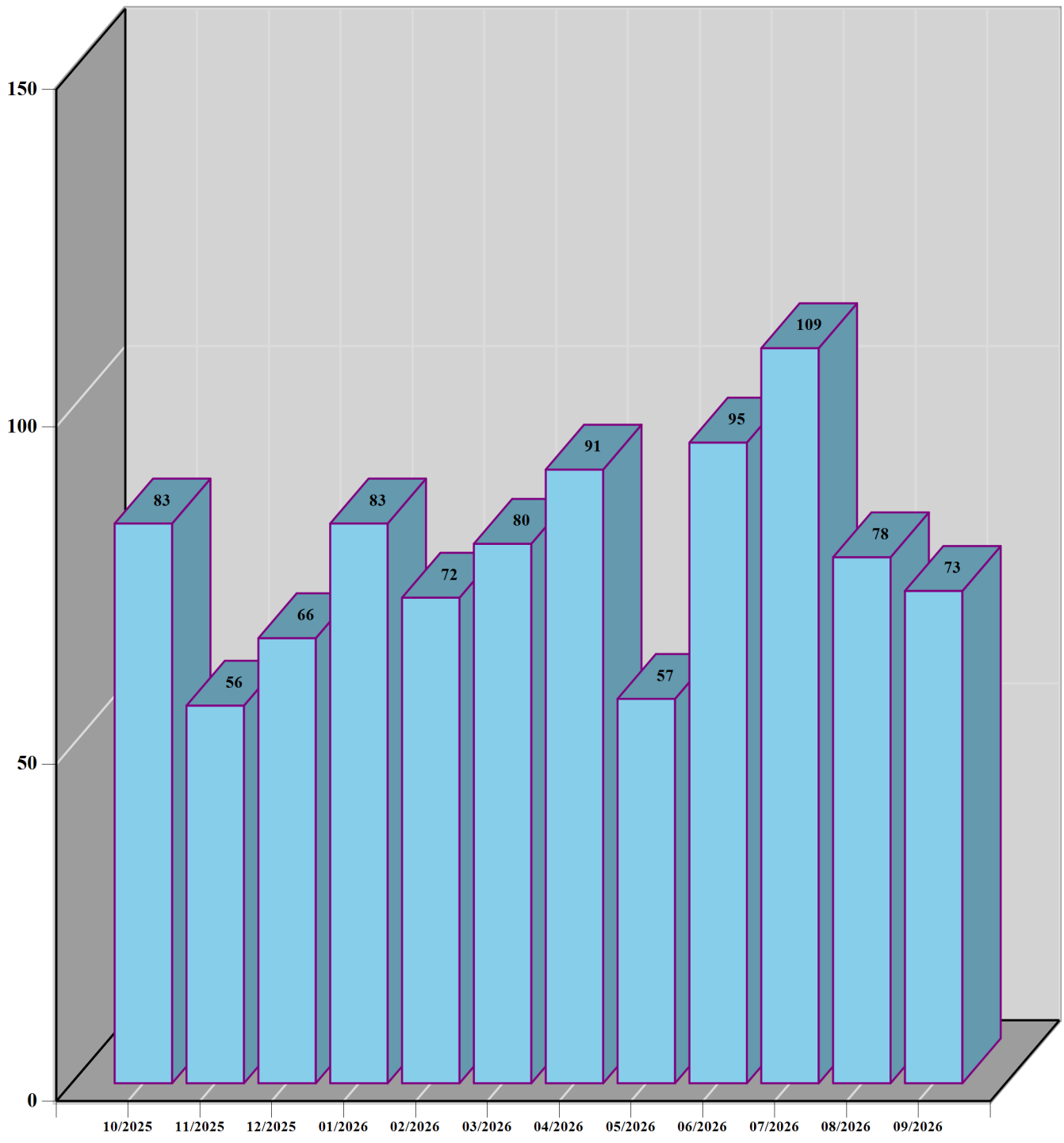
Cases represented in the previous table and this graph contain cases with any initial filing date. Disposed cases are not listed here. Age of case is determined by the date the status was updated.

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

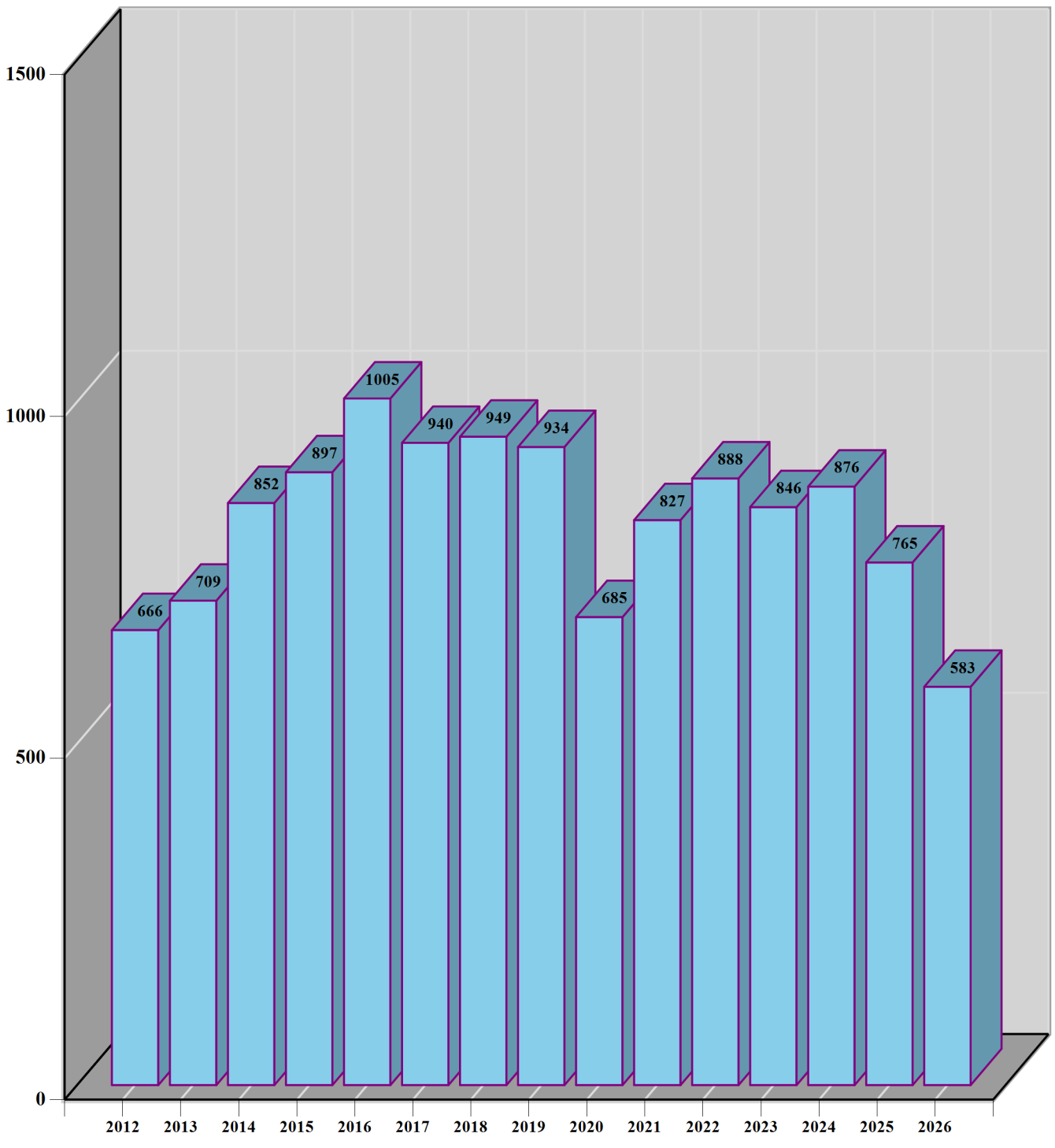
Pending Active - Temp Order: A count of cases that have an order of temporary guardianship filed and are awaiting disposition.

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

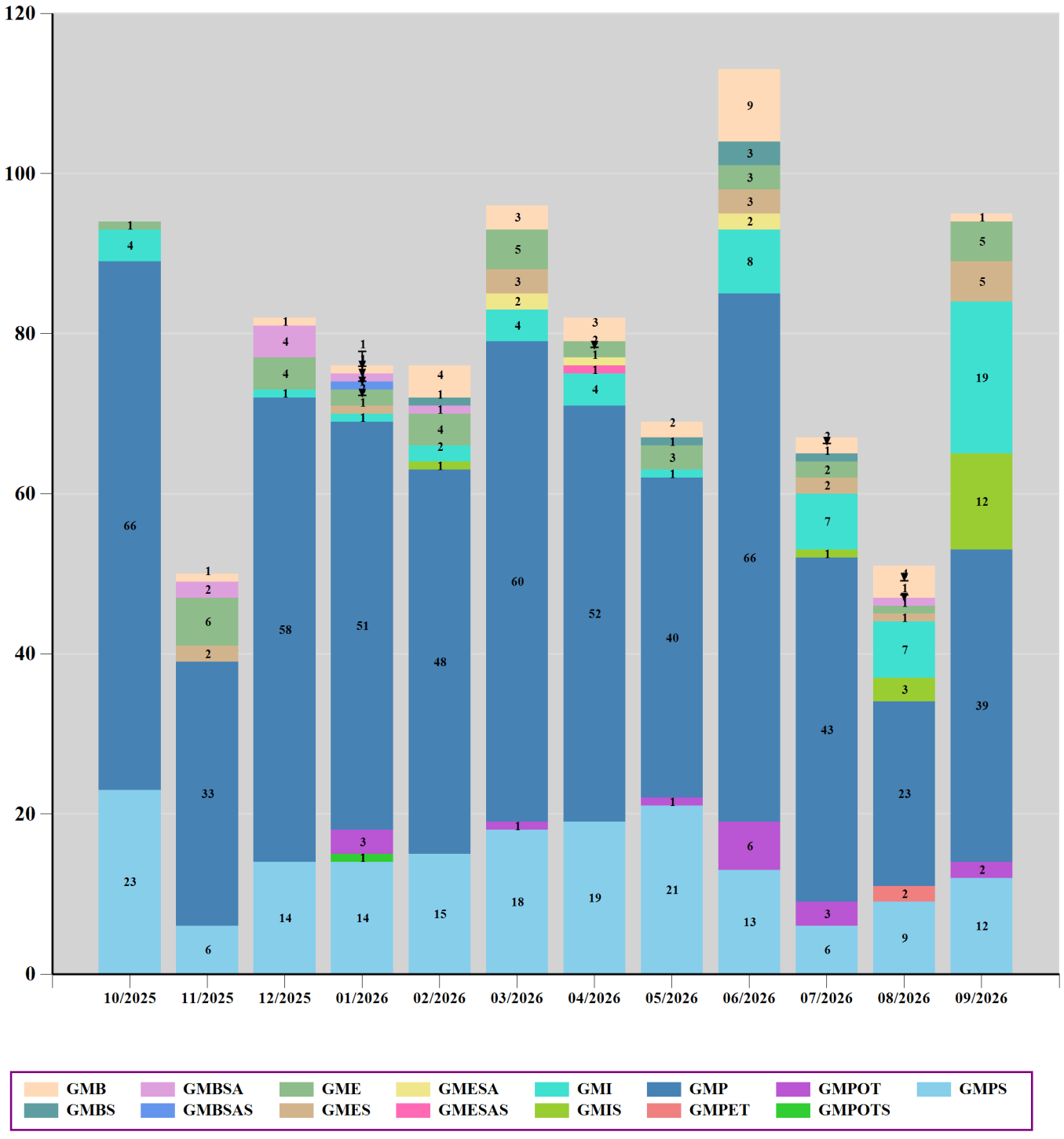
1.3.A - Types of Guardianships Ordered

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	06/2026	07/2026	08/2026	09/2026	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	1	5	3	3	3	12	3	4	1	0	1	1	37
GMBSA/GMBSAS: Sum Admin Person/Estate - Minor	2	1	0	0	0	0	0	1	0	0	2	4	10
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	8	2	3	6	4	2	10	1	8	4	55
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	2	2	0	2	0	0	0	0	0	0	6
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	65	63	78	71	61	79	49	32	51	89	39	72	749
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	2	0	0	0	0	2
GMPOT/GMPOTS: Temporary - Person Only - Minor	4	0	1	0	1	6	3	0	2	0	0	0	17
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	75	73	92	78	68	105	59	41	64	90	50	81	876

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.

