

Permanent Guardianship Commission  
January 23, 2017, Agenda and Meeting Materials  
Supreme Court of Nevada  
**ADMINISTRATIVE OFFICE OF THE COURTS**

ROBIN SWEET  
Director and  
State Court Administrator



JOHN MCCORMICK  
Assistant Court Administrator  
Judicial Programs and Services

RICHARD A. STEFANI  
Deputy Director  
Information Technology

**MEETING NOTICE AND AGENDA**

Name of Organization:

**Supreme Court Permanent Guardianship Commission**

**Date and Time of Meeting:** April 25, 2018, 9:30 a.m. to 5:00 p.m.  
VIDEOCONFERENCE (Carson City, Las Vegas)

**Place of Meeting:**

<b>LAS VEGAS</b>	<b>CARSON CITY</b>
Nevada Supreme Court 408 E. Clark Street First Floor Conference Rooms A & B Las Vegas, NV 89101-4088	Nevada Supreme Court 201 S. Carson Street Conference Room 107 (Law Library) Carson City, NV 89701-4702

**AGENDA**

- I. Call to Order
  - a. Call of Roll and Determination of Quorum
  - b. Approval of Meeting Summaries from October 10, 2017, and November 13, 2017. *See attached*
  - 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. Introduction of Kate McCloskey, Guardianship Compliance Manager
  - a. Presentation by Kate McCloskey regarding Guardianship Compliance Office
    - Introduction of Donna Kingman-Silva, Guardianship Compliance Investigator and Ronda Lethcoe, Financial Forensic Specialist
    - Guardianship Fraud Hotline 1-833-421-7711

Supreme Court Building ♦ 201 South Carson Street, Suite 250 ♦ Carson City, Nevada 89701 ♦ (775) 684-1700 • Fax (775) 684-1723

Supreme Court Building ♦ 408 East Clark Avenue ♦ Las Vegas, Nevada 89101

IV. Case Load Statistics

- a. Update Report from Compliance Officers and/or IT departments of Second and Eighth Judicial District Courts on existing program limitations (**Presentation by Sabrina Sweet, Mallory Nelson, Riley Wilson**) *See attached Guardianship Outcome Measurements Report ('GOMR')*
  - i. Identify information each district is collecting that the other district is not and if they can be reconciled *See 'GOMR'*
  - ii. Feasibility of tracking the outcome measurements suggested by Commission members at November 13, 2017, meeting *See 'GOMR' starting at # 27*
  - iii. Report from Riley Wilson regarding feasibility of implementing a Milestone Tracking system in the Eighth Judicial District Court similar to the one used in Second Judicial District Court *Not included in Report*
  - iv. Report from Riley Wilson regarding feasibility of tracking attorney fee awards and estate sizes in Eighth Judicial District Court *See 'GOMR' # 41 & 43*
  - v. Report from Riley Wilson regarding feasibility of tracking guardianship mediations in Eighth Judicial District Court *See 'GOMR' # 23*
  - vi. Report regarding the District Courts in Carson City and Elko-Sabrina was going to reach out to them as part of expanding the grid that was provided for the November 13, 2017, meeting *See attached email from Sabrina dated 3/15/18*
  - vii. Feasibility of tracking guardians removed for cause *Not included in Report*
  - viii. Report on comparison of document codes used in Second and Eighth Judicial District Courts *Sabrina Sweet reports that they have determined it is more appropriate to remove the code number from the documents and that the filing of the document will be utilized for accurate statistics*
  - ix. Update from Judge Sturman on whether cases filed under Patient's Bill of Rights statute would be heard in general jurisdiction or family court. *See also, definitions on page 2 of 'GOMR' and # 41 & 64*
- b. Discuss feasibility of tracking and consideration of adopting the following overarching outcome measurements:
  - i. 100% of guardianship estates protected by either bond, blocked account, or verification on file that shows the protected person only receives SSA or SSI income and all of the funds are used each month for costs of care *See 'GOMR' #45*
  - ii. Every protected person has an attorney assigned to them *See 'GOMR' # 30-32*
  - iii. Detecting possible fraud within three months of the first anniversary of the guardianship *See 'GOMR' # 70*
  - iv. Verification by court prior to granting temporary guardianship or establishment of permanent guardianship as to whether or not the potential

- protected person has any documents on file with the State Lockbox *See 'GOMR' # 58*
- v. Filing of care plan, budget, and inventory within 90 days of the establishment of a general guardianship *See 'GOMR' # 8, 12, 13, & 17*
- V. Adoption of State-Wide Rules - *See attached rules*
- a. Report from Rules Subcommittee Co-Chairs John Michaelson and Dania Reid. *See attached consolidated report of feedback.*
  - b. Discuss and vote on rules recommended by Rules Subcommittee
- VI. Adoption of State-Wide Forms - *See attached forms*
- a. Report from Forms Subcommittee Chair Jim Berchtold. *See attached consolidated report of feedback.*
  - b. Discuss and vote on forms recommended by Forms Subcommittee
- VII. Administrative Docket 507 - General discussion regarding report of recommendations due to Supreme Court May 31, 2018
- VIII. Future Meetings Dates/Agenda Items (*for possible action*)
- IX. 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.*
- X. Adjournment

**AGENDA ITEM IV (a)**  
**Update from 2<sup>nd</sup> and 8<sup>th</sup>**  
**Judicial District Courts'**  
**Compliance Officers**

**Guardianship Outcome**  
**Measurements Report**

**IV (a)(vi)**

**3/15/18 Email from Sabrina Sweet**

**IV (a)(ix)**

**Update From Judge Sturman**  
**POLST Litigation Clark County**

# **MEMORANDUM**

TO: Justice James W. Hardesty, Chair, Permanent Guardianship Commission  
FROM: Judge Gloria Sturman  
RE: POLST Litigation Clark County  
DATE: April 20, 2018

**NRS Chapter 449** contains two sections related to hospitalization that may result in litigation involving protected persons. The Patients Bill of Rights has been in existence for more than 30 years but is not likely to generate litigation in Guardianship Courts. The Uniform Determination of Death Act (Chapter 451) and the related provisions governing Physicians Order for Life Sustaining Treatment were revised in 2017 to address the issues raised by the Nevada Supreme Court Opinion In Re Hailu 131 Nev Adv Op 89 (2015). In the event of a dispute over whether life support should be removed, a guardianship will most likely be necessary; what is less clear is whether litigation would be filed as a civil action or before the guardianship judge.

## **Patients Bill of Rights**

If a Guardian is concerned the protected person has been denied rights provided under NRS 449.700-750, the remedy is administrative; the statute does not provide a private right of action. The provisions of the Patients Bill of Rights may be alleged in a negligence or malpractice action against the medical facility, but unless a petition for instructions is filed (for leave to file the civil action) the matter will not be pursued in the Guardianship. The Eighth Judicial Court Rules (EDCR) provide that related cases may be consolidated by the Court assigned the earliest filed case; but consolidation of different case types is atypical so consolidation before the Guardianship court is unlikely.

## **POLST**

POLST litigation, however, will likely originate or involve a Guardianship action as Hailu did or involve an open Guardianship action. Aden Hailu, a student at the University of Nevada who was in a coma, her physician determined she was “brain dead” and recommended life sustaining treatment be ended. See NRS 451.007 Uniform Determination of Death Act. Aden's father objected and filed for guardianship over his 20 year old daughter in order to stop the hospital from proceeding. Aden's father's objection was that the hospital used the wrong medical standard under NRS 451.007. The case reached the Nevada Supreme Court which found that the record was not sufficient to determine the appropriate standard and directed the stay to remain in place to allow the parties to develop the record on this issue. Aden eventually passed away. In 2017 the legislature addressed the issues raised by her case and amended the Uniform Determination of Death Act by adopting a uniform standard for the State that further required a hospital notify the family of the determination and that if the family wished to continue life-sustaining treatment, it would be at their expense:

Pursuant to paragraph (b) of subsection 1 of NRS 451.007, reasonable efforts must be made:

- (a) By the person's provider of health care to notify a family member or other authorized representative of the person of the determination of death; and
- (b) By the health care facility in which the determination of death was made to

inform a family member or other authorized representative of the person that the potential costs of continuing to administer organ-sustaining treatment may become the responsibility of the person's estate or family.

This notice requirement appears to shift the burden to the family to object to the medical determination. In the event the family wishes to continue with treatment, the guardianship proceeding utilized in Hailu appears to be the appropriate procedural remedy. The family would have standing as Guardian(s) to litigate on the protected person's behalf.

Historically such proceedings arose as Emergency Petitions initiated by the medical facility. Chief Judge Gonzalez recalled the most recent case (which was some years ago) was handled as a civil matter. The amendments to NRS 451.007 appear to have ended the dilemma; the family or other representative must take affirmative action to stop the removal of life sustaining measures.

The amendments to the Uniform Determination of Death Act appear intended to provide protection for the medical facility, by shifting the burden to the family or authorized representative. The amended statute does not address what to do in the event no family can be located. Given the protection the amended statute affords to a medical facility, the old process of filing a Civil Emergency Petition seems unlikely.



# Account Summary

(totals from the following worksheets)

1. Starting Balance: \$ \_\_\_\_\_  
*(this is the same number as the Beginning Net Asset Value from Worksheet A. This is also the same as the ending balance from the last accounting or inventory)*
  
2. Gross Income / Interest / Money Received Add + \$ \_\_\_\_\_  
*(from Worksheet B)*
  
3. Expenses Subtract - \$ \_\_\_\_\_  
*(from Worksheet C, you must attach receipts for expenses over \$250. Keep all other receipts in case the judge requests them.)*
  
4. Adjustments to the Value of the Assets + / - \$ \_\_\_\_\_  
*(this is for any increase or decrease in the value of an asset, such as a house, vehicle, etc. Attach an itemized list for any item that increased or decreased in value since your last accounting or inventory)*
  
5. Adjustments as a result of any Asset Sales + / - \$ \_\_\_\_\_  
*(this is for any asset that was sold since your last accounting or inventory. Attach an itemized list showing the adjustments up or down from the sale)*
  
6. Total Ending Balance \$ \_\_\_\_\_  
*(this number must match the Ending Net Asset Value from Worksheet A)*

Have you discovered any assets belonging to the Protected Person that were not listed on the previous inventory or accounting?

- No
- Yes: *(describe the newly discovered assets)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have any claims been filed on behalf of the Protected Person?

- No
- Yes: *(describe the claim and any action taken regarding the account)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Worksheet A: ASSETS & DEBTS

<b><u>Assets at Start of Accounting Period</u></b>	
Based on: ( <input checked="" type="checkbox"/> <i>check one</i> )	
<input type="checkbox"/> Inventory; or	
<input type="checkbox"/> Last Accounting Ending Balance	
As filed on ( <i>date of last report</i> ) _____	
<b><u>Asset</u></b>	<b><u>Value</u></b>
Home	
Vehicles	
Jewelry	
Artwork	
Furniture	
Electronics	
Antiques	
Other	
Checking account	
Savings account	
Certificates of deposit	
Money market account	
Life insurance (cash value)	
Trust (Protected person's interest only)	
Other	
Retirement account	
Bonds	
Mutual funds	
Individual stock shares	
Real estate other than home	
Other	
<b><u>Liabilities</u></b>	<b><u>Amount Owed</u></b>
Mortgage loan	-
Home equity loan	-
Car loans	-
Real estate loans	-
Student loans	-
Other loans	-
	-
Credit card debt	-
Other debt	-
<b><i>Beginning Net Asset Value:</i></b>	<b>\$</b>

<b><u>Assets at End of Accounting Period</u></b>	
<b><u>Assets</u></b>	<b><u>Value</u></b>
Home	
Vehicles	
Jewelry	
Artwork	
Furniture	
Electronics	
Antiques	
Other	
Checking account	
Savings account	
Certificates of deposit	
Money market account	
Life insurance (cash value)	
Trust (Protected person's interest only)	
Other	
Retirement account	
Bonds	
Mutual funds	
Individual stock shares	
Real estate other than home	
Other	
<b><u>Liabilities</u></b>	<b><u>Amount Owed</u></b>
Mortgage loan	-
Home equity loan	-
Car loans	-
Real estate loans	-
Student loans	-
Other loans	-
	-
Credit card debt	-
Other debt	-
<b><i>Ending Net Asset Value:</i></b>	<b>\$</b>

\*The numbers in this column should be identical to the "ending balance" numbers from your last accounting or inventory (whichever was filed last)





**DECLARATION OF GUARDIAN(S)**

**1. Type of Guardianship.** ( *check one*)

- I am the guardian over an adult.
- I am the guardian over a child (*skip the next sections, and sign and date the bottom*).