Types of Guardianships Issued
Last 12 Full Months



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	06/2026	07/2026	08/2026	09/2026	10/2025	11/2025	12/2025	Total
Average Number of Days to Initial Disposition	203	45	87	57	80	85	76	103	75	64	81	80	86

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

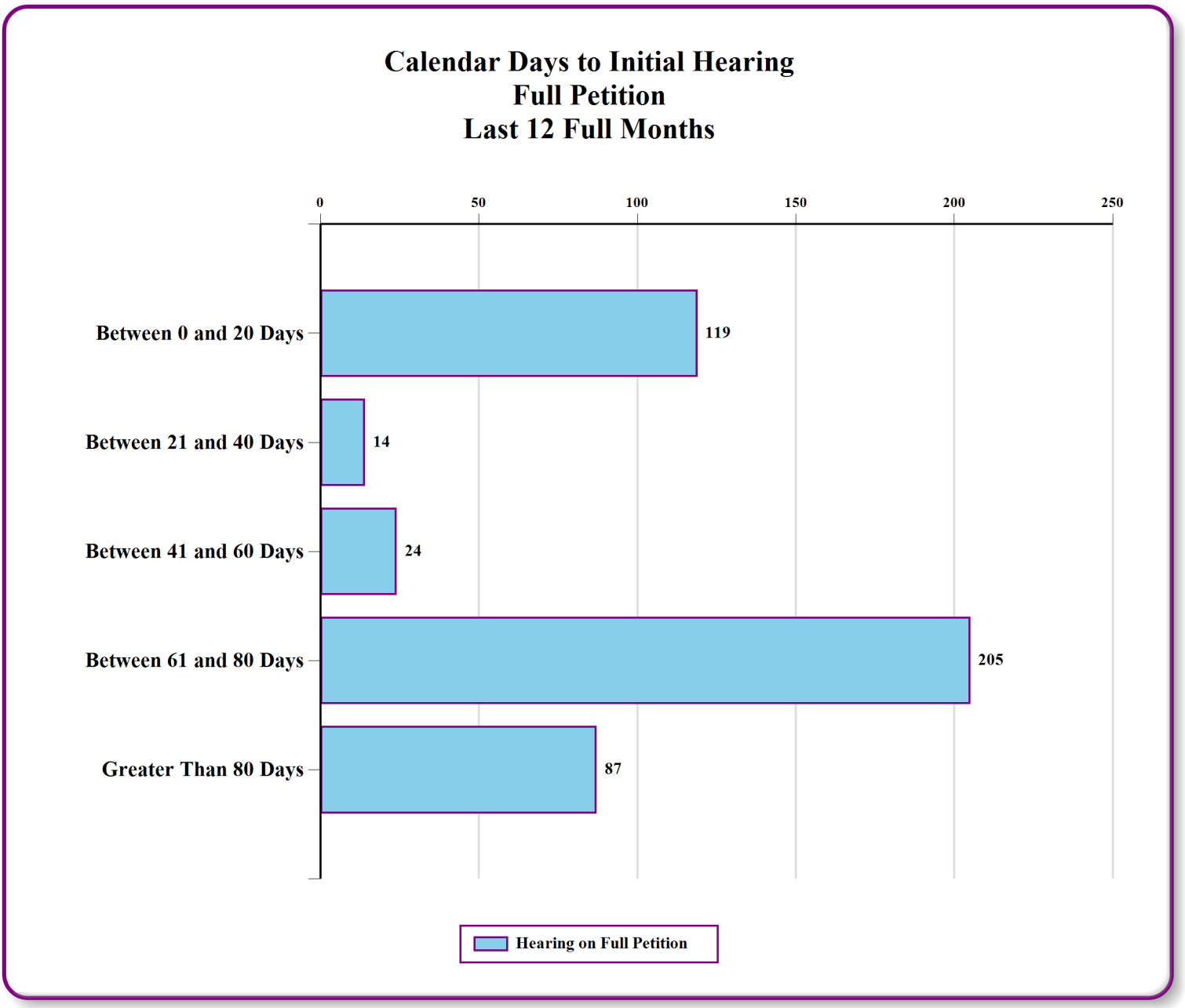
	01/2026	02/2026	03/2026	04/2026	05/2026	06/2026	07/2026	08/2026	09/2026	10/2025	11/2025	12/2025	Total
Age of Majority	12	19	53	25	50	25	17	41	31	28	21	25	347
Death	0	0	0	0	1	0	0	0	0	0	0	0	1
Order Terminating Guardianship or Final Accounting	27	19	26	20	32	49	36	25	32	29	18	32	345
Totals	39	38	79	45	83	74	53	66	63	57	39	57	693

Alternative Dispute Resolution	0	0	8	0	1	0	0	0	0	1	0	0	10
Disposed After Trial Start (Bench Trial)	1	0	1	0	0	0	0	0	0	0	0	0	2
Dismissed - Want of Prosecution	3	6	1	0	2	3	1	1	2	1	1	3	24
Involuntary Dismissal	7	13	5	7	4	6	8	2	13	9	2	2	78
Judgment Reached (Bench Trial)	8	2	1	1	1	0	0	0	0	2	1	0	16
Settled/Withdrawn ADR	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Manner of Disposition	6	1	2	4	1	0	0	2	8	0	1	0	25
Transferred	2	0	3	1	2	0	1	1	1	0	2	7	20
Settled/Withdrawn With Judicial Conference or Hearing	85	33	58	44	53	59	58	52	64	55	34	62	657
Settled/Withdrawn Without Judicial Conference or Hearing	54	15	44	30	32	37	32	27	18	45	29	38	401
Totals	166	70	123	87	96	105	100	85	106	113	70	112	1233

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

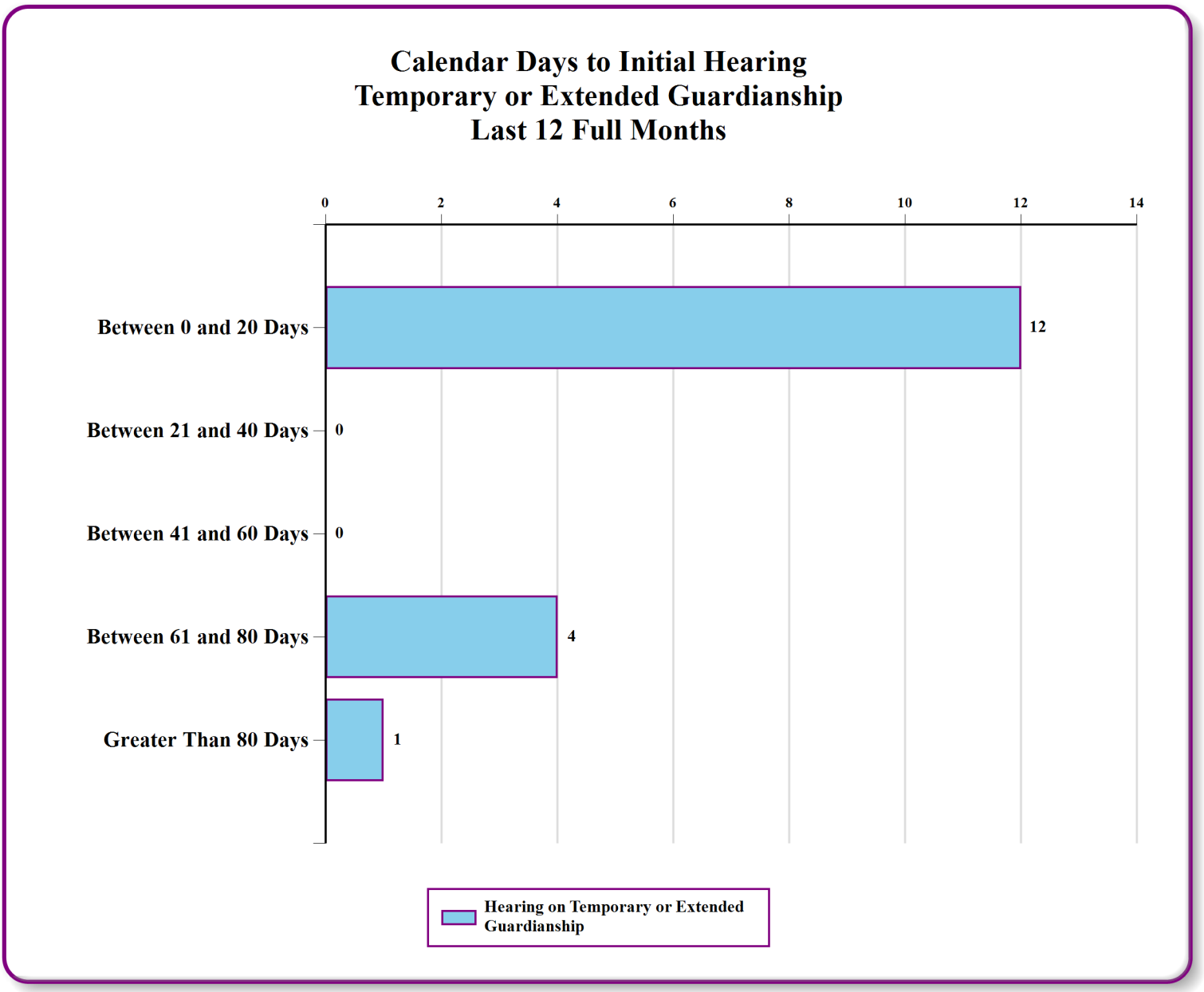
	0 - 20 Days	21 - 40 Days	41 - 60 Days	61 - 80 Days	Greater Than 80 Days	Totals
Denied	0	0	1	7	1	9
Dismissed	0	1	0	0	1	2
Granted	43	8	7	180	41	279
Guardianship Terminated	1	0	0	0	3	4
Others	75	5	16	18	41	155
Totals	119	14	24	205	87	449



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	8	0	0	1	1	10
Others	4	0	0	3	0	7
Totals	12	0	0	4	1	17



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	06/2026	07/2026	08/2026	09/2026	10/2025	11/2025	12/2025	Total
Heard - Not Settled													0
Others													**0**
Totals													0

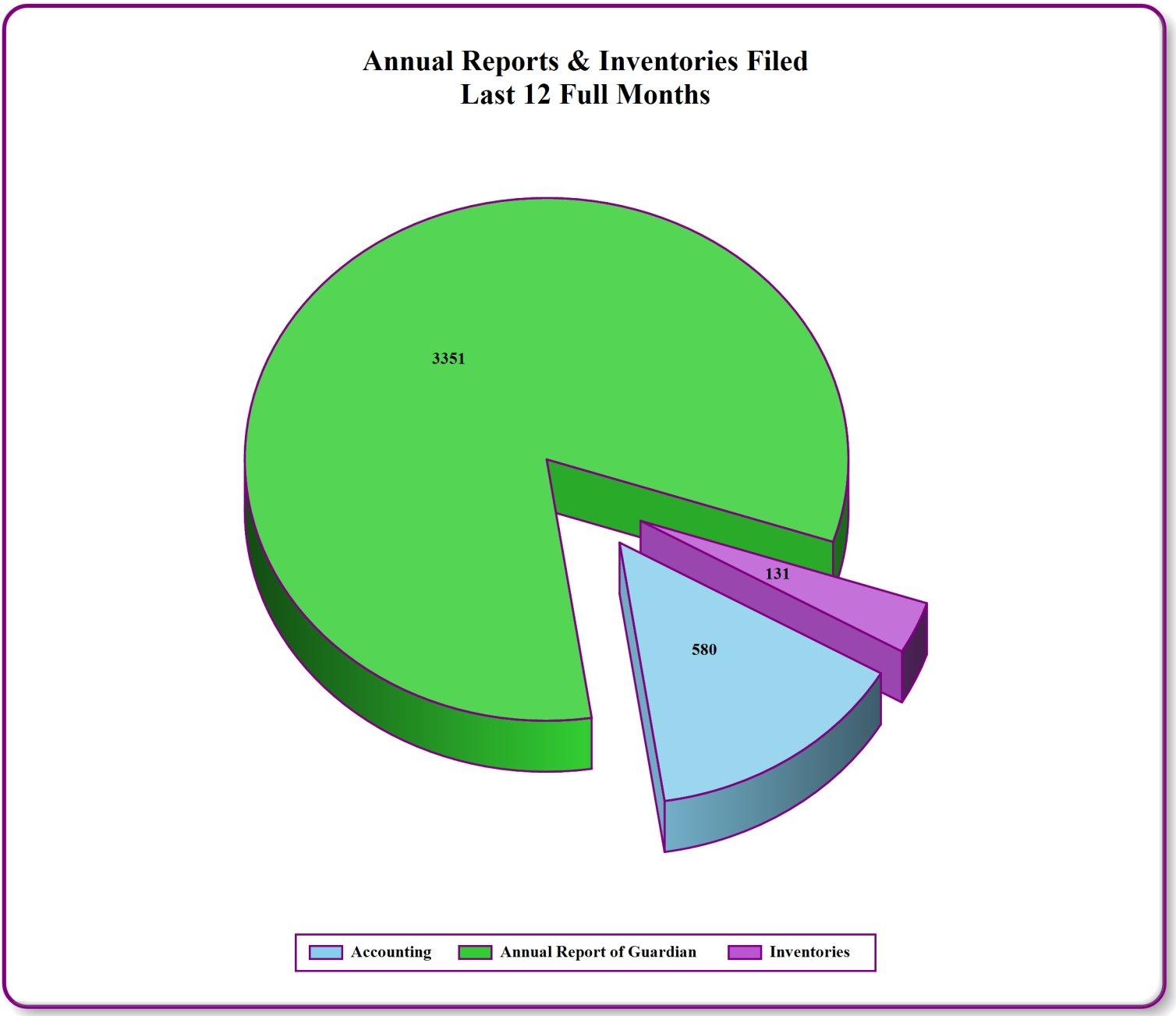
Settlement Conferences
Last 12 Full Months