**2. Monthly Budget.** ( *check one*)

- I have not provided the Court with a monthly budget.
- I filed a monthly budget which was approved by the Court on (*date you filed the budget*) \_\_\_\_\_. Over the past year: ( *check one*)
  - I was able to provide for the protected person's needs within the authorized budget.
  - I was not able to provide for the protected person's needs within the authorized budget because (*explain why you were not able to follow the budget, for instance, were there one-time extraordinary expenses, or more ongoing expenses than you originally thought*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Monthly Budget; Next Accounting Period.** ( *check one*)

- No changes are needed to the monthly budget for the next accounting period.
- Changes are needed to the monthly budget (or none was originally filed); a new budget will be filed.

4. I/We declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

▶ \_\_\_\_\_  
(*First Guardian's signature*)

▶ \_\_\_\_\_  
(*Second Guardian's signature*)

\_\_\_\_\_  
(*First Guardian's printed name*)

\_\_\_\_\_  
(*Second Guardian's printed name*)

**VERIFICATION OF FIRST GUARDIAN**

Under penalty of perjury, I declare that I am the Guardian in the above-entitled action; that I have read the foregoing Accounting and know the contents thereof; that the pleading is true of my own knowledge, except for those matters therein contained stated upon information and belief, and that as to those matters, I believe them to be true.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

DATED this (*day*) \_\_\_\_\_ day of (*month*) \_\_\_\_\_, 20\_\_.

(*First Guardian's signature*) ▶ \_\_\_\_\_

(*print your name*) \_\_\_\_\_

**VERIFICATION OF SECOND GUARDIAN**

Under penalty of perjury, I declare that I am the Guardian in the above-entitled action; that I have read the foregoing Accounting and know the contents thereof; that the pleading is true of my own knowledge, except for those matters therein contained stated upon information and belief, and that as to those matters, I believe them to be true.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

DATED this (*day*) \_\_\_\_\_ day of (*month*) \_\_\_\_\_, 20\_\_.

(*Second Guardian's signature*) ▶ \_\_\_\_\_

(*print your name*) \_\_\_\_\_

COURT CODE: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Self-Represented

**DISTRICT COURT**  
\_\_\_\_\_ **COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Person and Estate

of:

\_\_\_\_\_  
*(name of person who has a guardian)*  
An Adult Protected Person.

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

**GUARDIAN'S ACKNOWLEDGMENT OF DUTIES AND RESPONSIBILITIES  
OF THE PERSON (ADULT)**

I hereby declare that I understand there are certain duties and responsibilities required of me in the administration of the above guardianship. By initialing each item below, I understand my guardianship duties and responsibilities include, but are not limited to the following:

**A. Duties and Functions**

I acknowledge and understand that the duties and functions of a Guardian are as follows:

\_\_\_\_\_ To always act in the best interest of the Protected Person.

\_\_\_\_\_ To supply the Protected Person with proper care, including food, shelter, clothing, and all incidental necessities: appropriate residence, support, and education, including training for a profession, if applicable.

\_\_\_\_\_ To provide the Protected Person with medical, surgical, dental, psychiatric, psychological, hygienic, or other care and treatment as needed.

\_\_\_\_\_ To educate and mentor the Protected Person, when possible, on alternatives to guardianship and to assist in accessing supports that replace the need for guardianship.

\_\_\_\_\_ To notify all interested parties, the Court, the trustee, and named executor or appointed personal representative of the estate of the Protected Person within 30 days after the death of the Protected Person.

## **B. Court Authority**

1. I acknowledge and understand that court authority must be obtained prior to:

\_\_\_\_\_ Moving or placing the Protected Person in a residence outside of the State of Nevada.

\_\_\_\_\_ Moving or placing the Protected Person in a secured residential long-term care facility unless the Court specifically granted the authority when the guardian was appointed or the placement is pursuant to a written recommendation by a licensed physician, a licensed social worker, or employee of a county or state office for protective services.

\_\_\_\_\_ Restricting communication, visitation, or interactions between a Protected Person and a relative or person of natural affection.

2. I acknowledge and understand that court authority must be obtained prior to:

\_\_\_\_\_ Engaging the Protected Person in experimental medical, biomedical, or behavioral treatment.

\_\_\_\_\_ Engaging the Protected Person in any medical practice to sterilize them.

## **C. Notices and Reports**

I acknowledge and understand that in addition to the performance of the duties outlined above, the following will be required of me:

- \_\_\_\_\_ Within 5 days of being appointed as guardian, a copy of the Order Appointing Guardian must be served on the Protected Person.
- \_\_\_\_\_ Within 10 days after the Court has filed the Order Appointing Guardian, a Notice of Entry of Order Appointing Guardian must be filed and mailed to all individuals entitled to notice.
- \_\_\_\_\_ Annually, within 60 days of the anniversary of the appointment of guardianship, an Annual Report of Guardian must be filed to update the Court on the health and well-being of the Protected Person.
- \_\_\_\_\_ Within 10 days of moving the Protected Person to a secured residential long-term care facility, an Annual Report of Guardian must be filed.
- \_\_\_\_\_ At any time the Court orders, an Annual Report of Guardian must be filed.
- \_\_\_\_\_ Within 30 days of filing an Annual Report of Guardian, a copy of the report must be given to the guardian of the estate, if any have been appointed.
- \_\_\_\_\_ 10 days prior to changing the Protected Person's residence within Nevada, notice of the intended relocation must be provided to all persons entitled to notice.

#### **D. Miscellaneous**

I acknowledge and understand the following:

- \_\_\_\_\_ It is my responsibility to accurately keep all records and file all reports with the Court regarding the well-being of the Protected Person.
- \_\_\_\_\_ It is my responsibility to maintain all records and documents for the guardianship of the Protected Person for 7 years after the Court terminates the guardianship.
- \_\_\_\_\_ It is my responsibility to inform the Court if I am no longer qualified to serve as a guardian, and the Court will determine whether or not I can continue the guardianship.



The following can disqualify me from keeping my guardianship:

1. If I am convicted of a gross misdemeanor or felony in any state.
2. If I file or receive protection as an individual or as a principle of any entity under the federal bankruptcy laws.
3. If I have my driver's license suspended, revoked, or cancelled for nonpayment of child support.
4. If I am suspended for misconduct or disbarred from the practice of law, the practice of accounting, or any other profession which involves or may involve the management or sale of money, investments, securities or real property, or requires licensure in any state.
5. If I have a judgment entered against me for misappropriated funds or assets from any person or entity in any state.

\_\_\_\_\_ I shall, as a guardian, take possession of the following unless a guardian of the estate is granted and the guardian of the estate has taken possession of them:

The originals of any contracts executed by the Protected Person, Power of Attorney executed by the Protected Person, Estate planning documents prepared by the Protected Person (including but not limited to the last will and testament, durable power of attorney), and revocable trusts, revocable or irrevocable trusts the Protected Person is beneficiary to, and any written evidence of present or future vested interest in any real or intangible property.

\_\_\_\_\_ I should seek the advice and assistance of an attorney if I need legal advice, or if I do not fully understand my duties and responsibilities, to ensure that I remain in full compliance with the laws of the State of Nevada.

\_\_\_\_\_ I have read and reviewed the Guardian’s Acknowledgment of Duties and Responsibilities and I understand the terms and conditions under which the Guardianship is to be managed.

\_\_\_\_\_ I agree to comply with the rules and duties of a guardian as set forth in the laws of the State of Nevada.

\_\_\_\_\_ I fully understand that failure to comply with the Guardianship statutes, or with any Order made by the Court, may result in my removal as Guardian and that I may be subject to such penalties as the Court may impose.

\_\_\_\_\_ I have received the Protected Persons’ Bill of Rights and understand the rights stated.

I declare under penalty of perjury that I have read and understand my duties and responsibilities as outlined in the foregoing Guardian’s Acknowledgement of Duties and Responsibilities.

DATED (*month*) \_\_\_\_\_ (*day*) \_\_\_\_\_, 20\_\_.

Submitted By: (*your signature*) ▶ \_\_\_\_\_  
(*print your name*) \_\_\_\_\_

**VERIFICATION**

I state that I am the Guardian of the Person of the above-named protected person, have read the foregoing Acknowledgment of Duties and Responsibilities, know the contents thereof, and it is true to my own knowledge, except for those matters therein stated on information and belief, and as for those matters I believe them to be true.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

\_\_\_\_\_  
GUARDIAN’S SIGNATURE

COURT CODE: \_\_\_\_\_  
 Your Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Self-Represented

**DISTRICT COURT**  
 \_\_\_\_\_ **COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Estate
- Person and Estate

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

of:

\_\_\_\_\_  
*(name of person who needs a guardian)*  
 A Proposed Protected Person.

**MONTHLY BUDGET**

The Proposed Guardian(s) submit the following monthly budget for the proposed protected person.

<b>Protected Person's Monthly Income</b> (write "0" for any income the person does not have)	
Wages from Employment (before taxes)	\$
Unemployment Benefits	\$
Social Security	\$
Veteran's Affairs	\$
Retirement / Pension	\$
Interest / Dividends	\$
Rental Income	\$
Mandatory Trust Distributions	\$
Discretionary Trust Distributions	\$
Other: _____	\$
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>

<b>Monthly Expenses</b> (write "0" for any expense the person does not have)	
<b>Housing</b>	
Rent / Mortgage	\$
Facility (room and board, patient liability)	\$
Homeowner's/Rental Insurance	\$
Property Taxes	\$
Home Maintenance (yard, pool, housecleaning, etc.)	\$
HOA Dues	\$
Utilities (electricity, gas, phone, sewer/water, other utilities)	\$
<b>Transportation</b> <i>Is the Protected Person Able to Drive?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, who is the primary driver?</i> _____	
Car Payment	\$
Insurance	\$
Gas	\$
Maintenance	\$
Public Transportation	\$
Groceries	\$
Dining Out	\$
Personal Hygiene (toiletries, haircuts, etc.)	\$
Household Supplies	\$
Medical Expenses (including health insurance)	\$
Dental Expenses	\$
Caregiving Services	\$
Travel / Entertainment	\$
Gifts	\$
Charitable Giving	\$
Taxes	\$
Accountant Fees	\$
Child Support / Alimony paid	\$

Bank Fees	\$
*Guardian / Attorney Fees (see worksheet below)	\$
Other: _____	\$
<b>TOTAL MONTHLY EXPENSES</b>	\$

Projected Monthly Guardianship Fees			
	Hourly Rate	Estimated Hours Per Month	Monthly Expense
Guardian's Fees:	\$_____ X	_____ =	\$
Attorney's Fees	\$_____ X	_____ =	\$
<b>TOTAL MONTHLY GUARDIANSHIP EXPENSES</b>			\$

TOTALS	
TOTAL MONTHLY INCOME	\$
TOTAL MONTHLY EXPENSES	- \$
<b>DIFFERENCE</b> (income – expenses)	= \$ *

**\*If this is a positive (+) number, sign and date page 4.\***

**\*If this is a negative (-) number, complete all of the remaining sections.\***

1. **If the monthly income is not enough to cover the monthly expenses**, explain how long the shortfall can be maintained in relation to the protected person's life expectancy:

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2. Will assets need to be sold or liquidated to pay the proposed protected person's monthly expenses?  Yes  No (if no, skip to the bottom for the date and signature)

If yes, list the assets that may need to be sold or liquidated to pay the monthly expenses:

**(COURT APPROVAL IS NEEDED TO SELL OR LIQUIDATE ANY ASSETS):**

Asset Description	Value
	\$
	\$
	\$
	\$
<b>TOTAL VALUE</b>	\$

3. If these assets are sold / liquidated, how long will they cover the monthly budget expenses? (number) \_\_\_\_\_  Years  Months

The foregoing monthly budget represents a true and accurate representation of the proposed protected person's ongoing monthly sources of income and monthly expenses.