No Data Available



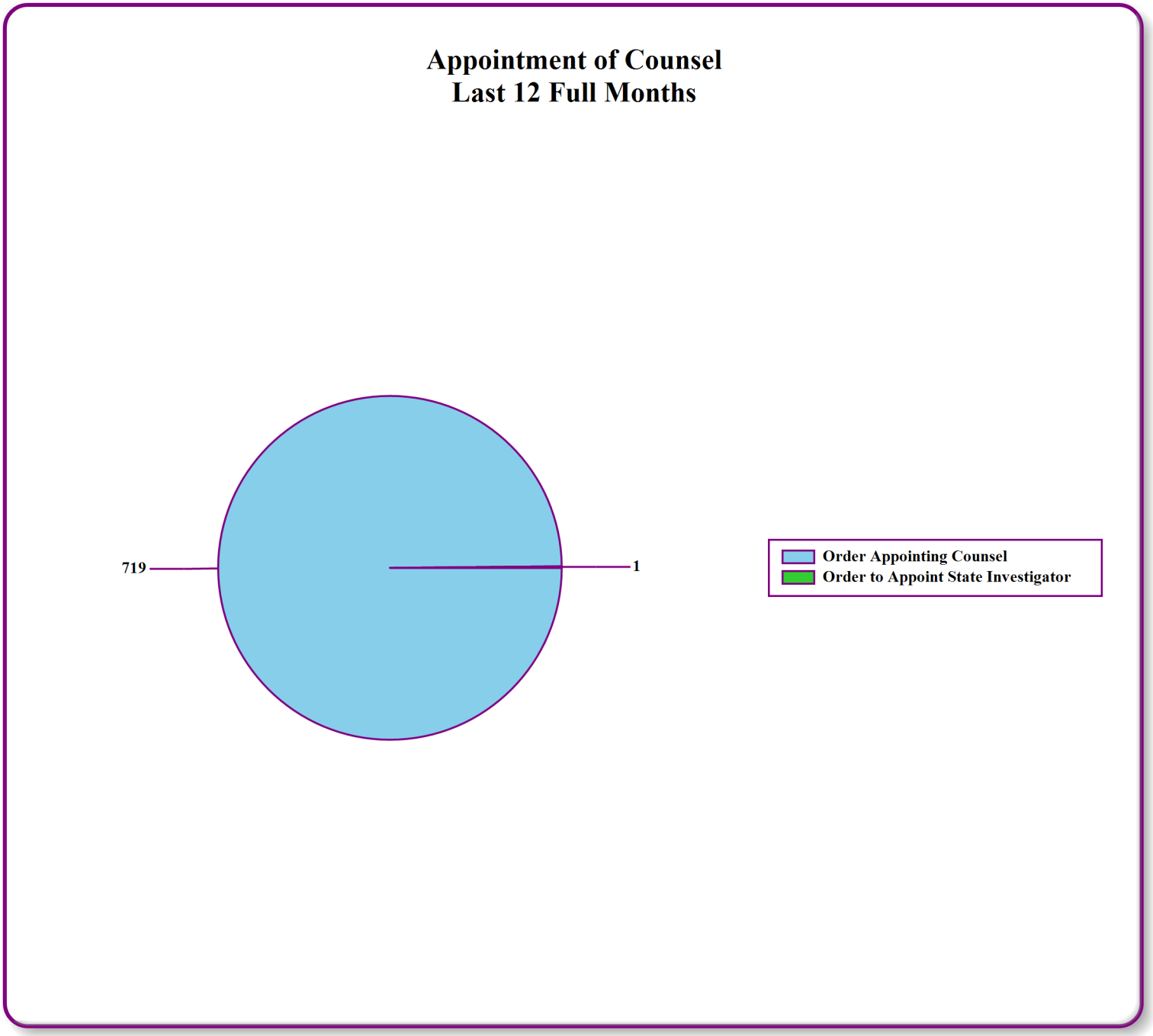
Additional Caseload Statistics
2.3 - Annual Reports and Inventories Filed
The below table shows the number of annual reports, accountings, inventories, and appraisement and record filings in the last 12 full months.

	01/2026	02/2026	03/2026	04/2026	05/2026	06/2026	07/2026	08/2026	09/2026	10/2025	11/2025	12/2025	Total
Accounting	36	43	27	57	42	65	53	51	49	48	44	65	580
Annual Report of Guardian	306	202	248	290	301	425	301	289	277	230	257	225	3351
Inventories	6	12	12	5	11	11	6	16	11	22	8	11	131



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.

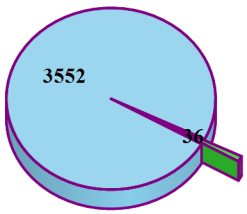
	01/2026	02/2026	03/2026	04/2026	05/2026	06/2026	07/2026	08/2026	09/2026	10/2025	11/2025	12/2025	Total
Order Appointing Counsel	76	37	52	43	25	56	77	66	56	42	115	74	719
Order to Appoint State Investigator	0	0	0	0	0	0	1	0	0	0	0	0	1
Totals	76	37	52	43	25	56	78	66	56	42	115	74	720

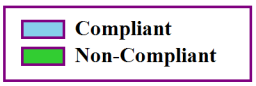


Compliance Reports
3.1 - Milestones for all MinorGuardianship Cases
Every Minor Guardianship case requires the filing of the following:
-- Letters of Guardianship
-- Guardian's Acknowledgment of Duties
-- Annual Report of Guardian