DATED (month) \_\_\_\_\_ (day) \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(First Proposed Guardian's Signature)

\_\_\_\_\_  
(Second Proposed Guardian's Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Name)

COURT CODE: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Self-Represented

**DISTRICT COURT**  
\_\_\_\_\_ **COUNTY, NEVADA**

In the Matter of the:

- General Guardianship of the Person
- General Guardianship of the Estate
- General Guardianship of the Person & Estate
- Special Guardianship

of:

\_\_\_\_\_  
(*name of adult who needs a guardian*)  
A Protected Person.

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

**LETTERS OF GUARDIANSHIP**

On (*month*) \_\_\_\_\_ (*day*) \_\_\_\_\_, 20\_\_\_\_, a Court Order was entered appointing (*name of first guardian*) \_\_\_\_\_ and (*name of second guardian, or "n/a"*) \_\_\_\_\_ as Guardian(s) of the above named protected person. The named Guardian(s), having duly qualified, is/are authorized to act and has/have authority to perform the duties of such Guardian(s) as provided by law.

In testimony of which, I have this date signed these Letters and affixed the Seal of the Court.

DATED \_\_\_\_\_

CLERK OF COURT

BY: \_\_\_\_\_

Deputy Clerk

**OATH**

*(do not sign this until you are in front of the Clerk of Court or a Notary Public)*

I, *(name of guardian)* \_\_\_\_\_,  
residing at *(street/city/state/zip)*: \_\_\_\_\_  
whose mailing address is *(street/city/state/zip)*: \_\_\_\_\_  
solemnly affirm that I will well and faithfully perform the duties of Guardian according to law. I will file all reports, at least annually, and when ordered by the Court. I affirm that any matters stated in any petition, document or court proceeding are true of my own knowledge or if any matters are stated on information or belief, I believe them to be true. I affirm I will follow the Protected Person’s Bill of Rights to the greatest extent possible.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

EXECUTED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

Signed and sworn to before me on this *(day)* \_\_\_\_\_ day of *(month)* \_\_\_\_\_, 20\_\_\_\_  
by *(name of guardian)* \_\_\_\_\_

\_\_\_\_\_  
DEPUTY CLERK / NOTARY PUBLIC

*(Repeat oath for each guardian; attach separate sheets if necessary)*



COURT CODE: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**DISTRICT COURT**  
\_\_\_\_\_ **COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Estate
- Person and Estate

of:

\_\_\_\_\_  
(name of adult who has a guardian)  
A Protected Person.

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

**ORDER APPOINTING GUARDIAN(S) OVER ADULT**

This matter came before the Court for hearing on (date of hearing) \_\_\_\_\_.

Petitioner (first guardian's name) \_\_\_\_\_,  
was present representing  **HIMSELF/HERSELF** -OR-  **WITH COUNSEL**, (attorney's  
name; or "n/a" if none) \_\_\_\_\_.

Petitioner (second guardian's name) \_\_\_\_\_,  
was present representing  **HIMSELF/HERSELF** -OR-  **WITH COUNSEL**, (attorney's  
name; or "n/a" if none) \_\_\_\_\_.

Proposed Protected Person (adult's name) \_\_\_\_\_,  
 **WAS PRESENT** -OR-  **WAS NOT PRESENT** and is represented by counsel,  
(attorney's name) \_\_\_\_\_.

It appearing to the satisfaction of the Court that notice is sufficient; and

It appearing by clear and convincing evidence that it is necessary to appoint a guardian  
for the proposed protected person;

**IT IS HEREBY ORDERED AND DETERMINED BY THE COURT** as follows:

1. (*Adult protected person's name*) \_\_\_\_\_, date of birth (*date*) \_\_\_\_\_, is a resident of the State of \_\_\_\_\_.
2. The Proposed Protected Person is an adult who needs the appointment of a guardian. This request is supported by recent documentation demonstrating the need for a guardianship.
3. Notice has been served upon the adult, the spouse and/or any living relative, or the public guardian, if necessary, and/or any other persons or agency having the care, custody and control of the adult.
4. It is necessary and in the best interest of the Protected Person that Petitioner(s) be appointed as Guardian(s). The following is/are appointed to act as Guardian(s) of the  **PERSON** –OR–  **ESTATE** –OR–  **PERSON AND ESTATE** and shall have the power and authority as may be necessary for the benefit of the above named Protected Person until further order of this Court:

a. First Guardian: \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

b. Second Guardian: \_\_\_\_\_  N/A  
Street Address \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

5. The Guardian(s) shall participate in the guardianship training class, if offered, through \_\_\_\_\_ –OR–  N/A.
6. Pursuant to NRS 159.081, the Guardian(s) shall file a written report on the condition of the Protected Person every year between the anniversary date of \_\_\_\_\_ and \_\_\_\_\_ for the first report and each year thereafter. This obligation continues until the guardianship of the person ends –OR–  N/A

7. Bond is:

- Not applicable.
- Reserved pending the filing of the inventory.
- Ordered in the amount of \$\_\_\_\_\_.
- Waived.
- A blocked account is ordered in lieu of bond.

8. Inventory:

- This is a person only guardianship; no estate is involved.
- The Guardian(s) shall file an inventory of all of the property of the Protected Person which comes to the possession, or knowledge of the Guardian(s) by *(date)* \_\_\_\_\_.

9. Accounting:

- This is a person only guardianship; no estate is involved.
- Summary administration of the estate is granted. An annual accounting is not required until assets exceed the statutory threshold for summary administration.
- A verified account of the estate of the Protected Person shall be made and filed annually by *(date)* \_\_\_\_\_, and must be filed within 60 days of this date and each year thereafter. This obligation continues until the guardianship of the estate ends.

10. Pursuant to NRS 159.0593:

- There is clear and convincing evidence that the Protected Person is a person with a mental defect who is prohibited from possessing a firearm pursuant to 18 U.S.C. §922 (d)(4) or (g) or (4). A Record of the Order containing this filing shall be transmitted to the central repository for Nevada Records of Criminal History, along with a statement that the record is being transmitted for inclusion in each appropriate database of the National Instant Criminal Background Track System.
- The Protected Person's right to possess a firearm is not affected.

11. Pursuant to NRS 159.0594:

- The Protected Person lacks the requisite understanding to vote or otherwise participate in the election process and shall be removed from the voting records.
- The Protected Person's right to vote is not affected.

12. All powers are reserved to the Protected Person except for the following powers, which are granted to the Guardian(s):

**Powers over Person** (*Court to check applicable powers granted to Guardian(s)*)

- To oversee, maintain and/or approve the placement of the Protected Person in the appropriate, least restrictive, and financially feasible care facility.
- Only in the event that provisions of NRS Chapter 433A DO NOT apply, to approve placement of the Protected Person in a secured facility, with the assistance law enforcement and/or REMSA if needed.
- To hire or discharge care givers as deemed necessary in the discretion of the Guardian.
- To authorize any medical care the Protected Person may require.
- To change the mailing address of the Protected Person.
- To make informed decisions regarding the Protected Person's health care, to include consultations on treatment plans, consents and admissions, consents for residential placements, consents for medications, and treatments recommended by medical providers, and the authority to make related decisions for the benefit of the Protected Person.
- The Guardian(s) is/are the Protected Person's personal representative for purposes of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and any applicable regulations. The Guardian(s) of the person has/have authority to obtain information from any government agency, medical provider, business, creditor or third party who may have information pertaining to the Protected Person's health care or health insurance.
- To ensure that housing and care arrangements provide the Protected Person with an appropriate level of safety, well-being, health and maintenance.
- To ensure that the Protected Person has access to family members and persons of natural affection, and those persons and family members have access to the Protected Person in a manner that ensures an appropriate level of safety and well-being for the Protected Person.
- To obtain neuropsychological examination to determine areas of defects and capacities.
- Other: \_\_\_\_\_

**Powers over Estate** (Court to check applicable powers granted to Guardian(s))

- Permission to sell, donate, distribute, dispose of and/or abandon personal property to maintain the integrity of the Protected Person's estate.
- Permission to freeze, access, utilize funds from, transfer and/or close any and all of the Protected Person's bank accounts and any and all other accounts at any financial institution, whether solely or jointly held.
- Permission to redirect and/or become the representative payee for Social Security income, and similar income, if any, for the benefit of the Protected Person.
- Permission to obtain credit reports from any credit-reporting bureau to ascertain the status of any credit card accounts and/or lines of credit and activity on any such accounts.
- Permission to obtain tax information, tax returns and/or any necessary documents from the Internal Revenue Service for the benefit of the Protected Person.
- Permission to investigate, apply for and/or consent to services for which the Protected Person may be eligible.
- Other: \_\_\_\_\_

13. Pursuant to NRS 159.074, a copy of this order must be served personally or by mail upon the Protected Person no later than 5 days after the date of the appointment of the Guardian. A notice of entry of the order must be filed with the Court.

14. The relatives required to be served and identified by petitioner as having been served pursuant to NRS 159.047(2) et seq. must be served with notice of this order pursuant to NRS 159.055(2)(d)(1) and are as follows:

Name and address: \_\_\_\_\_

\_\_\_\_\_

Name and address: \_\_\_\_\_

\_\_\_\_\_

Name and address: \_\_\_\_\_

\_\_\_\_\_

Name and address: \_\_\_\_\_

\_\_\_\_\_

Name and address: \_\_\_\_\_

\_\_\_\_\_

Name and address: \_\_\_\_\_

\_\_\_\_\_

15. A notice of entry of order must be provided to the relatives identified above pursuant to NRS 159.055(3)(a).

16. The interested persons/entities required to be served and identified by the Petitioners as having been served pursuant to NRS 159.047(2) et seq. must be served with notice of this order pursuant to NRS 159.055(2)(d)(2).

Name and address: \_\_\_\_\_

\_\_\_\_\_

Name and address: \_\_\_\_\_

\_\_\_\_\_

Name and address: \_\_\_\_\_

\_\_\_\_\_

17. A notice of entry of the order must be provided to the interested persons/entities identified above pursuant to NRS 159.055(3)(b).

18. Guardian(s) must file verified acknowledgements of the duties and responsibilities of a guardian pursuant to NRS 159.073(1)(c).

19. Guardian(s) must immediately have the Letters of Guardianship and Oath issued. The Letters of Guardianship may be revoked for failure to file the annual reports pursuant to NRS Chapter 159.

20. Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pursuant to the Nevada Revised Statutes, the following information is provided:

Protected Person's Attorney: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

IT IS SO ORDERED.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

---

DISTRICT COURT JUDGE

Respectfully Submitted by:

---

(Your Signature)

---

(Printed Name)

COURT CODE: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Self-Represented

**DISTRICT COURT**  
\_\_\_\_\_ **COUNTY, NEVADA**

In the Matter of the Guardianship of:

- Person
- Estate
- Person and Estate

of:

\_\_\_\_\_  
(*name of adult who needs a guardian*)  
A Proposed Protected Person.

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

**PETITION FOR APPOINTMENT OF GUARDIAN(S)**

Petitioner(s) (*first petitioner's name*) \_\_\_\_\_ and  
(*second petitioner's name; or "n/a" if only one*) \_\_\_\_\_  
request the Court approve a guardianship for the above-named adult. In accordance with  
Chapter 159 of the Nevada Revised Statutes, Petitioner(s) respectfully represents the following  
to this Honorable Court:

**Information Regarding the Proposed Protected Person**  
(*the person you are seeking a guardianship over, or the "adult"*)

1. **Adult's full legal name:** \_\_\_\_\_.
2. **Adult's date of birth:** \_\_\_\_\_; current age: \_\_\_\_\_.
3. **Address.** Adult's residence address:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code



Adult's mailing address (if different than residence address):

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip Code

4. **Residency.** The adult named above has been a resident of the State of (state) \_\_\_\_\_ since (date) \_\_\_\_\_ and has lived at the above address since (date) \_\_\_\_\_.

5. **Caretaker.** The adult in need of a guardianship is currently under the care of:

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip Code

The care provider above is caring for the adult because:

\_\_\_\_\_  
\_\_\_\_\_

6. **Medicaid.** Does the adult receive Medicaid, or has the adult ever received Medicaid?

( check one)

Yes

No

7. **Need for Guardianship.** The adult needs a guardian because (explain in detail):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

8. **Alternatives.** What less restrictive alternatives have been tried before filing this request?

( *check all that apply*)

- Supported Decision Making Agreement
- Power of Attorney
- Power of Attorney for People with Intellectual Disabilities
- Representative Payee Designation
- Microboard / Circle of Friends
- Other: \_\_\_\_\_

Explain why the items marked above are not working: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. **Powers Requested.** If appointed, what specific powers, if any, would the guardian need?

(*explain if the guardian will need the ability to manage investments, loans, handle business transactions, sell property, etc.*) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10. **Voting Rights:** ( *check one*)

- The adult should keep his/her right to vote.
- The adult does not have the mental capacity to vote because he/she cannot communicate, with or without accommodations, a specific desire to participate in the voting process.

11. **Firearms/Guns:** ( *check one*)

- The adult should be allowed to possess a firearm.
- The adult should not be allowed to possess a firearm. The adult is a danger to him/herself or others because of a mental condition, or the adult does not have the capacity to contract or manage his/her own affairs because of a mental condition.

12. The adult ( **check one**)  is  is not a party to any pending criminal or civil lawsuit.

**Explain if the adult is a party to litigation:** \_\_\_\_\_

\_\_\_\_\_

13. This guardianship ( **check one**)  is  is not sought for the purpose of initiating a lawsuit. **Explain if guardianship is sought to initiate lawsuit:**

---

---

14. **Abuse/Neglect Report:** ( *check one*)

The guardianship **IS NOT requested** because of an investigation of abuse, neglect, exploitation, isolation or abandonment of the adult.

The guardianship **IS requested** because of an investigation of abuse, neglect, exploitation, isolation or abandonment of the adult. The investigating agency is (*name of agency*) \_\_\_\_\_, which is ( **check one**)  law enforcement  a state agency  a county agency.

15. **Documents.** The adult executed the following documents, copies of which will be filed with this Petition: ( *check all that apply*)

Written nomination of guardian. The nominated guardian is (*name of person nominated to serve as guardian*) \_\_\_\_\_

*NOTICE: The Court will check the Nevada Secretary of State Lockbox to determine if a guardian has already been designated by the proposed protected person.*

Durable power of attorney for financial matters. The agent is \_\_\_\_\_

Durable power of attorney for health care. The agent is \_\_\_\_\_

Revocable or living trust. The agent is \_\_\_\_\_

None of the above.

Unknown if the adult has executed any of the above documents.

***\*Copies of any of the above should be submitted confidentially to the Court for review.***

16. **Assets.** The value of the proposed person's assets is estimated at: ( *check one*)

Less than \$10,000. If the guardianship is granted, the court should treat this case as "summary administration" and not require annual accountings or a final accounting.

More than \$10,000.

**Information Regarding the Petitioner**

17. Full legal name: \_\_\_\_\_.
18. Date of birth: \_\_\_\_\_; current age: \_\_\_\_\_.
19. Relationship to adult in need of a guardian: \_\_\_\_\_.
20. Residence address:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

Mailing address (*if different than residence address*):

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

21. Nomination of Guardian: ( *check one*)
- I want to be the guardian over the adult. I am competent and capable of acting as guardian of the proposed protected person and consent to act in this capacity.
  - I do not want to be the guardian. Instead, the Court should appoint (*insert name*) \_\_\_\_\_ to be the guardian over the adult.  
*(if you selected this option, skip ahead to #31)*

22. **If you do not live in the State of Nevada:** ( *check one*)
- A person or care provider in this State is providing continuing care and supervision for the adult;
  - The adult is in a secured residential long-term care facility in this State;
  - The guardian will move to the State of Nevada within 30 days of appointment; **or**
  - The proposed protected person will move to the guardian’s state of residence within 30 days of appointment.

[NOTE: If a nonresident is appointed as guardian for an adult, the guardian must designate a registered agent in the State of Nevada in the same manner as a represented entity pursuant to Nevada Revised Statutes Chapter 77.]

23. Qualifications. (Answer each item listed; “Has” answers must be explained)

The Petitioner: ( check one for each)

has  has not been convicted of a crime of moral turpitude, a crime involving domestic violence or a crime involving the abuse, neglect, exploitation, isolation or abandonment of a child, his or her spouse, his or her parent or any other adult.

**Explain if Yes:** \_\_\_\_\_

\_\_\_\_\_

has  has never been convicted of a felony.

**Explain if Yes:** Petitioner was convicted of (*describe conviction*)

\_\_\_\_\_  
Petitioner ( **check one**)  was /  was not placed on parole and ( **check one**)  was /  was not placed on probation for that felony.

has  has never been suspended for misconduct or disbarred from the practice of law, the practice of accounting or any other profession which involves the management or sale of money, investments, securities or real property and requires licensure in Nevada or any other state.

**Explain if Yes:** \_\_\_\_\_

\_\_\_\_\_

has  has not filed for bankruptcy within the past 7 years.

is  is not a party to pending criminal or civil litigation.

**Explain if Yes:** \_\_\_\_\_

\_\_\_\_\_

**Information Regarding the Co-Petitioner**

Not Applicable (*check if there is only one proposed guardian, and go to #31*)

24. Full legal name: \_\_\_\_\_.

25. Date of birth: \_\_\_\_\_; current age: \_\_\_\_\_.

26. Relationship to adult in need of a guardian: \_\_\_\_\_.

27. Residence address:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

Mailing address (*if different than residence address*):

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

28. Nomination of Guardian: ( *check one*)

I want to be the guardian over the adult. I am competent and capable of acting as guardian of the proposed protected person and consent to act in this capacity.

I do not want to be the guardian. Instead, the Court should appoint (*insert name*)

\_\_\_\_\_ to be the guardian over the adult.

(*if you selected this option, skip ahead to #31*)

29. **If you do not live in the State of Nevada:** ( *check one*)

A person or care provider in this State is providing continuing care and supervision for the adult;

The adult is in a secured residential long-term care facility in this State;

The guardian will move to the State of Nevada within 30 days of appointment; **or**

The proposed protected person will move to the guardian’s state of residence within 30 days of appointment.

[NOTE: If a nonresident is appointed as guardian for an adult, the guardian must designate a registered agent in the State of Nevada in the same manner as a represented entity pursuant to Nevada Revised Statutes Chapter 77.]

30. Qualifications. (**Answer each item listed; “Has” answers must be explained**)

The Co-petitioner: ( *check one for each*)

has  has not been convicted of a crime of moral turpitude, a crime involving domestic violence or a crime involving the abuse, neglect, exploitation, isolation or abandonment of a child, his or her spouse, his or her parent or any other adult.

**Explain if Yes:** \_\_\_\_\_

\_\_\_\_\_

has  has never been convicted of a felony.

**Explain if Yes:** The Petitioner was convicted of (*describe conviction*)

---

The Petitioner ( **check one**)  was /  was not placed on parole and ( **check one**)  was /  was not placed on probation for that felony.

has  has never been suspended for misconduct or disbarred from the practice of law, the practice of accounting or any other profession which involves the management or sale of money, investments, securities or real property and requires licensure in Nevada or any other state.

**Explain if Yes:** \_\_\_\_\_

\_\_\_\_\_

has  has not filed for bankruptcy within the past 7 years.

is  is not a party to pending criminal or civil litigation.

**Explain if Yes:** \_\_\_\_\_

\_\_\_\_\_

### General Information

31. **Compensation.** Are you currently being paid for services as a guardian to more than one protected person who is not related to you by blood or marriage? ( **check one**):

No, I am not being paid for services as a guardian.

Yes, I am being paid for services as a guardian.

32. **Certificate of Incapacity** must be filed showing the need for a guardianship over the proposed protected person. The Certificate must be completed and signed by one of the following:

- A physician who is licensed to practice medicine in this State or who is employed by the Department of Veterans' Affairs;
- A governmental agency in this State which conducts investigations; or
- Signed by any other person whom the court finds qualified to execute a certificate.

33. **Confidential Information Sheet – Guardianship** must be completed and filed. You must provide at least one form of identification (listed on the sheet) for each person.
34. **Plan of Care** must be completed and filed.
35. **Monthly Budget** must be completed and filed if you are requesting guardianship over the adult’s estate.
36. **Exhibit A: List of All of the Adult’s Relatives** must be completed and attached to petition.
37. **Exhibit B: Information Regarding the Adult’s Estate** must be completed and attached to petition if you are requesting guardianship over the adult’s estate. If you are appointed the Guardian, the Court will determine how to safeguard the protected person’s funds. The Court will decide whether to:
  - Require the funds to be placed into a blocked account.
  - Require you to obtain a bond in an amount equal to the total amount of the proposed protected person’s liquid assets.
38. Attach any other documentation that supports your request for guardianship.
39. **Other:** In addition to the above, the Court should also consider (*explain anything else the judge should know when considering your request for guardianship*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Petitioner(s) request that this guardianship be granted, that the relief requested be granted as stated herein, and for such other and further relief as the Court may deem just and proper.

DATED (*month*) \_\_\_\_\_ (*day*) \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(First Petitioner’s Signature)

\_\_\_\_\_  
(Second Petitioner’s Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Name)



**VERIFICATION**

I, (*name of first petitioner*) \_\_\_\_\_, declare that I am the Petitioner in the within action; that I have read the foregoing Petition For Appointment of Guardians and know the contents thereof; that the same is true of my knowledge except as to those matters therein stated upon information and belief and as to those matters, I believe them to be true.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

\_\_\_\_\_  
FIRST PETITIONER'S SIGNATURE

**VERIFICATION**

I, (*name of second petitioner*) \_\_\_\_\_, declare that I am the Co-Petitioner in the within action; that I have read the foregoing Petition For Appointment of Guardians and know the contents thereof; that the same is true of my knowledge except as to those matters therein stated upon information and belief and as to those matters, I believe them to be true.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

\_\_\_\_\_  
SECOND PETITIONER'S SIGNATURE

**EXHIBIT A: List All of the Adult's Relatives**

**Spouse:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

**Parents:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

**Brothers and Sisters:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

**Grandparents:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

**Children:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

**Grandchildren:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

**Grandparents:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

**EXHIBIT B: Information Regarding the Proposed Protected Person’s Estate**

Complete this page only if you are requesting guardianship over the estate.