Compliance Rate for 3588 cases

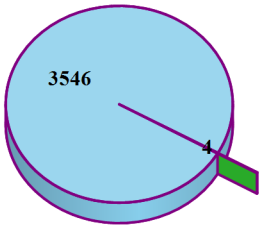
Letters of Guardianship





Compliant	Non-Compliant
99.00%	1.00%

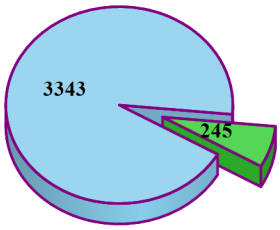
Guardian's Acknowledgment of Duties





Compliant	Non-Compliant
99.89%	0.11%

Annual Report of Guardian



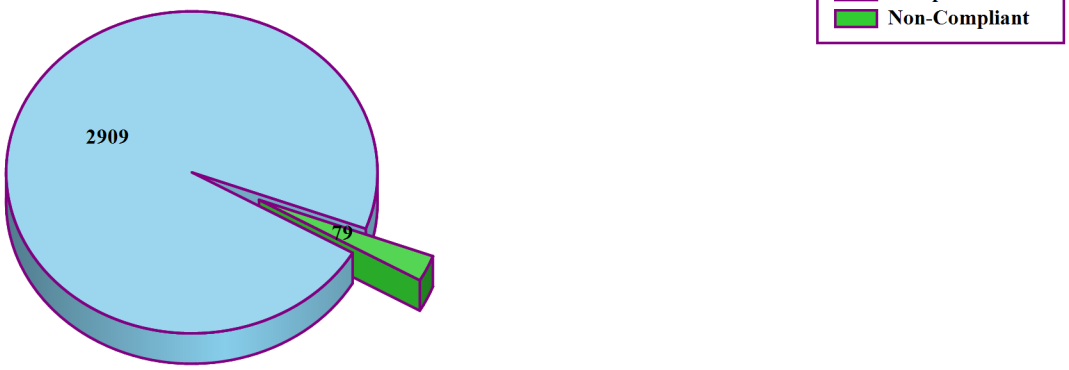


Compliant	Non-Compliant
93.17%	6.83%

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

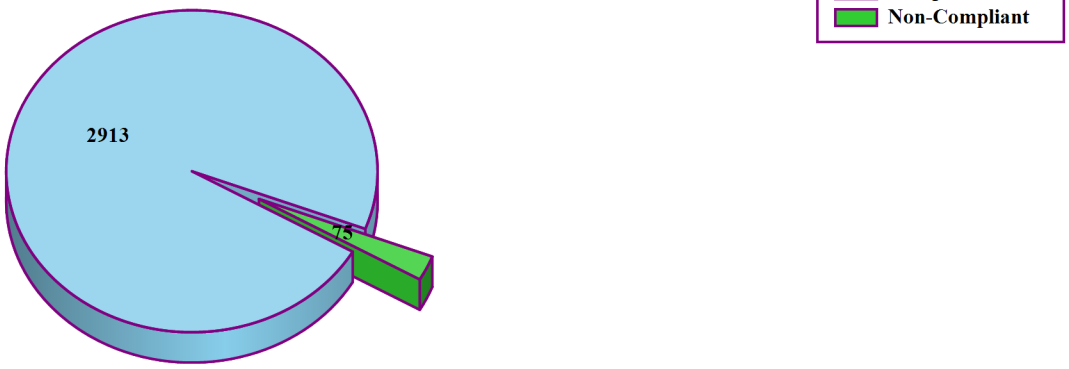
Compliance Rate for 3588 cases

Accounting



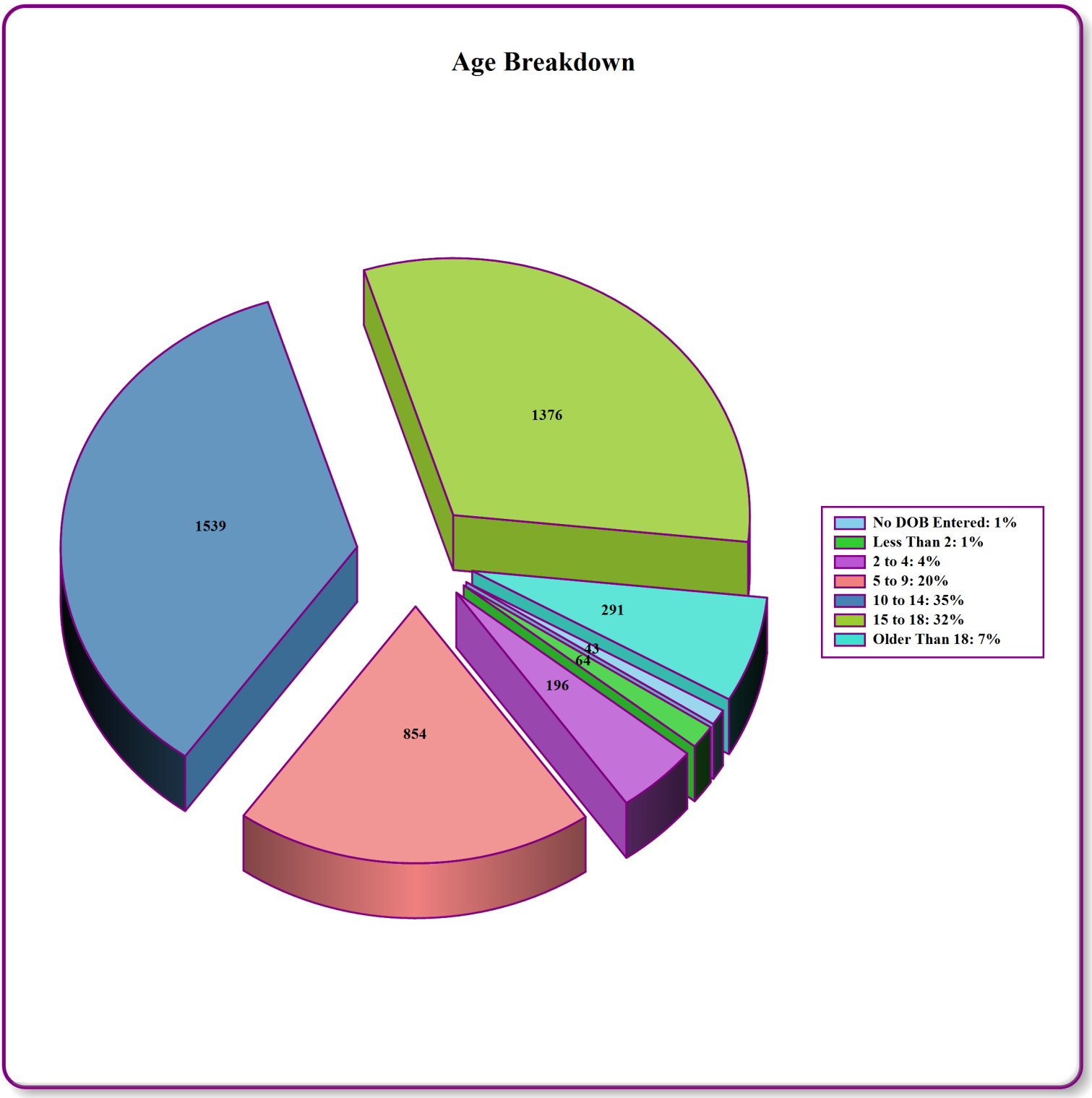
Compliant	Non-Compliant
97.36%	2.64%

Inventory



Compliant	Non-Compliant
97.49%	2.51%

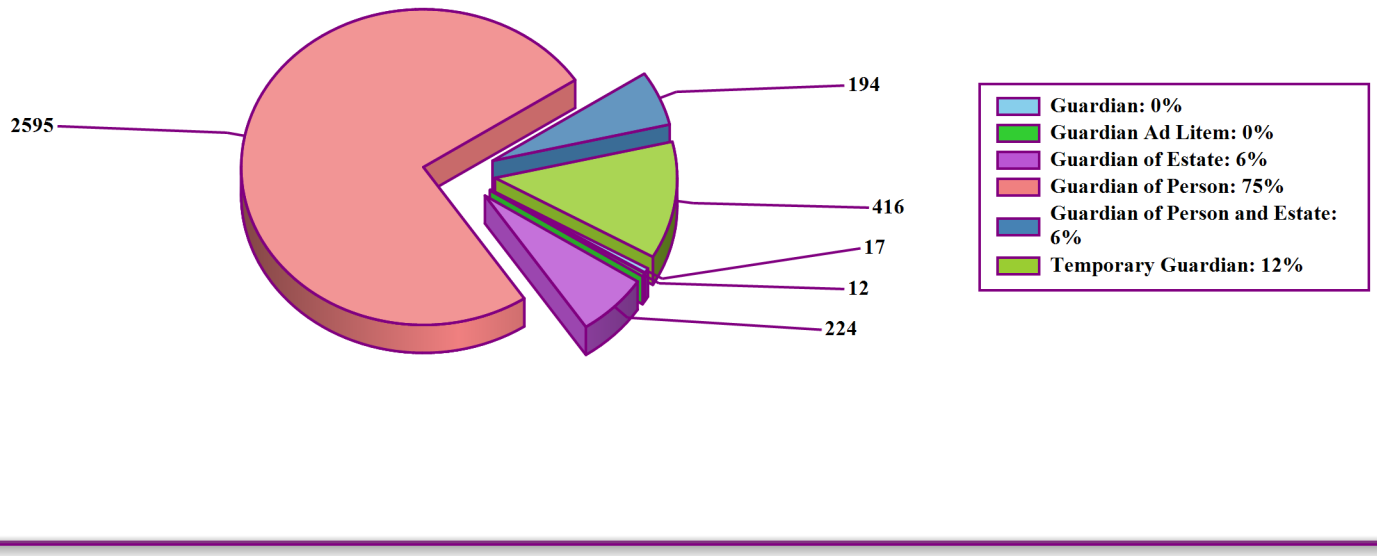
Demographics
4.2 - Minor Subject to Guardianship - Age Breakdown
The table and chart below show the breakdown in age of persons subject to a guardianship in pending cases.



Total Number of Persons: 4,363

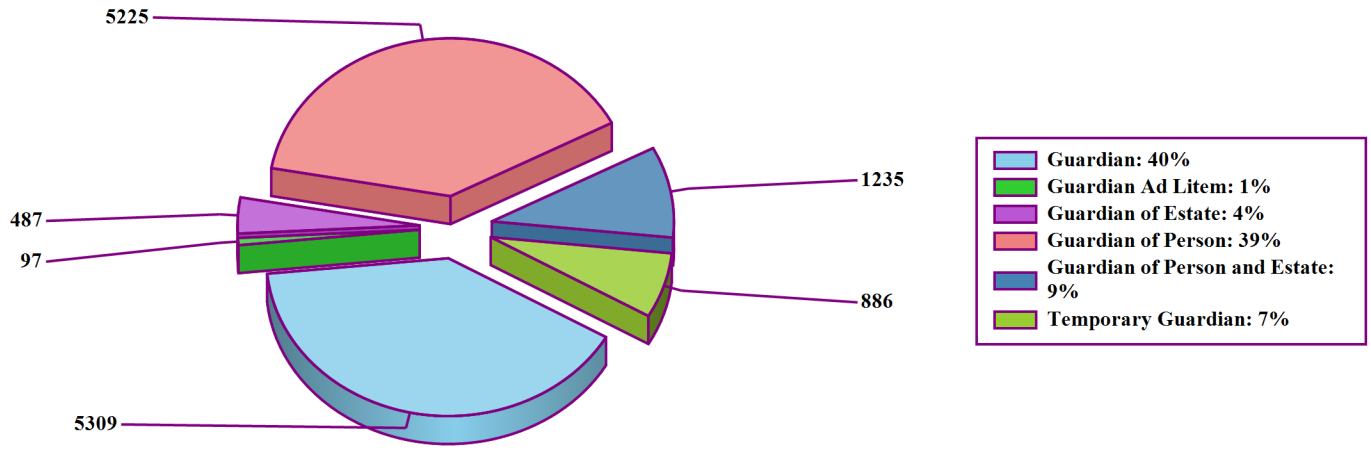
Demographics
4.3 - Guardian Types
The charts below show the percentage breakdowns of guardian types in both Open & Closed Minor Guardianship cases.

Types of Open Guardianship Cases



Total Number of Open Guardians: 3,458

Types of Closed Guardianship Cases



Total Number of Closed Guardians: 13,239

Data Generated On: 10/7/2026 2:30:01 AM

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

October 2025 - September 2026

Summary Monthly Adult Guardianship Case Status Report

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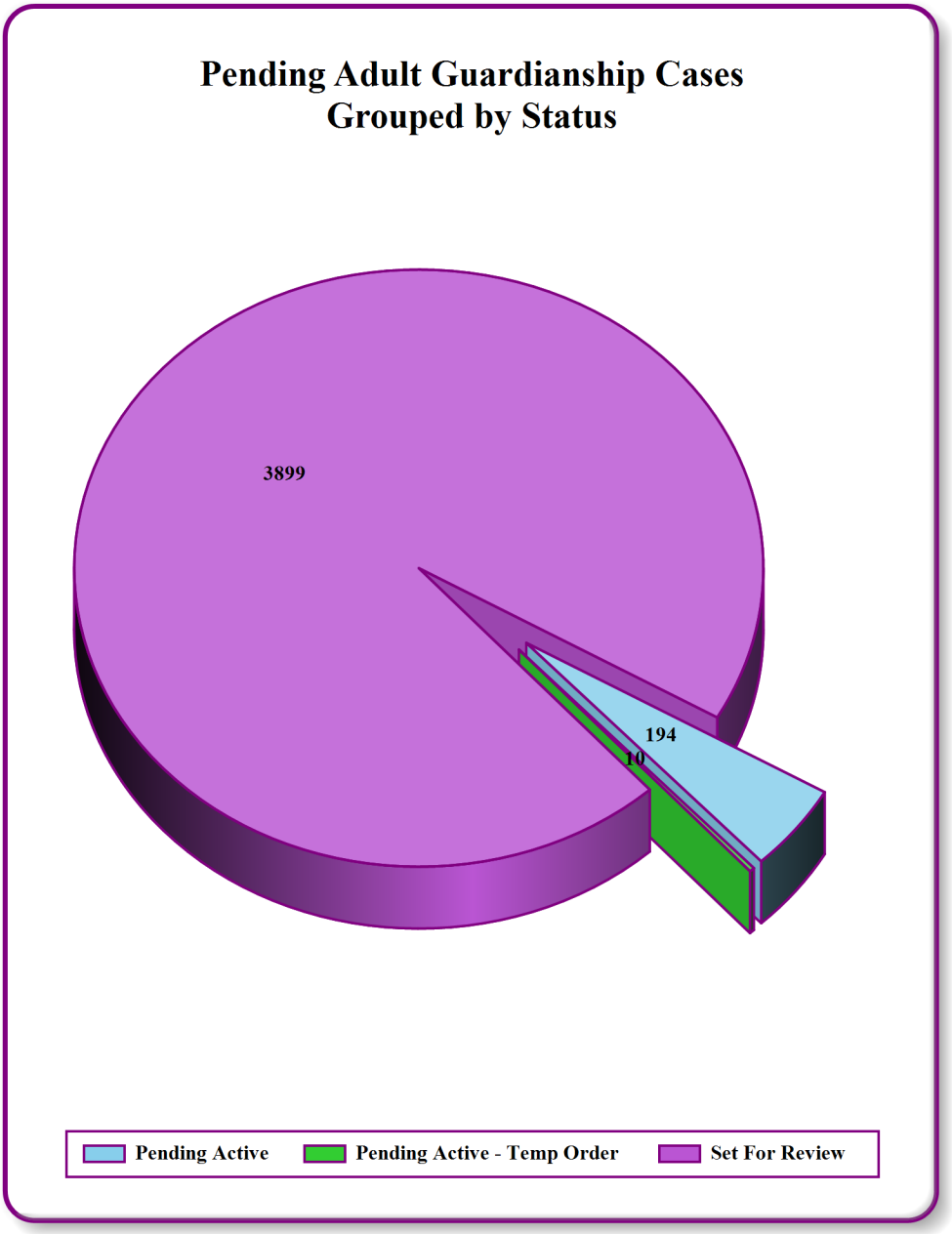
3.0 - Compliance Reports
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3.2 - Inventories and Annual Accountings

4.0 - Demographics
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Appendix A. Statutory Authority for Types of Guardianships
Appendix B. USJR - Family Disposition Definitions

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	102	37	14	21	19	1	194
Pending Active - Temp Order	0	5	4	1	0	0	10
Disposed / Set For Review	117	104	98	265	357	2,958	3,899
Totals	219	146	116	287	376	2,959	4,103



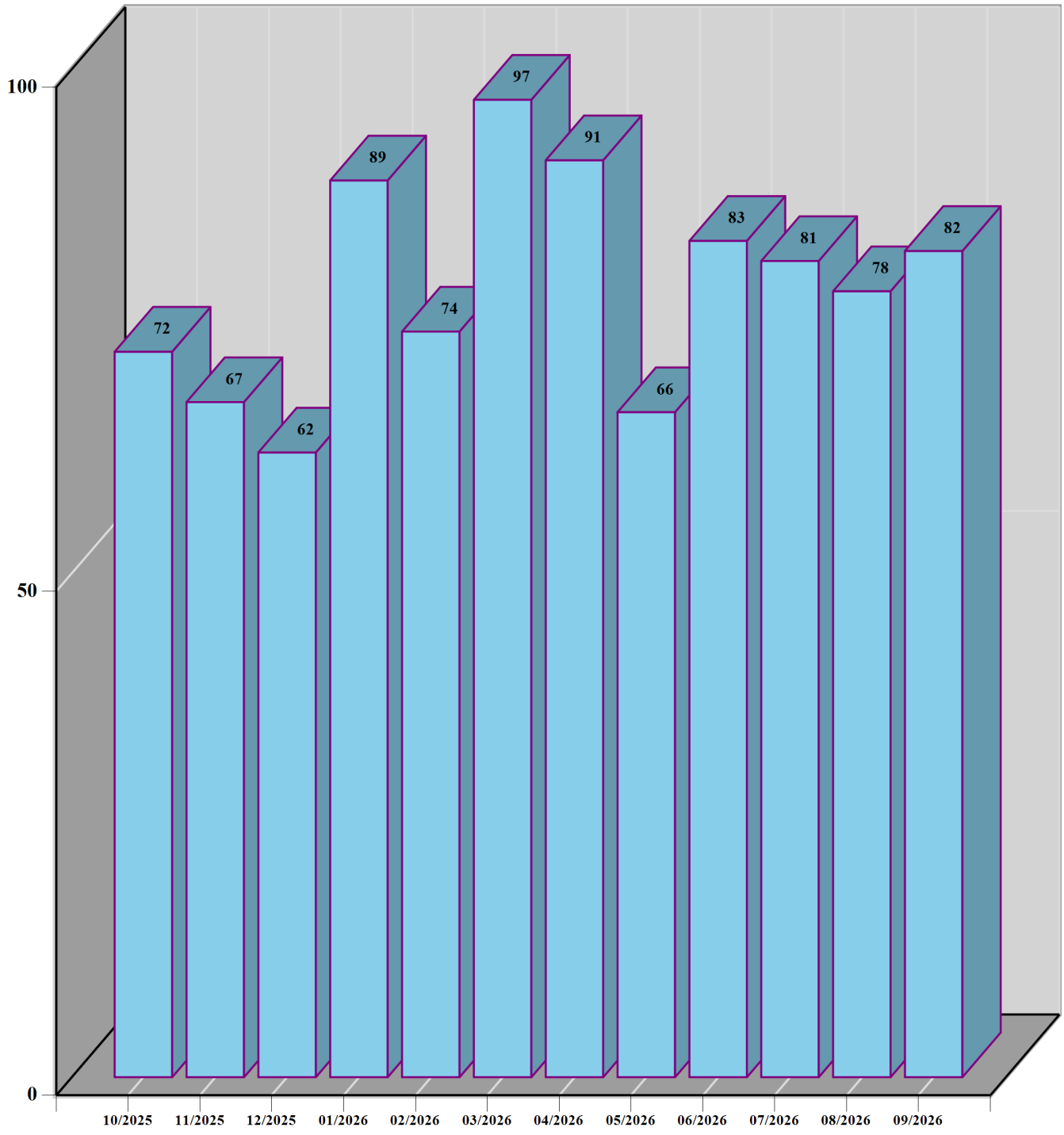
Cases represented in the previous table and this graph contain cases with any initial filing date. Disposed cases are not listed here. Age of case is determined by the date the status was updated.

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

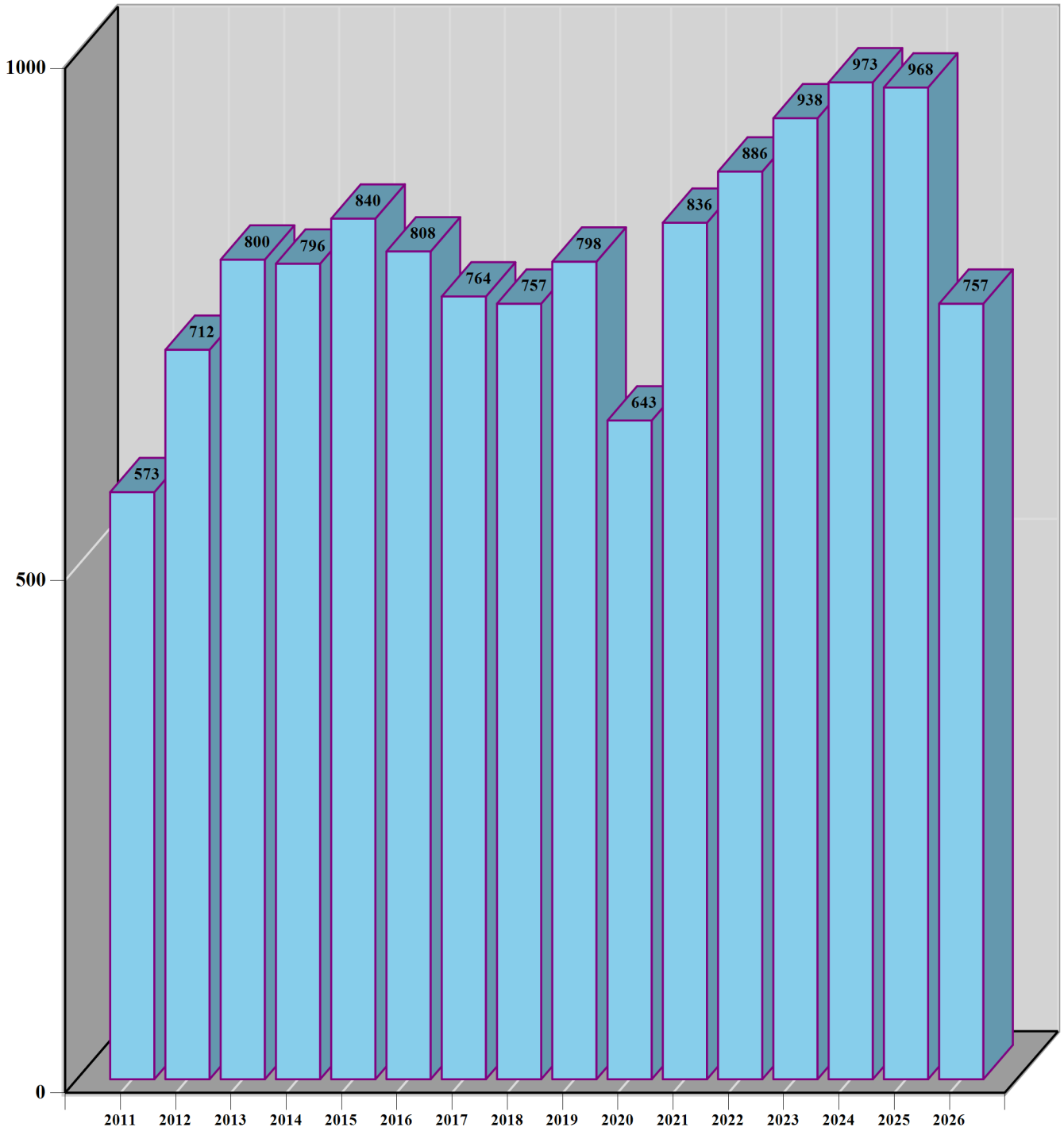
Pending Active - Temp Order: A count of cases that have an order of temporary guardianship filed and are awaiting disposition.

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

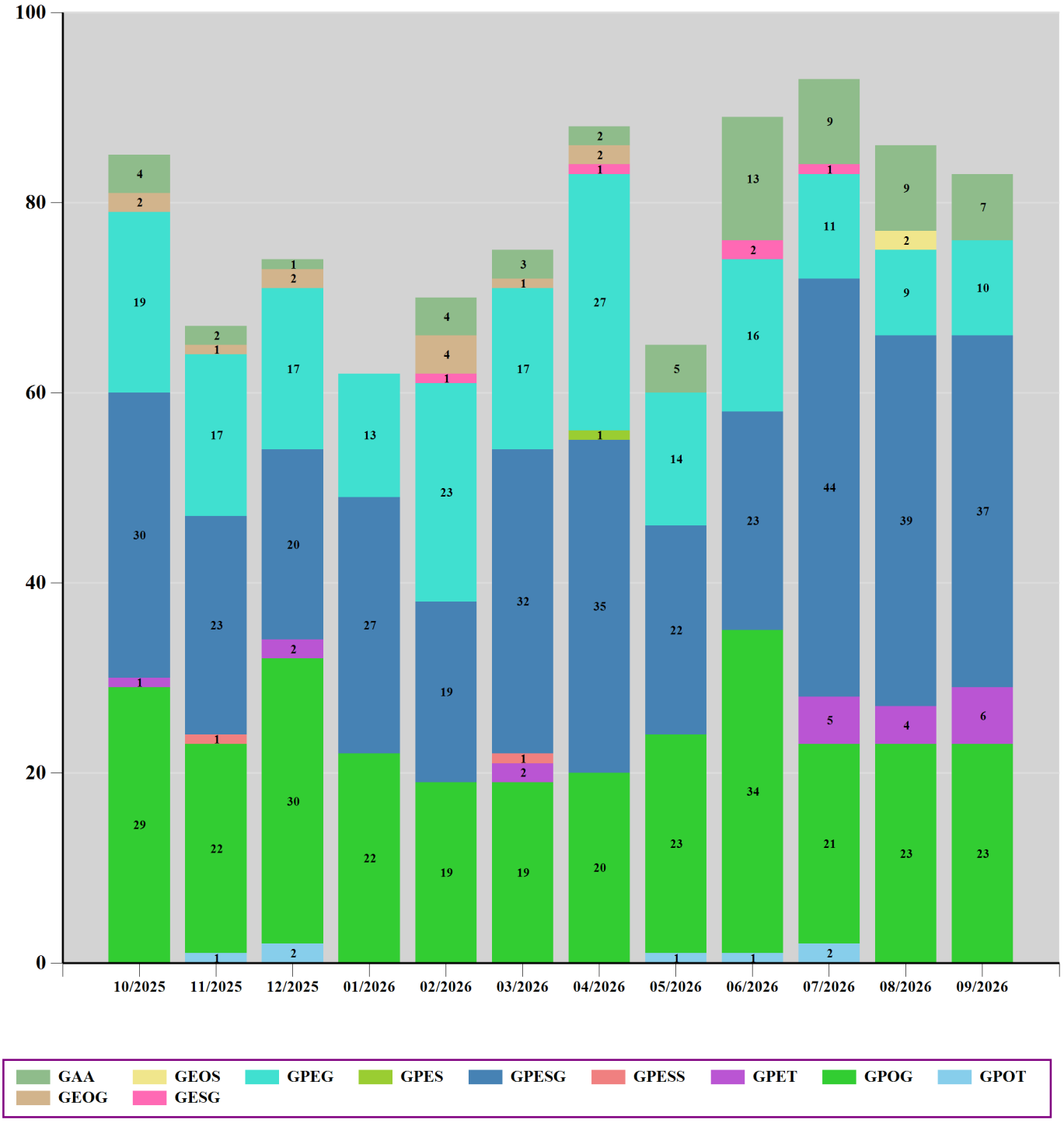
1.3.A - Types of Guardianships Ordered

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	06/2026	07/2026	08/2026	09/2026	10/2025	11/2025	12/2025	Total
GAA: General - No Sub Type Description	0	4	3	2	5	13	9	9	7	4	2	1	59
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	2	0	0	0	0	0	2	1	2	12
GEOS: Special/Limited - Estate Only	0	0	0	0	0	0	0	2	0	0	0	0	2
GEOT: Temporary - Estate Only	0	0	0	0	0	0	0	0	0	0	0	0	0
GESG: General - Estate Only - Summary	0	1	0	1	0	2	1	0	0	0	0	0	5
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	13	23	17	27	14	16	11	9	10	19	17	17	193
GPES: Special/Limited - Person & Estate	0	0	0	1	0	0	0	0	0	0	0	0	1
GPESG: General - Person & Estate - Summary	27	19	32	35	22	23	44	39	37	30	23	20	351
GPESS: Special/Limited - Person & Estate - Summary	0	0	1	0	0	0	0	0	0	0	1	0	2
GPEST: Temporary - Person & Estate - Summary	0	0	0	0	0	0	0	0	0	0	0	0	0
GPET: Temporary - Person & Estate	0	0	2	0	0	0	5	4	6	1	0	2	20
GPOG: General - Person Only	22	19	19	20	23	34	21	23	23	29	22	30	285
GPOS: Special/Limited - Person Only	0	0	0	0	0	0	0	0	0	0	0	0	0
GPOT: Temporary - Person Only	0	0	0	0	1	1	2	0	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	75	88	65	89	93	86	83	85	67	74	937

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.