1. The proposed protected person ( **check all that apply**)
- Has no assets or income
  - Has assets and income (*list below*)
  - Is entitled or will be entitled to assets or income (*list below*)
2. The proposed protected person receives income from the following: (*include all income, including Social Security, Department of Veteran’s Affairs, pensions, etc. If none, write “N/A”. If there are not enough lines below, write “SEE ATTACHED” and attach a page with the additional income sources.*) (**check and answer all that apply**)

Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	monthly: \$ _____
Veterans Affairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	monthly: \$ _____
a.	_____	monthly: \$ _____
b.	_____	monthly: \$ _____
c.	_____	monthly: \$ _____

3. Is there a Representative Payee receiving benefits on behalf of the proposed protected person?  No  Yes, the person is (*name*) \_\_\_\_\_.

4. The proposed protected person’s assets are: (*include all assets including checking / savings / investment accounts, real estate, vehicles, inheritances, including insurance policies, etc. If none, write “N/A”. If there are not enough lines below, write “SEE ATTACHED” and attach a page containing the additional assets.*)

a.	_____	value: \$ _____
b.	_____	value: \$ _____
c.	_____	value: \$ _____
d.	_____	value: \$ _____
e.	_____	value: \$ _____
f.	_____	value: \$ _____
g.	_____	value: \$ _____
h.	_____	value: \$ _____
i.	_____	value: \$ _____

**You will be required to file a detailed Inventory listing all of the protected person’s assets within 60 days of your appointment.**

COURT CODE: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Self-Represented

**DISTRICT COURT**  
\_\_\_\_\_ **COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Estate
- Person and Estate

of:

\_\_\_\_\_  
(name of adult who needs a guardian)  
A Proposed Protected Person.

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

**DECLARATION OF SERVICE ON ADULT PROPOSED PROTECTED PERSON**

*A copy of the Petition for Appointment of Guardian and the Citation to Appear and Show Cause must be **personally served to the adult** who allegedly needs a guardian.*

*A neutral person, not involved in this case or related to the parties, must personally serve the documents directly to the adult. If that is not possible, the server can personally serve the documents on someone of suitable age and discretion who lives with the adult.*

*The proposed guardians or relatives cannot do this.*

*The person who serves the documents must complete this form.*

I, (name of person who served the documents) \_\_\_\_\_,  
declare (**complete EVERY SECTION below**):

1. I am not a party to or interested in this action and I am over 18 years of age.
2. I am not a licensed process server; I am a natural person serving legal process without compensation, not more than three times per year, on behalf of a litigant who is a natural person, and therefore I am not required to be licensed pursuant to NRS 648.063(2) (2017 Nevada Laws Ch. 126 (A.B. 128)).

3. **What Documents You Served.** I served a copy of the ( *check all that apply*)

Petition for Appointment of Guardian

Citation to Appear and Show Cause

Other: \_\_\_\_\_

4. **Who & Where You Served.** I personally delivered and left the documents with:  
( *check one*)

**The Adult Who Is the Subject of This Case.** I served the documents on the adult at the location below. (*complete the details below*)

\_\_\_\_\_  
Name of Person Served

\_\_\_\_\_  
Address Where Served

\_\_\_\_\_  
City, State, Zip Code

**A Person Who Lives with the Adult.** This is a person of suitable age and discretion who lives with the adult. (*complete the details below*)

\_\_\_\_\_  
Name of Person Served

\_\_\_\_\_  
Address Where Served

\_\_\_\_\_  
City, State, Zip Code

5. **When You Served.** I personally served the documents on (*date you served the documents*) (*month*) \_\_\_\_\_ (*day*) \_\_\_\_\_, 20\_\_\_\_ at the hour of (*time*) \_\_\_\_:\_\_\_\_  a.m.  p.m.

**I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.**

DATED (*month*) \_\_\_\_\_ (*day*) \_\_\_\_\_, 20\_\_\_\_.

Server's Signature: ▶ \_\_\_\_\_

Server's Printed Name: \_\_\_\_\_

Residential / Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Server's Phone Number: \_\_\_\_\_

COURT CODE: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Self-Represented

**DISTRICT COURT**  
\_\_\_\_\_ **COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Estate
- Person and Estate

of:

\_\_\_\_\_,  
(*name of child who needs a guardian*)  
Proposed Protected Minor.

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

**CONSENT / WAIVER OF CHILD (AGE 14 OR OLDER)**

I, (*child's name*) \_\_\_\_\_, am at least 14 years old and am the subject of this guardianship.

(*initial the sections below that you agree with; you can initial one or both*)

***Do not mark an "x" – your consent is invalid without your initials next to one or both statements.***

\_\_\_\_\_ I consent to (*name of proposed guardian*) \_\_\_\_\_  
and (*second proposed guardian, or "n/a"*) \_\_\_\_\_  
being appointed as my legal guardian(s).

\_\_\_\_\_ I waive service of the Citation to Appear and Show Cause regarding the Petition for Appointment of Guardian(s) in this case.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

DATED (*month*) \_\_\_\_\_ (*day*) \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

COURT CODE: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Self-Represented

**DISTRICT COURT**  
\_\_\_\_\_ **COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Estate
- Person and Estate

of:

\_\_\_\_\_  
*(name of child who needs a guardian)*  
A Proposed Protected Minor.

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

**CONSENT / WAIVER OF PARENT**

I, *(name of parent signing)* \_\_\_\_\_,  
am the ( *check one*)  mother /  father of the above-named child who is the subject of the  
above-captioned guardianship matter.

*(initial the sections below that you agree with; you can initial one or both)*

***Do not mark an "x" – your consent is invalid without your initials next to one or both statements.***

\_\_\_\_\_ I consent to *(name of proposed guardian)* \_\_\_\_\_  
and *(second proposed guardian, or "n/a")* \_\_\_\_\_  
being appointed as legal guardian(s) of the above-named child.





COURT CODE: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Self-Represented

**DISTRICT COURT**  
\_\_\_\_\_ **COUNTY, NEVADA**

In the Matter of the:

- General Guardianship of the Person
- General Guardianship of the Estate
- General Guardianship of the Person & Estate
- Special Guardianship

of:

\_\_\_\_\_  
(name of child who needs a guardian)  
A Protected Minor.

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

**LETTERS OF GUARDIANSHIP**

On (month) \_\_\_\_\_ (day) \_\_\_\_\_, 20\_\_\_\_, a Court Order was entered appointing (name of first guardian) \_\_\_\_\_ and (name of second guardian, or "n/a") \_\_\_\_\_ as Guardian(s) of the above named protected minor. The named Guardian(s), having duly qualified, is/are authorized to act and has/have authority to perform the duties of such Guardian(s) as provided by law.

In testimony of which, I have this date signed these Letters and affixed the Seal of the Court.

CLERK OF COURT

DATED \_\_\_\_\_ BY: \_\_\_\_\_  
DEPUTY CLERK

**OATH**

*(do not sign this until you are in front of the Clerk of Court or a Notary Public)*

I, *(name of guardian)* \_\_\_\_\_,  
residing at *(street/city/state/zip)*: \_\_\_\_\_

whose mailing address is *(street/city/state/zip)*: \_\_\_\_\_

solemnly affirm that I will well and faithfully perform the duties of Guardian according to law. I will file all reports, at least annually, and when ordered by the Court. I affirm that any matters stated in any petition, document or court proceeding are true of my own knowledge or if any matters are stated on information or belief, I believe them to be true.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

Signed and sworn to before me on this *(day)* \_\_\_\_\_ day of *(month)* \_\_\_\_\_, 20\_\_\_\_  
by *(name of guardian)* \_\_\_\_\_

\_\_\_\_\_  
DEPUTY CLERK / NOTARY PUBLIC

*(Repeat oath for each guardian; attach separate sheets if necessary)*

COURT CODE: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Self-Represented \_\_\_\_\_

**DISTRICT COURT**  
\_\_\_\_\_ **COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Estate
- Person and Estate

of:

\_\_\_\_\_  
*(name of child who needs a guardian)*  
A Proposed Protected Minor.

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

**PETITION FOR APPOINTMENT OF GUARDIAN(S) OVER A CHILD**

Petitioner (*proposed guardian's name*) \_\_\_\_\_  
and Co-Petitioner (*proposed co-guardian's name; if only one guardian, write "N/A"*)  
\_\_\_\_\_ would like to be appointed the Guardian(s) over  
the above-named child. In accordance with 2017 Nevada Laws Ch. 172 (A.B. 319),  
Petitioner(s) respectfully represents the following to this Honorable Court:

**Petitioner's Information (*the first proposed guardian*)**

1. Full legal name: \_\_\_\_\_.
2. Date of birth: \_\_\_\_\_.
3. Relationship to child in need of a guardian: \_\_\_\_\_.

4. Residence address:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

Mailing address (*if different than residence address*):

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

5. Qualifications. (**Answer each item listed; “Has” answers must be explained**)

The Petitioner: ( *check one for each*)

has  has not been convicted of a crime of moral turpitude, a crime involving domestic violence or a crime involving the abuse, neglect, exploitation, isolation or abandonment of a child, his or her spouse, his or her parent or any other adult.

**Explain if Yes:** \_\_\_\_\_  
\_\_\_\_\_

has  has never been convicted of a felony.

**Explain if Yes:** Petitioner was convicted of (*describe conviction*)

\_\_\_\_\_  
Petitioner ( **check one**)  was /  was not placed on parole and ( **check one**)  was /  was not placed on probation for that felony.

has  has not filed for bankruptcy within the past 7 years.

is  is not a party to pending criminal or civil litigation.

**Explain if Yes:** \_\_\_\_\_  
\_\_\_\_\_

**Co-Petitioner's Information (the second proposed guardian)**

Not Applicable (*check if there is only one proposed guardian, and go to page 4*)

6. Full legal name: \_\_\_\_\_.

7. Date of birth: \_\_\_\_\_.

8. Relationship to child in need of a guardian: \_\_\_\_\_.

9. Residence address:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

Mailing address (*if different than residence address*):

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

10. Qualifications. (**Answer each item listed; "Has" answers must be explained**)

The Co-petitioner: ( *check one for each*)

has  has not been convicted of a crime of moral turpitude, a crime involving domestic violence or a crime involving the abuse, neglect, exploitation, isolation or abandonment of a child, his or her spouse, his or her parent or any other adult.

**Explain if Yes:** \_\_\_\_\_  
\_\_\_\_\_

has  has never been convicted of a felony.

**Explain if Yes:** The Petitioner was convicted of (*describe conviction*)

\_\_\_\_\_  
The Petitioner ( *check one*)  was /  was not placed on parole and  
( *check one*)  was /  was not placed on probation for that felony.

has  has not filed for bankruptcy within the past 7 years.

is  is not a party to pending criminal or civil litigation.

**Explain if Yes:** \_\_\_\_\_  
\_\_\_\_\_

**Child's Information**

11. Child's full legal name: \_\_\_\_\_.

12. Child's date of birth: \_\_\_\_\_; current age: \_\_\_\_\_. The child will become 18 years old on (*date*) \_\_\_\_\_.

13. Petitioner(s) believe the child ( **check one**)  will /  will not need a guardian when the child turns 18 years old. If yes, explain why a guardian will still be needed:

\_\_\_\_\_.

14. The child has been a resident of the State of (*state*) \_\_\_\_\_ since (*date*) \_\_\_\_\_.

15. The child currently lives at the following address:

\_\_\_\_\_ Address

\_\_\_\_\_ City, State, Zip Code

The child has lived at the above address since (*date*) \_\_\_\_\_.

16. The child has lived at the following places with the following people within the last 5 years (*list the places the child has lived in the last 5 years*):

<b>Time Period (mo/yr – mo/yr)</b>	<b>Name of Person the Child Lived With:</b>	<b>City and State</b>
<i>i.e., 5/17-9/17</i>	<i>Sue Jones (grandma)</i>	<i>Las Vegas, NV</i>
_____ - _____		
_____ - _____		
_____ - _____		
_____ - _____		
_____ - _____		

The names and current addresses of each non-parent the child lived with during the last five years are: \_\_\_\_\_

\_\_\_\_\_

17. **Participation in Other Cases.** Have Petitioner(s) ever participated in any case concerning the child as a party, witness, or in some other capacity? ( *check one*)

No.

Yes, I have participated in the following cases concerning the child (*provide all specifics including the state, the court name, the case number and the date of the child custody order, if any*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. **Knowledge of Other Cases.** Do Petitioner(s) know of any other case that could affect this case, such as other custody cases, domestic violence cases, protection order cases, or adoptions / terminations? ( *check one*)

No.

Yes, the following cases that could affect this case (*provide all specifics including the state, the court name, the parties involved, the case number and the type of case*): \_\_\_\_\_

\_\_\_\_\_

19. **Current Custody Case:** Is there a custody order concerning the child? ( *check one*)

No.

Yes, there is a current order concerning custody of the child. The order is from the State of \_\_\_\_\_ and was filed on (*date*) \_\_\_\_\_. If the order was not registered with this Court, a copy of the order will be filed with this Petition.

20. **Persons Who Can Claim Custody / Visitation.** Is there anyone other than Petitioner(s) or other parties to this case who has custody of the child or who can claim a right to custody or visitation with the child? ( *check one*)

No.

Yes, the following people have custody or can claim custody/visitation of the child: (*list names and addresses of anyone who claims custody/visitation rights*): \_\_\_\_\_

\_\_\_\_\_



21. The child is currently under the care of (*name and address of person caring for the child*):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

The person above is caring for the child because (*explain why the child is under the care of the person above*):

\_\_\_\_\_  
\_\_\_\_\_

22. Does the child receive Medicaid, or has this child ever received Medicaid? ( *check one*)

- No
- Yes

23. Is the child a member of a federally recognized tribe? ( *check one*)

- No
- Yes, the tribe is (*write tribe's name*) \_\_\_\_\_

24. Is the child a citizen of another country? ( *check one*)

- No
- Yes, the child is a citizen of (*write country name*) \_\_\_\_\_

25. Is the child a party to any pending criminal or civil lawsuit? ( *check one*)

- No
- Yes (*explain*) \_\_\_\_\_

26. Are Petitioner(s) seeking guardianship in order to initiate litigation? ( *check one*)

- No
- Yes (*explain*) \_\_\_\_\_

**Child's First Parent**

27. The first parent is (*name*) \_\_\_\_\_.

( *check if applicable*)

This parent is deceased. *\*File a copy of the death certificate with this Petition.\**

This parent's parental rights over the child were terminated by a court order.

*\*File a copy of the termination order with this Petition.\**

28. This parent currently lives at the following address:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

Mailing address (*if different than residence address*):

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

29. Consent ( *check one*):

This parent agrees to this proposed guardianship and will file a proper notarized consent.

This parent does not consent to the proposed guardianship, or cannot be located to consent.

30. This parent is unable to care for the child because (*explain*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child's Second Parent**

31. The second parent is (*name*) \_\_\_\_\_.

( *check if applicable*):

- This parent is deceased. *\*File a copy of the death certificate with this Petition.\**
- This parent's parental rights over the child were terminated by a court order.  
*\*File a copy of the termination order with this Petition.\**
- This parent is an unknown father. There is no father listed on the child's birth certificate. There has never been a court order regarding child support, custody, or a finding of paternity.

32. This parent currently lives at the following address:

\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip Code

Mailing address (*if different than residence address*):

\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip Code

33. Consent ( *check one*):

- This parent agrees to this proposed guardianship and will file a proper notarized consent.
- This parent does not consent to the proposed guardianship, or cannot be located to consent.

34. This parent is unable to care for the child because (*explain*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General Information**

35. A guardianship is needed for the child because (*explain in detail*):

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36. The child’s parent or legal guardian ( **check one**)  has /  has not nominated a guardian in writing. The nominated guardian is (*name*) \_\_\_\_\_.

37. Abuse/Neglect Report: ( *check one*)

The guardianship **IS NOT requested** because of an investigation of abuse or neglect conducted by Child Protective Services (CPS) or law enforcement.

The guardianship **IS requested** because of an investigation by Child Protective Services (CPS) or other similar agency. The investigating agency is (*name of agency*) \_\_\_\_\_.

The caseworker’s name is (*caseworker name*) \_\_\_\_\_.

The investigating agency ( **check one**)  does /  does not approve of this guardianship and the placement of the child with the proposed Guardians.

38. **Compensation.** Are Petitioner(s) currently being paid for services as a guardian to more than one protected person who is not related to you by blood or marriage? ( *check one*):

No, Petitioner(s) is not/are not being paid for services as a guardian.

Yes, Petitioner(s) is/are being paid for services as a guardian for (*number*) \_\_\_\_\_ children.

39. Petitioner(s) is/are competent and capable of acting as guardian of the above proposed protected minor and hereby consents to act in this capacity.
40. **Confidential Information Sheet – Guardianship** must be completed and filed. You must provide at least one form of identification (listed on the sheet) for each person.
41. **Exhibit A: List of All of the Child’s Relatives** must be completed and attached to this petition.
42. **Exhibit B: Information Regarding the Child’s Estate** must be completed and attached to this petition if you are requesting guardianship over the child’s estate. If you are appointed the Guardian, the Court will determine how to safeguard the child’s funds. The Court will decide whether to:
  - Require the funds to be placed into a blocked account.
  - Require you to obtain a bond in an amount equal to the total amount of the child’s liquid assets.
43. **Other Exhibits:** If you have a letter from a governmental agency in this state which conducts investigations, or a certificate signed by any other person whom the court finds qualified to execute a certificate, the letter/certificate must be attached to this petition.

Petitioner(s) request(s) that this guardianship be granted, that the relief requested be granted as stated herein, and for such other and further relief as the Court may deem just and proper.

DATED (*month*) \_\_\_\_\_ (*day*) \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(First Petitioner’s Signature)

\_\_\_\_\_  
(Second Petitioner’s Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Name)

**VERIFICATION**

I, (*name of first petitioner*) \_\_\_\_\_, declare that I am the Petitioner in the within action; that I have read the foregoing Petition For Appointment of Guardians and know the contents thereof; that the same is true of my knowledge except as to those matters therein stated upon information and belief and as to those matters, I believe them to be true.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

---

FIRST PETITIONER'S SIGNATURE

**VERIFICATION**

I, (*name of second petitioner*) \_\_\_\_\_, declare that I am the Co-Petitioner in the within action; that I have read the foregoing Petition For Appointment of Guardians and know the contents thereof; that the same is true of my knowledge except as to those matters therein stated upon information and belief and as to those matters, I believe them to be true.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

---

SECOND PETITIONER'S SIGNATURE

**EXHIBIT A: List All of the Child's Relatives**

**Parent:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address Unknown     Deceased

**Parent:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address Unknown     Deceased

**Grandparents:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address Unknown     Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address Unknown     Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address Unknown     Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address Unknown     Deceased

**Brothers and Sisters:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address Unknown

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address Unknown

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address Unknown

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address Unknown

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address Unknown

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address Unknown

**EXHIBIT B: Information Regarding the Proposed Protected Minor’s Estate**

Complete this page only if you are requesting guardianship over the estate.

1. The proposed protected minor ( **check all that apply**)

- Has no assets or income
- Has assets and income (*list below*)
- Is entitled or will be entitled to assets or income (*list below*)

2. The proposed protected minor receives income from the following: (*include all income, including Social Security, Department of Veteran’s Affairs, pensions, etc. If none, write “N/A”. If there are not enough lines below, write “SEE ATTACHED” and attach a page with the additional income sources.*) (**check and answer all that apply**)

Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	monthly: \$ _____
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	monthly: \$ _____
Veterans Affairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	monthly: \$ _____
a.	_____	monthly: \$ _____
b.	_____	monthly: \$ _____

3. Is there a Representative Payee receiving benefits on behalf of the proposed protected minor?  No  Yes, the person is (*name*) \_\_\_\_\_.

4. The proposed protected minor assets are: (*include all assets including checking / savings / investment accounts, real estate, vehicles, inheritances, including insurance policies, etc. If none, write “N/A”. If there are not enough lines below, write “SEE ATTACHED” and attach a page containing the additional assets.*)

a.	_____	value: \$ _____
b.	_____	value: \$ _____
c.	_____	value: \$ _____
d.	_____	value: \$ _____
e.	_____	value: \$ _____
f.	_____	value: \$ _____
g.	_____	value: \$ _____
h.	_____	value: \$ _____
i.	_____	value: \$ _____

**You will be required to file a detailed Inventory listing all of the protected person’s assets within 60 days of your appointment.**



**SIX MONTH TEMPORARY GUARDIANSHIP UNDER A.B. 319, 2017 Leg., 79<sup>th</sup> Sess. (Nev. 2017)**

I, (parent name) \_\_\_\_\_,  
of (address, city, state, zip code) \_\_\_\_\_  
the parent of the minor child, (child's name) \_\_\_\_\_  
whose date of birth is \_\_\_\_\_, hereby desire to appoint  
(guardian's name) \_\_\_\_\_  
of (address, city, state, zip code) \_\_\_\_\_  
as short term guardian pursuant to A.B. 319, 2017 Leg., 79th Sess. (Nev. 2017).

***Carefully read each of the following statements and initial all that are true.***

- \_\_\_\_\_ 1. I am the legal custodian of the minor child.
- \_\_\_\_\_ 2. The other parent's parental rights have not been terminated by court order.
- \_\_\_\_\_ 3. The other parent's whereabouts are known.
- \_\_\_\_\_ 4. The other parent is willing and able to make and carry out daily child care decisions concerning the minor child.

***WARNING: If paragraphs 2, 3, and 4 have all been initialed, the other parent must sign page 2 of this form to make this short-term guardianship valid.***

I specifically consent that the named guardian may make whatever decisions are necessary concerning the day-to-day care of (child's name) \_\_\_\_\_, including educational decisions, legal decisions and health decisions. The named guardian may authorize all routine medical and dental care, and in the event of any medical emergency, the named guardian may authorize operative care.

**This guardianship shall expire six (6) months from the date that appears below unless it is renewed by an acknowledged writing prior to the expiration date.** This guardianship may be terminated by me, by the guardian or by an order of a court of competent jurisdiction that may appoint a guardian of the minor child, but such termination must be accomplished by a written instrument.

I am the legal custodian of the minor child and am competent to make this appointment.

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

***IMPORTANT: If items 2, 3, and 4 on the prior page were all initialed, the other parent must sign below to consent to the temporary short term guardianship.***

**PARENT'S CONSENT**

I hereby consent to the above-named person being appointed as my child's guardian. I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_  
Print Your Name: \_\_\_\_\_

***IMPORTANT: If the minor child is fourteen (14) years of age or older, the minor child must sign below to consent to the temporary short term guardianship.***

**MINOR'S CONSENT**

I hereby consent to the above-named person being appointed as my guardian.

Date: \_\_\_\_\_ Minor's Signature: \_\_\_\_\_  
Print Your Name: \_\_\_\_\_

**GUARDIAN'S ACCEPTANCE OF APPOINTMENT**

I, (*guardian's name*) \_\_\_\_\_ hereby accept this appointment as temporary short term guardian for the minor child identified in this instrument and will accept responsibility for the care, custody, and control of said minor child, including all necessary authority and power to furnish and provide care and services to said minor child as may seem necessary, proper, or desirable in the child's best interest and welfare, including, but not limited to, food, clothing, shelter, education, and medical-surgical-dental care and treatment. I understand this guardianship shall become effective upon my execution of this document in the presence of a Notary Public for a period of six (6) months and may be terminated by an instrument in writing signed by either parent of the minor child if that parent has not had their rights legally terminated by an order of a court of competent jurisdiction.