Types of Guardianships Issued
Last 12 Full Months



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	06/2026	07/2026	08/2026	09/2026	10/2025	11/2025	12/2025	Total
Average Number of Days to Initial Disposition	121	55	107	70	73	83	49	94	80	68	88	101	82

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

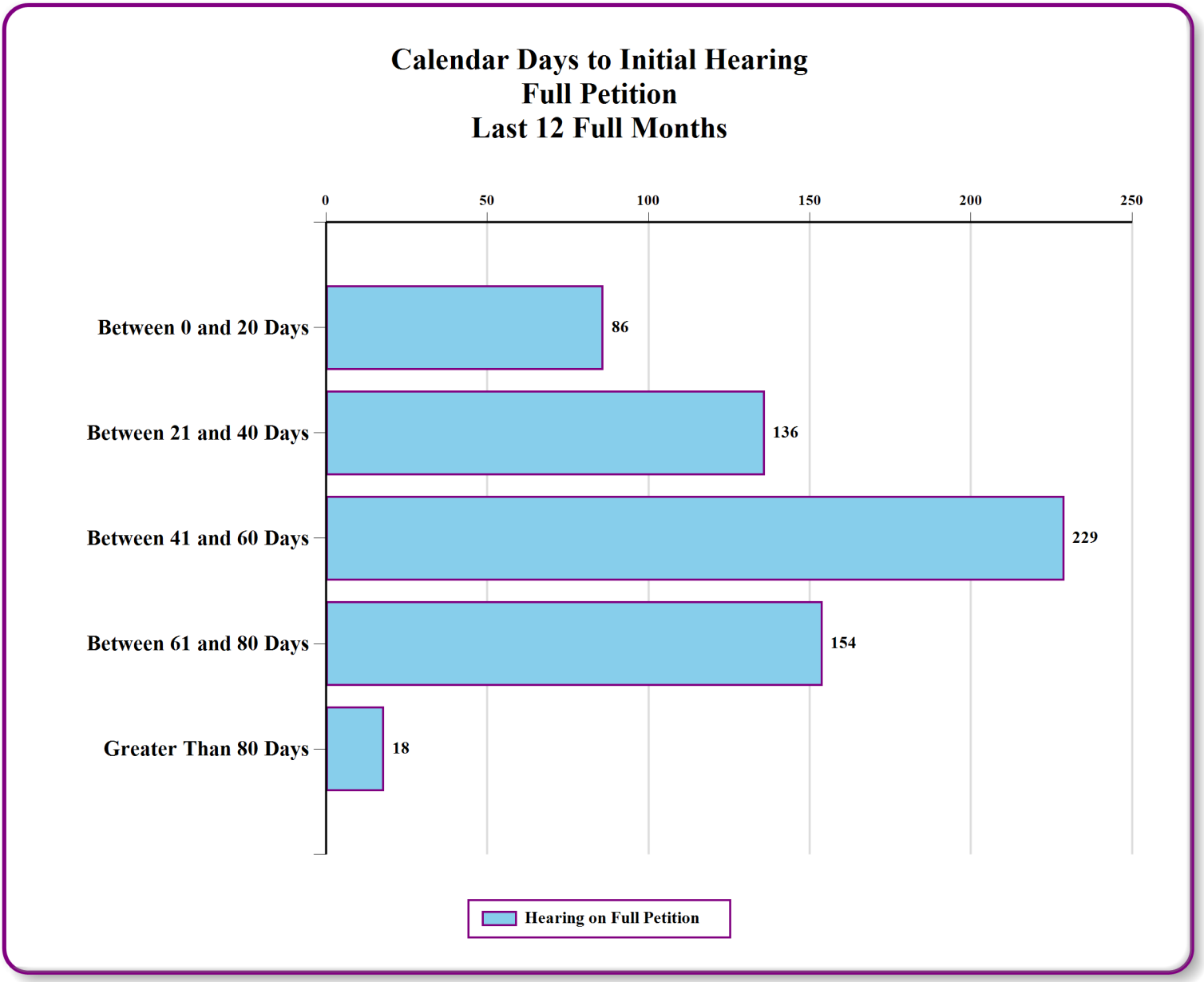
	01/2026	02/2026	03/2026	04/2026	05/2026	06/2026	07/2026	08/2026	09/2026	10/2025	11/2025	12/2025	Total
Age of Majority	2	1	2	17	0	5	2	0	5	7	0	4	45
Death	4	2	5	3	3	6	13	7	5	9	8	2	67
Order Terminating Guardianship or Final Accounting	19	15	24	27	17	21	14	14	21	28	25	23	248
Restoration of Competency	1	0	0	1	0	1	1	0	1	0	0	0	5
Totals	26	18	31	48	20	33	30	21	32	44	33	29	365

	01/2026	02/2026	03/2026	04/2026	05/2026	06/2026	07/2026	08/2026	09/2026	10/2025	11/2025	12/2025	Total
Alternative Dispute Resolution	0	0	0	0	0	0	0	0	0	1	0	0	1
Dismissed - Want of Prosecution	3	4	3	5	5	12	7	4	11	4	6	11	75
Involuntary Dismissal	4	4	4	2	2	7	4	8	4	5	7	5	56
Judgment Reached (Bench Trial)	1	0	0	0	0	1	0	0	0	2	0	0	4
Other Manner of Disposition	0	0	0	0	0	1	3	4	0	0	0	0	8
Settled/Withdrawn ADR	0	0	0	0	0	0	0	0	0	0	0	0	0
Settled/Withdrawn With Judicial Conference or Hearing	119	74	96	100	93	112	88	108	151	128	116	116	1301
Settled/Withdrawn Without Judicial Conference or Hearing	21	27	15	24	20	29	25	14	28	13	25	15	256
Transferred	0	2	4	0	0	2	3	0	3	3	1	0	18
Totals	148	111	122	131	120	164	130	138	197	156	155	147	1719

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

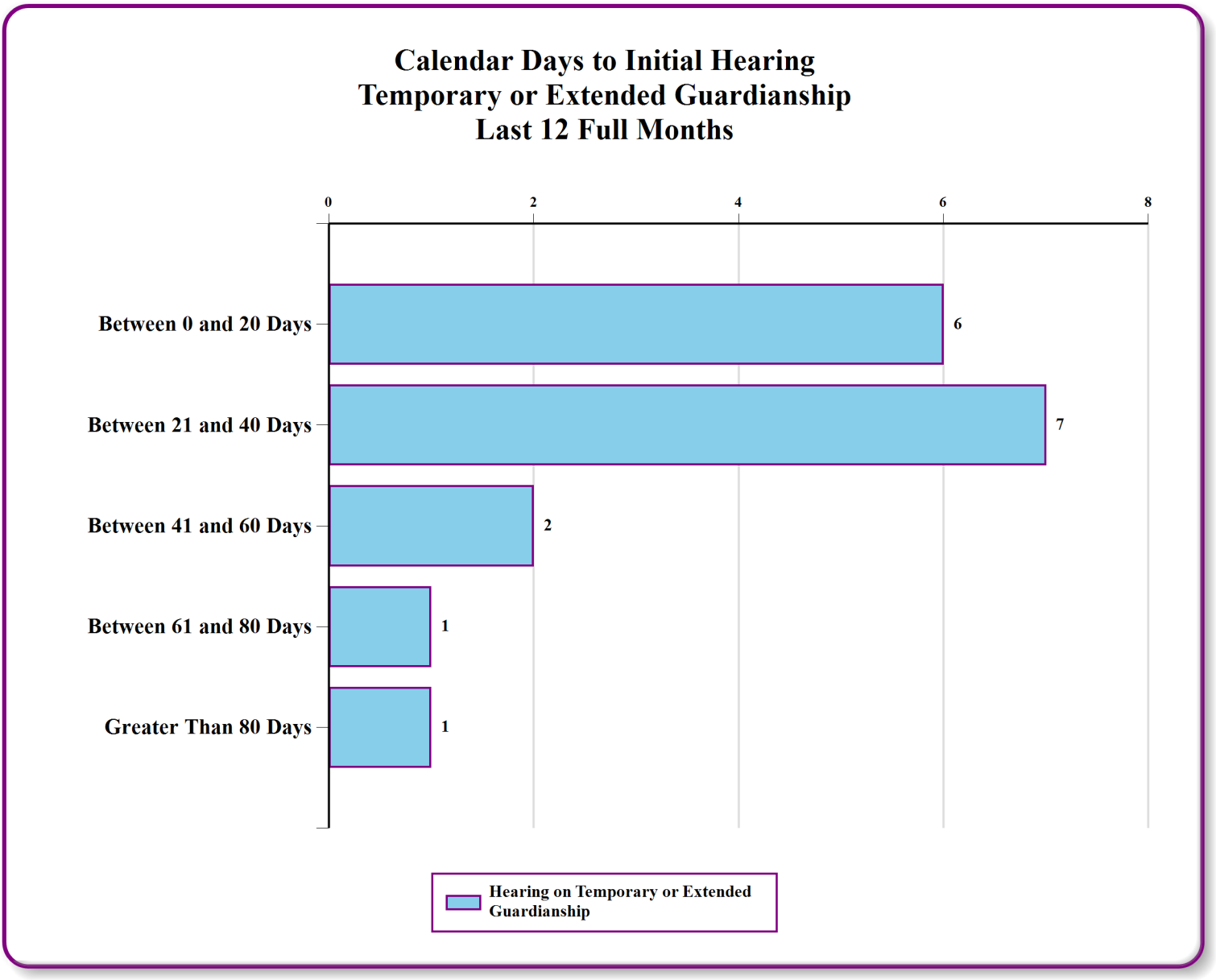
	0 - 20 Days	21 - 40 Days	41 - 60 Days	61 - 80 Days	Greater Than 80 Days	Totals
Denied	2	4	20	6	0	32
Dismissed	0	0	1	2	0	3
Granted	11	112	191	133	12	459
Guardianship Terminated	0	0	1	0	0	1
Others	73	20	16	13	6	128
Totals	86	136	229	154	18	623



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.

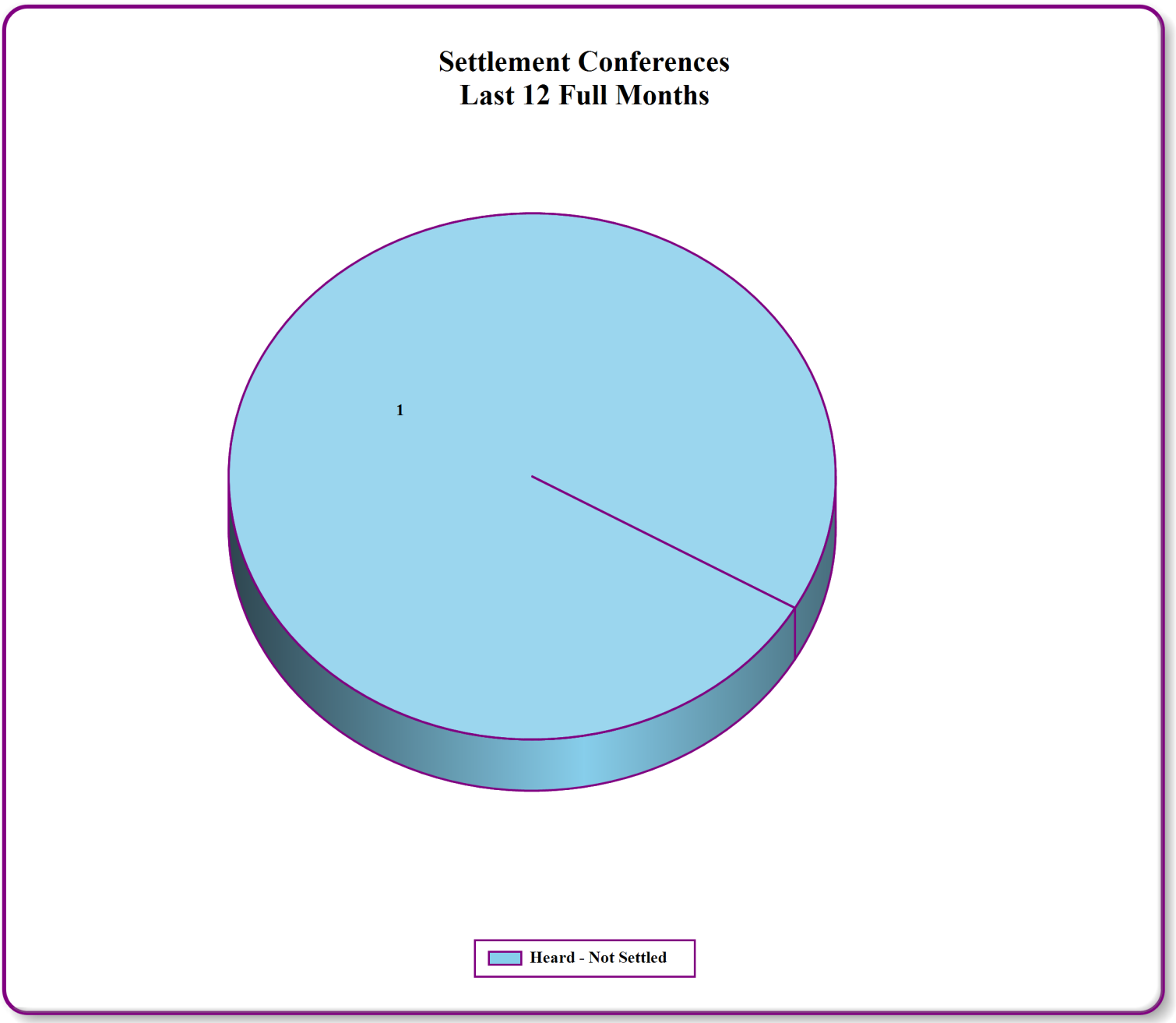
Hearing on Temporary or Extended Guardianship