Date: \_\_\_\_\_ Guardian's Signature: \_\_\_\_\_  
Print Your Name: \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

COURT CODE: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Self-Represented

**DISTRICT COURT**  
\_\_\_\_\_ **COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Estate
- Person and Estate

of:

\_\_\_\_\_  
*(name of person who needs a guardian)*  
A Proposed Protected Person.

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

**CONSENT AND WAIVER**

I, *(name of person signing)* \_\_\_\_\_, am the  
*(your relationship to the proposed protected person)* \_\_\_\_\_ of the  
above-named proposed protected person who is the subject of the above-captioned guardianship  
matter.

*(initial the sections below that you agree with; you can initial one or both)*

***Do not mark an "x" – your consent is invalid without your initials next to one or both statements.***

\_\_\_\_\_ I consent to *(name of proposed guardian)* \_\_\_\_\_  
and *(second proposed guardian, or "n/a")* \_\_\_\_\_  
being appointed as legal guardian(s) of the above-named person.

\_\_\_\_\_ I waive service of the Citation to Appear and Show Cause regarding the Petition for Appointment of Guardian(s) in this case.

DATED (*month*) \_\_\_\_\_ (*day*) \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

This instrument was acknowledged before me on (*date*) \_\_\_\_\_,  
20\_\_\_\_ by (*name of person signing*) \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARIAL OFFICER

COURT CODE: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Self-Represented

**DISTRICT COURT**  
\_\_\_\_\_ **COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Estate
- Person and Estate

of:

\_\_\_\_\_  
*(name of person who has a guardian)*  
A Protected Person.

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

**NOTICE OF EMERGENCY AND/OR HOSPITALIZATION**

1. **Emergency.** The adult named above suffered the following emergency: *(explain what emergency happened to the adult, such as medical problems, safety problems, etc.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Date.** The emergency above happened on or around *(date)* \_\_\_\_\_.

3. **Action Taken.** The Guardian(s) did the following to handle the emergency: *(explain what you did to handle the emergency)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Post-Emergency Plan.** ( check one)

- The adult has already returned to his / her regular residence.
- The adult should return to his / her regular residence on (date) \_\_\_\_\_.
- The adult cannot return to his / her regular residence and will be placed somewhere else. (explain why the adult can't go home, and where you think the adult will go instead) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*A Change of Address form must be filed to update the address with the Court.\**

- The adult's health is declining, and he/she may pass away within the next 30 days per medical professional opinion.
- The adult passed away on (date) \_\_\_\_\_. *\*A formal Petition to Terminate Guardianship must be filed along with a Final Accounting (if applicable).\**

5. **Current Location.** As of this time, the adult can be found at: (write the details of where the adult is right now)

\_\_\_\_\_  
Name of Facility (if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone number

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

DATED (month) \_\_\_\_\_ (day) \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Your Signature)

\_\_\_\_\_  
(Printed Name)

**CERTIFICATE OF SERVICE**

**BY MAIL**

I certify that I deposited copies of this Notice in the U.S. mail in (*city*) \_\_\_\_\_, Nevada, addressed to the persons listed below on (*date*) \_\_\_\_\_.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ELECTRONIC**

I served the following persons pursuant to the court's electronic service rules on (*date*) \_\_\_\_\_:

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

\_\_\_\_\_  
(Your Signature)

\_\_\_\_\_  
(Printed Name)

COURT CODE: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Self-Represented

**DISTRICT COURT**  
\_\_\_\_\_ **COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Estate
- Person and Estate

of:

\_\_\_\_\_  
(name of person who needs a guardian)  
A Proposed Protected Person.

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

**DECLARATION OF SERVICE**

*A copy of the filed documents can be **personally served** on anyone who is required to receive service.*

*A neutral person, not involved in this case or related to the parties, can personally serve the documents directly to the person. If that is not possible, the server can personally serve the documents on someone of suitable age and discretion who lives with the person.*

*The proposed guardians or relatives cannot do this.*

*The person who serves the documents must complete this form.*

I, (name of person who served the documents) \_\_\_\_\_,  
declare (**complete EVERY SECTION below**):

1. I am not a party to or interested in this action and I am over 18 years of age.
2. I am not a licensed process server; I am a natural person serving legal process without compensation, not more than three times per year, on behalf of a litigant who is a natural person, and therefore I am not required to be licensed pursuant to NRS 648.063(2) (2017 Nevada Laws Ch. 126 (A.B. 128)).
3. **Who You Served.** I served (name of person who is supposed to get the documents)  
\_\_\_\_\_.



4. **What Documents You Served.** I served a copy of the ( *check all that apply*)

- Petition for \_\_\_\_\_
- Citation to Appear and Show Cause / Notice of Hearing
- Other: \_\_\_\_\_

5. **Where You Served.** I personally delivered and left the documents with: ( *check one*)

- The Person Directly.** I served the documents directly to the person at the location below. (*complete the details below*)

\_\_\_\_\_  
Name of Person Served

\_\_\_\_\_  
Address Where Served

\_\_\_\_\_  
City, State, Zip Code

- Someone Who Lives with the Person.** This is a person of suitable age and discretion who lives with the person I needed to serve. (*complete the details below*)

\_\_\_\_\_  
Name of Person Served

\_\_\_\_\_  
Address Where Served

\_\_\_\_\_  
City, State, Zip Code

6. **When You Served.** I personally served the documents on (*date you served the documents*) (*month*) \_\_\_\_\_ (*day*) \_\_\_\_\_, 20\_\_\_\_ at the hour of (*time*) \_\_\_\_:\_\_\_\_  a.m.  p.m.

**I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.**

DATED (*month*) \_\_\_\_\_ (*day*) \_\_\_\_\_, 20\_\_\_\_.

Server's Signature: ▶ \_\_\_\_\_

Server's Printed Name: \_\_\_\_\_

Residential / Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Server's Phone Number: \_\_\_\_\_

COURT CODE: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Self-Represented

**DISTRICT COURT**  
\_\_\_\_\_ **COUNTY, NEVADA**

In the Matter of the Guardianship of:

- Person
- Estate
- Person and Estate

of:

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

\_\_\_\_\_  
(name of adult who needs a guardian)  
A Proposed Protected Person.

**PETITION FOR APPOINTMENT OF GUARDIAN(S) OVER ADULT  
INCLUDING REQUEST FOR TEMPORARY GUARDIANSHIP**

Petitioner(s) (*first petitioner's name*) \_\_\_\_\_ and  
(*second petitioner's name; or "n/a" if only one*) \_\_\_\_\_  
request the Court approve a guardianship for the above-named adult. In accordance with  
Chapter 159 of the Nevada Revised Statutes, Petitioner(s) respectfully represents the following  
to this Honorable Court:

**Information Regarding the Proposed Protected Person**  
(*the person you are seeking a guardianship over, or the "adult"*)

1. **Adult's full legal name:** \_\_\_\_\_.
2. **Adult's date of birth:** \_\_\_\_\_; current age: \_\_\_\_\_.
3. **Address.** Adult's residence address:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

Adult's mailing address (if different than residence address):

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

4. **Residency.** The adult named above has been a resident of the State of (state) \_\_\_\_\_ since (date) \_\_\_\_\_ and has lived at the above address since (date) \_\_\_\_\_.

5. **Caretaker.** The adult in need of a guardianship is currently under the care of:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

The care provider above is caring for the adult because:

\_\_\_\_\_  
\_\_\_\_\_

6. **Medicaid.** Does the adult receive Medicaid, or has the adult ever received Medicaid?

( check one)

Yes

No

7. **Immediate Need.** ( check one and complete)

The adult needs immediate medical attention, specifically (explain) \_\_\_\_\_

\_\_\_\_\_  
but cannot obtain the necessary medical care because (explain) \_\_\_\_\_

The adult cannot respond to a substantial and immediate risk of physical harm, specifically (explain) \_\_\_\_\_

but is unable to respond to the risk of harm because (*explain*) \_\_\_\_\_

\_\_\_\_\_

- The adult is facing a substantial and immediate risk of financial harm, specifically (*explain*) \_\_\_\_\_

\_\_\_\_\_

but is unable to respond to the risk of harm because (*explain*) \_\_\_\_\_

\_\_\_\_\_

8. **Need for Permanent Guardianship.** The adult needs a guardian because (*explain why/if a guardian will be needed after the current emergency is over*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. **Alternatives.** What less restrictive alternatives have been tried before filing this request?

( *check all that apply*)

- Supported Decision Making Agreement
- Power of Attorney
- Power of Attorney for People with Intellectual Disabilities
- Representative Payee Designation
- Microboard / Circle of Friends
- Other: \_\_\_\_\_

Explain why the items marked above are not working: \_\_\_\_\_

\_\_\_\_\_

10. **Powers Requested.** If appointed, what specific powers, if any, would the guardian need? (*explain if the guardian will need the ability to manage investments, loans, handle business transactions, sell property, etc.*) \_\_\_\_\_

\_\_\_\_\_

11. **Voting Rights:** ( *check one*)

- The adult should keep his/her right to vote.
- The adult does not have the mental capacity to vote because he/she cannot communicate, with or without accommodations, a specific desire to participate in the voting process.

12. **Firearms/Guns:** ( *check one*)

- The adult should be allowed to possess a firearm.
- The adult should not be allowed to possess a firearm. The adult is a danger to him/herself or others because of a mental condition, or the adult does not have the capacity to contract or manage his/her own affairs because of a mental condition.

13. The adult ( *check one*)  is  is not a party to any pending criminal or civil lawsuit.

**Explain if the adult is a party to litigation:**

---

---

14. This guardianship ( *check one*)  is  is not sought for the purpose of initiating a lawsuit. **Explain if guardianship is sought to initiate lawsuit:**

---

---

15. **Abuse/Neglect Report:** ( *check one*)

- The guardianship **IS NOT requested** because of an investigation of abuse, neglect, exploitation, isolation or abandonment of the adult.
- The guardianship **IS requested** because of an investigation of abuse, neglect, exploitation, isolation or abandonment of the adult. The investigating agency is (*name of agency*) \_\_\_\_\_, which is ( *check one*)  law enforcement  a state agency  a county agency.

16. **Documents.** The adult executed the following documents, copies of which will be filed with this Petition: ( *check all that apply*)

Written nomination of guardian. The nominated guardian is (*name of person nominated to serve as guardian*) \_\_\_\_\_

*NOTICE: The Court will check the Nevada Secretary of State Lockbox to determine if a guardian has already been designated by the proposed protected person.*

Durable power of attorney for financial matters. The agent is \_\_\_\_\_

Durable power of attorney for health care. The agent is \_\_\_\_\_

Revocable or living trust. The agent is \_\_\_\_\_

None of the above.

Unknown if the adult has executed any of the above documents.

***\*Copies of any of the above should be submitted confidentially to the Court for review.***

17. **Assets.** The value of the proposed person's assets is estimated at: ( *check one*)

Less than \$10,000. If the guardianship is granted, the court should treat this case as "summary administration" and not require annual accountings or a final accounting.

More than \$10,000.

### **Information Regarding the Petitioner**

18. Full legal name: \_\_\_\_\_

19. Date of birth: \_\_\_\_\_; current age: \_\_\_\_\_.

20. Relationship to adult in need of a guardian: \_\_\_\_\_.

21. Residence address:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

Mailing address (*if different than residence address*):

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

22. Nomination of Guardian: ( *check one*)

- I want to be the guardian over the adult. I am competent and capable of acting as guardian of the proposed protected person and consent to act in this capacity.
- I do not want to be the guardian. Instead, the Court should appoint (*insert name*) \_\_\_\_\_ to be the guardian over the adult.  
(if you selected this option, skip ahead to #32)

23. **If you do not live in the State of Nevada:** ( *check one*)

- A person or care provider in this State is providing continuing care and supervision for the adult;
- The adult is in a secured residential long-term care facility in this State;
- The guardian will move to the State of Nevada within 30 days of appointment; **or**
- The proposed protected person will move to the guardian's state of residence within 30 days of appointment.