	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	2	4	2	1	1	10
Others	4	2	0	0	0	6
Totals	6	7	2	1	1	17



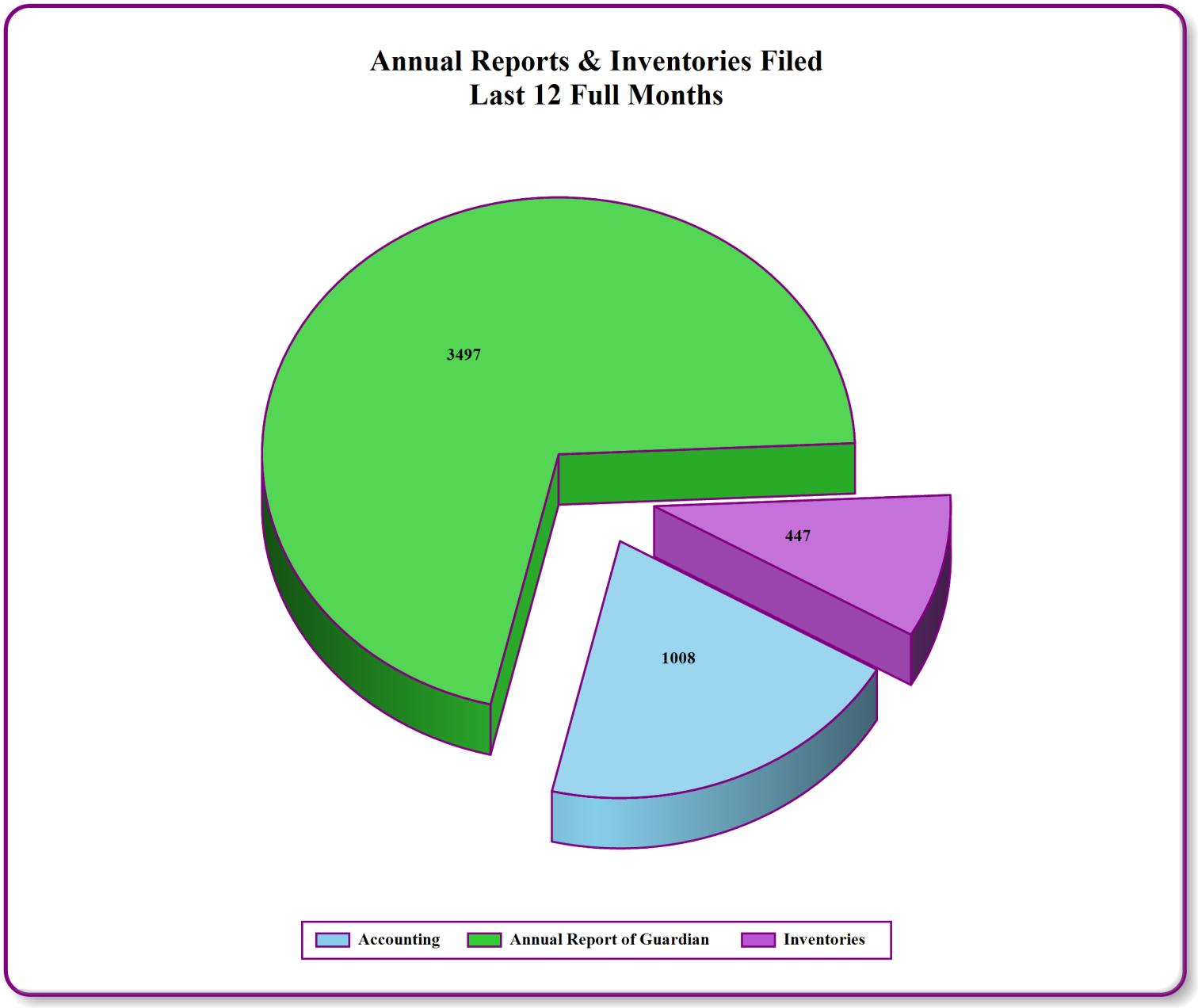
Additional Caseload Statistics
2.2 - Alternative Dispute Resolution: - Last 12 Full Months
2.2.2 - Scheduled Settlement Conferences
Cases are grouped based upon resolution type. Pending settlement conferences are labled as 'Outcome Pending.'
Multiple events may occur on a single case.

	01/2026	02/2026	03/2026	04/2026	05/2026	06/2026	07/2026	08/2026	09/2026	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



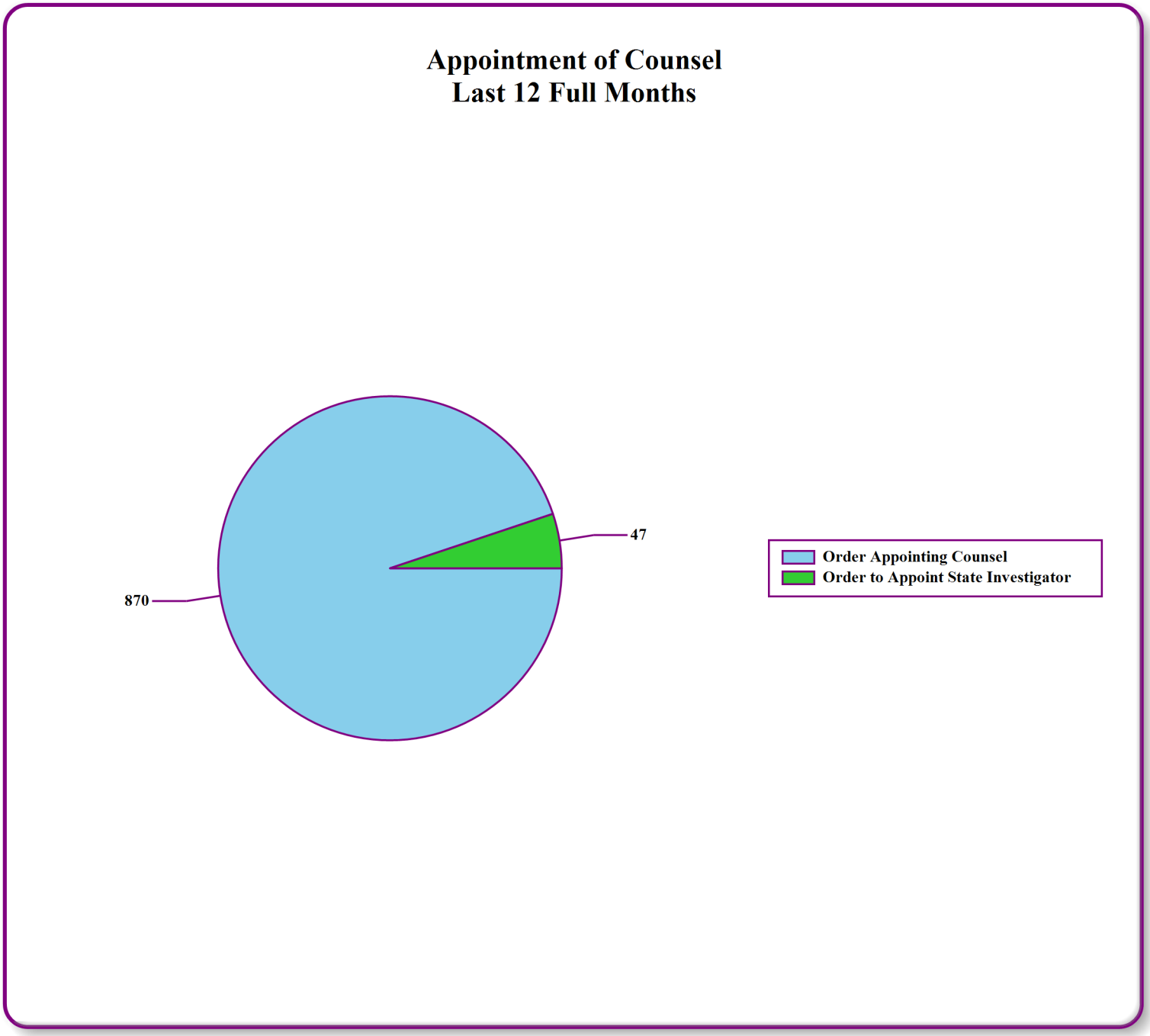
Additional Caseload Statistics
2.3 - Annual Reports and Inventories Filed
The below table shows the number of annual reports, accountings, inventories, and appraisement and record filings in the last 12 full months.

	01/2026	02/2026	03/2026	04/2026	05/2026	06/2026	07/2026	08/2026	09/2026	10/2025	11/2025	12/2025	Total
Accounting	101	67	74	83	82	69	91	84	86	85	98	88	1008
Annual Report of Guardian	312	245	326	303	261	290	302	226	301	309	333	289	3497
Inventories	41	26	48	47	19	33	42	33	38	29	44	47	447



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.

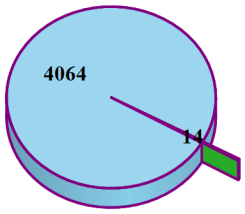
	01/2026	02/2026	03/2026	04/2026	05/2026	06/2026	07/2026	08/2026	09/2026	10/2025	11/2025	12/2025	Total
Order Appointing Counsel	66	61	62	69	66	104	58	69	79	73	77	86	870
Order to Appoint State Investigator	0	2	1	0	1	8	7	3	11	7	5	2	47
Totals	66	63	63	69	67	112	65	72	90	80	82	88	917



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 4078 cases

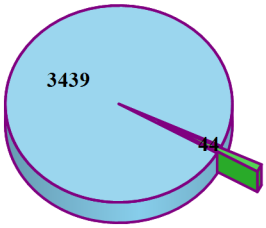
Letters of Guardianship





Compliant	Non-Compliant
99.66%	0.34%

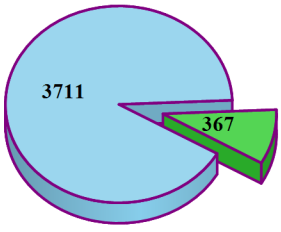
Guardian's Acknowledgment of Duties

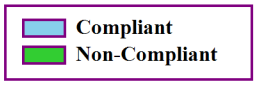




Compliant	Non-Compliant
98.74%	1.26%

Annual Report of Guardian

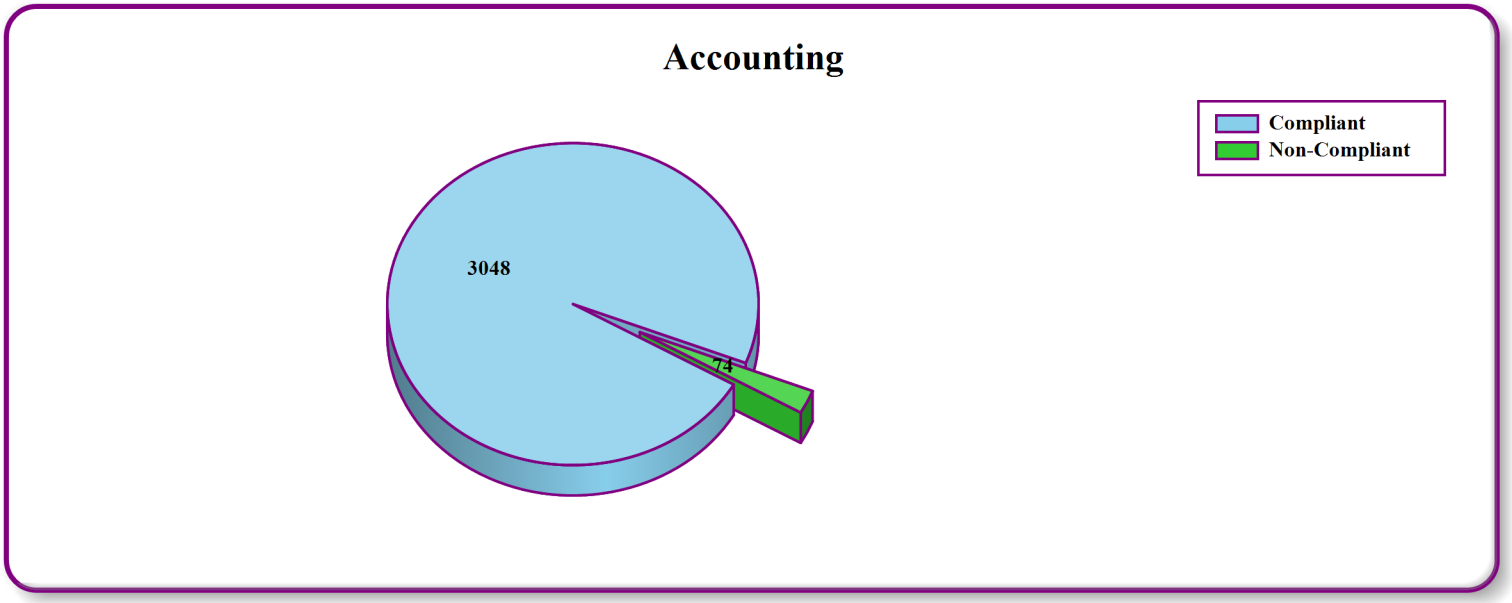




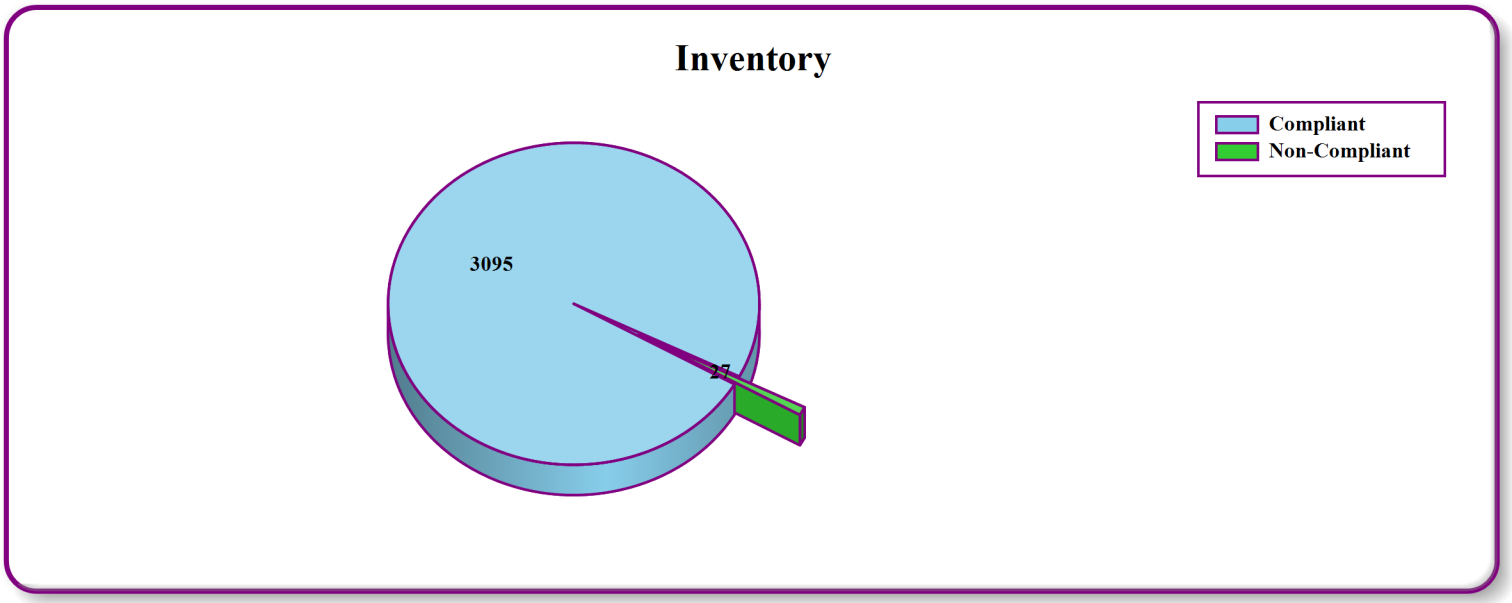
Compliant	Non-Compliant
91.00%	9.00%

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 4078 cases

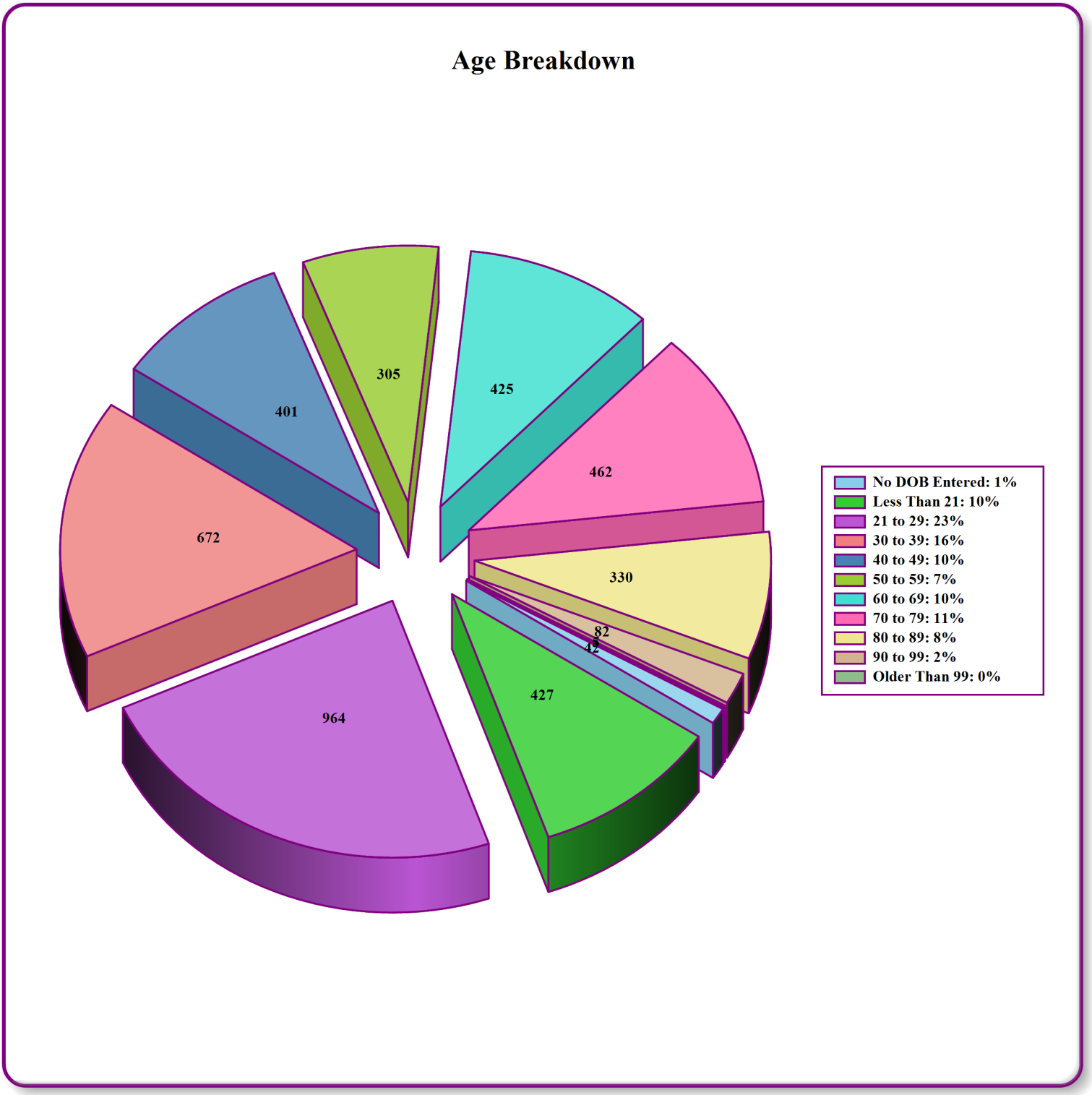


Compliant	Non-Compliant
97.63%	2.37%



Compliant	Non-Compliant
99.14%	0.86%

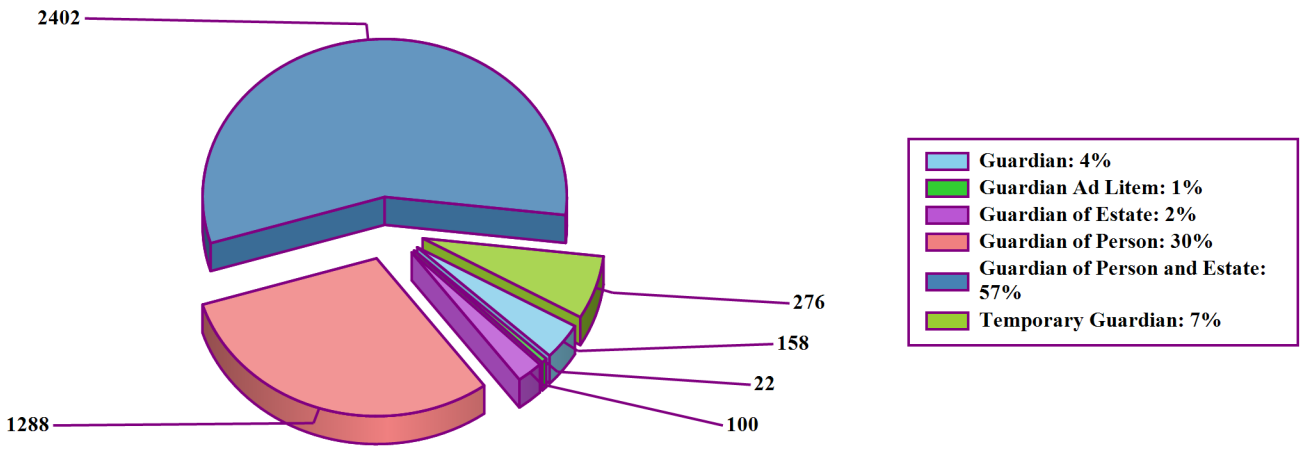
Demographics
4.2 - Adult Subject to Guardianship - Age Breakdown
The table and chart below show the breakdown in age of persons subject to a guardianship in pending cases.



Total Number of Persons: 4,115

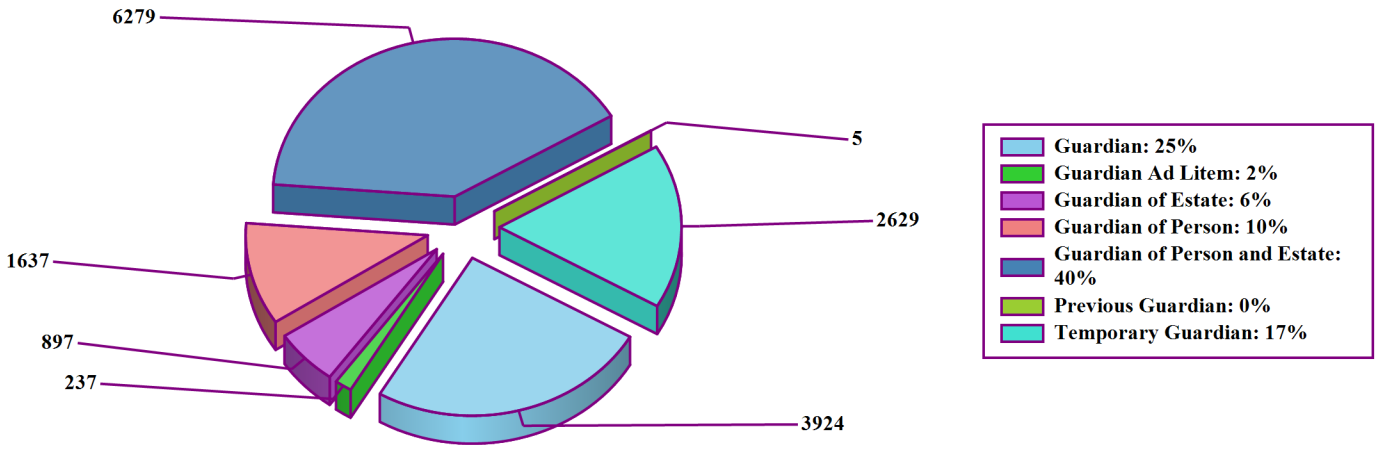
Demographics
4.3 - Guardian Types
The charts below show the percentage breakdowns of guardian types in both Open & Closed Adult Guardianship cases.

Types of Open Guardianship Cases



Total Number of Open Guardians: 4,246

Types of Closed Guardianship Cases



Total Number of Closed Guardians: 15,608

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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.