[NOTE: If a nonresident is appointed as guardian for an adult, the guardian must designate a registered agent in the State of Nevada in the same manner as a represented entity pursuant to Nevada Revised Statutes Chapter 77.]

24. Qualifications. (**Answer each item listed; "Has" answers must be explained**)

The Petitioner: ( *check one for each*)

- has  has not been convicted of a crime of moral turpitude, a crime involving domestic violence or a crime involving the abuse, neglect, exploitation, isolation or abandonment of a child, his or her spouse, his or her parent or any other adult.

**Explain if Yes:** \_\_\_\_\_  
\_\_\_\_\_

- has  has never been convicted of a felony.

**Explain if Yes:** Petitioner was convicted of (*describe conviction*)

\_\_\_\_\_  
Petitioner ( **check one**)  was /  was not placed on parole and ( **check one**)  was /  was not placed on probation for that felony.

- has  has never been suspended for misconduct or disbarred from the practice of law, the practice of accounting or any other profession which involves the management or sale of money, investments, securities or real property and requires licensure in Nevada or any other state.

**Explain if Yes:** \_\_\_\_\_  
\_\_\_\_\_

has  has not filed for bankruptcy within the past 7 years.

is  is not a party to pending criminal or civil litigation.

**Explain if Yes:** \_\_\_\_\_  
\_\_\_\_\_

### Information Regarding the Co-Petitioner

Not Applicable (*check if there is only one proposed guardian, and go to #32*)

25. Full legal name: \_\_\_\_\_.

26. Date of birth: \_\_\_\_\_; current age: \_\_\_\_\_.

27. Relationship to adult in need of a guardian: \_\_\_\_\_.

28. Residence address:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

Mailing address (*if different than residence address*):

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

29. Nomination of Guardian: ( *check one*)

I want to be the guardian over the adult. I am competent and capable of acting as guardian of the proposed protected person and consent to act in this capacity.

I do not want to be the guardian. Instead, the Court should appoint (*insert name*) \_\_\_\_\_ to be the guardian over the adult.  
(*if you selected this option, skip ahead to #32*)



30. **If you do not live in the State of Nevada:** ( *check one*)

- A person or care provider in this State is providing continuing care and supervision for the adult;
- The adult is in a secured residential long-term care facility in this State;
- The guardian will move to the State of Nevada within 30 days of appointment; **or**
- The proposed protected person will move to the guardian's state of residence within 30 days of appointment.

[NOTE: If a nonresident is appointed as guardian for an adult, the guardian must designate a registered agent in the State of Nevada in the same manner as a represented entity pursuant to Nevada Revised Statutes Chapter 77.]

31. **Qualifications. (Answer each item listed; "Has" answers must be explained)**

The Co-petitioner: ( *check one for each*)

- has  has not been convicted of a crime of moral turpitude, a crime involving domestic violence or a crime involving the abuse, neglect, exploitation, isolation or abandonment of a child, his or her spouse, his or her parent or any other adult.

**Explain if Yes:** \_\_\_\_\_  
\_\_\_\_\_

- has  has never been convicted of a felony.

**Explain if Yes:** The Petitioner was convicted of (*describe conviction*)

\_\_\_\_\_

The Petitioner ( *check one*)  was /  was not placed on parole and ( *check one*)  was /  was not placed on probation for that felony.

- has  has never been suspended for misconduct or disbarred from the practice of law, the practice of accounting or any other profession which involves the management or sale of money, investments, securities or real property and requires licensure in Nevada or any other state.

**Explain if Yes:** \_\_\_\_\_  
\_\_\_\_\_

- has  has not filed for bankruptcy within the past 7 years.

- is  is not a party to pending criminal or civil litigation.

**Explain if Yes:** \_\_\_\_\_  
\_\_\_\_\_

**General Information**

32. **Compensation.** Are you currently being paid for services as a guardian to more than one protected person who is not related to you by blood or marriage? ( *check one*):

- No, I am not being paid for services as a guardian.
- Yes, I am being paid for services as a guardian.

**Notice:**

You must try to notify the adult’s relatives that you are applying for temporary guardianship. This includes the adult’s spouse, brothers and sisters, children, grandchildren, parents, and grandparents. You can call or write/email/text them to let them know you are filing this paperwork.

Below, list who you contacted and what they said.

If there are people you did not contact (because you can’t find them or because contacting them would put the adult in danger), you must list their names and the reason you did not contact them.

After you file this paperwork, you will have to notify them **again** by sending copies of your filed paperwork by certified mail or personal service.

33. **Notice to Relatives.** ( *check and complete the applicable sections with explanations*)

- I notified the following relatives by telephone or writing:  
*(list the people you did notify, when, and how)*

Name of Person Notified	Date Notified	How Contacted (Phone, Email)	Response (do they agree or not)

- I did not notify the following relatives about the temporary guardianship because **the adult would be at immediate risk of physical, emotional and/or financial harm** if notice was provided before the court determines whether to appoint the temporary guardian (*list the people you did not notify because it would put the adult in danger*):

Name of Person Not Notified	Reason You Did Not Notify

***\*\*You must notify the people above within 48 hours if you are appointed a temporary guardian.\*\****

- I did not notify the following relatives about the temporary guardianship because **it is not feasible/practical to notify them at this time** (*list any relatives you did not notify because you cannot or do not know where to find them*):

Name of Person Not Notified	Reason You Did Not Notify

***\*\*If you find the people above, you must notify them within 48 hours of finding them. If you can't find them, you will need to request the judge's permission to waive service on these people, or to serve them by publishing a notice in a newspaper instead.\*\****

34. I understand that if I am appointed a temporary guardian:
- The court will set a hearing within 10 days to decide whether to extend the temporary guardianship.
  - I will have to attempt in good faith to notify the adult's relatives and any other required person of the temporary guardianship and the hearing to extend the temporary guardianship. If I do not, the court can terminate the guardianship.
  - The court can extend the temporary guardianship only if there is clear and convincing evidence that the adult still needs a temporary guardian. If extended, the guardianship usually can only be extended for two 60-day periods.
35. **Certificate of Incapacity** must be filed showing the need for a guardianship over the proposed protected person. For a temporary guardianship, the certificate must show that the proposed protected person faces an immediate and substantial risk of physical or financial harm, or needs immediate medical attention, and is unable to respond to the risk of harm or obtain the medical care. The certificate must be completed and signed by one of the following:
- A physician who is licensed to practice medicine in this State or who is employed by the Department of Veterans' Affairs;
  - A governmental agency in this State which conducts investigations; or
  - Any other person whom the court finds qualified to execute a certificate.
36. **Confidential Information Sheet – Guardianship** must be completed and filed. You must provide at least one form of identification (listed on the sheet) for each person.
37. **Plan of Care** must be completed and filed before a general guardianship is granted.
38. **Monthly Budget** must be completed and filed before a general guardianship is granted if you are requesting guardianship over the adult's estate.
39. **Exhibit A: List of All of the Adult's Relatives** must be completed and attached to petition.

40. **Exhibit B: Information Regarding the Adult’s Estate** must be completed and attached to petition if you are requesting guardianship over the adult’s estate. If you are appointed the Guardian, the Court will determine how to safeguard the protected person’s funds. The Court will decide whether to:

- Require the funds to be placed into a blocked account.
- Require you to obtain a bond in an amount equal to the total amount of the proposed protected person’s liquid assets.

41. Attach any other documentation that supports your request for guardianship.

42. **Other:** In addition to the above, the Court should also consider (*explain anything else the judge should know when considering your request for guardianship*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Petitioner(s) requests that this guardianship be granted, that the relief requested be granted as stated herein, and for such other and further relief as the Court may deem just and proper.

DATED (*month*) \_\_\_\_\_ (*day*) \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(First Petitioner’s Signature)

\_\_\_\_\_  
(Second Petitioner’s Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Name)

**VERIFICATION**

I, (*name of first petitioner*) \_\_\_\_\_, declare that I am the Petitioner in the within action; that I have read the foregoing Petition For Appointment of Guardians and know the contents thereof; that the same is true of my knowledge except as to those matters therein stated upon information and belief and as to those matters, I believe them to be true.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

\_\_\_\_\_  
FIRST PETITIONER'S SIGNATURE

**VERIFICATION**

I, (*name of second petitioner*) \_\_\_\_\_, declare that I am the Co-Petitioner in the within action; that I have read the foregoing Petition For Appointment of Guardians and know the contents thereof; that the same is true of my knowledge except as to those matters therein stated upon information and belief and as to those matters, I believe them to be true.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

\_\_\_\_\_  
SECOND PETITIONER'S SIGNATURE

**EXHIBIT A: List All of the Adult's Relatives**

**Spouse:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

**Parents:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

**Brothers and Sisters:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

**Grandparents:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

**Children:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

**Grandchildren:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

**Grandparents:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
 Address Unknown     Deceased

**EXHIBIT B: Information Regarding the Proposed Protected Person’s Estate**

Complete this page only if you are requesting guardianship over the estate.

1. The proposed protected person ( **check all that apply**)
- Has no assets or income
  - Has assets and income (*list below*)
  - Is entitled or will be entitled to assets or income (*list below*)
2. The proposed protected person receives income from the following: (*include all income, including Social Security, Department of Veteran’s Affairs, pensions, etc. If none, write “N/A”. If there are not enough lines below, write “SEE ATTACHED” and attach a page with the additional income sources.*) (**check and answer all that apply**)

Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	monthly: \$ _____
Veterans Affairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	monthly: \$ _____
a.	_____	monthly: \$ _____
b.	_____	monthly: \$ _____
c.	_____	monthly: \$ _____

3. Is there a Representative Payee receiving benefits on behalf of the proposed protected person?  No  Yes, the person is (*name*) \_\_\_\_\_.

4. The proposed protected person’s assets are: (*include all assets including checking / savings / investment accounts, real estate, vehicles, inheritances, including insurance policies, etc. If none, write “N/A”. If there are not enough lines below, write “SEE ATTACHED” and attach a page containing the additional assets.*)

a.	_____	value: \$ _____
b.	_____	value: \$ _____
c.	_____	value: \$ _____
d.	_____	value: \$ _____
e.	_____	value: \$ _____
f.	_____	value: \$ _____
g.	_____	value: \$ _____
h.	_____	value: \$ _____
i.	_____	value: \$ _____

**You will be required to file a detailed Inventory listing all of the protected person’s assets within 60 days of your appointment.**



COURT CODE: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Self-Represented

**DISTRICT COURT**  
\_\_\_\_\_ **COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Estate
- Person and Estate

of:

\_\_\_\_\_  
(*name of adult who needs a guardian*)  
A Protected Person.

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

**ORDER APPOINTING TEMPORARY GUARDIAN(S) OVER ADULT**

**DATE OF EXPIRATION: \_\_\_\_\_**

UPON REVIEW of the verified Petition for Appointment of Guardian(s) submitted by the Petitioners, the same having been reviewed by the Court, and there being good cause to believe that a temporary guardianship is necessary, and good cause appearing therefore:

THE COURT FINDS that the proposed protected person, (*name of adult who needs a guardian*) \_\_\_\_\_ faces a substantial and immediate risk of financial loss or physical harm to which he or she is unable to respond and/or needs immediate medical attention and will not be afforded such attention unless this temporary guardianship is issued.

THE COURT FURTHER FINDS that the Court has jurisdiction to enter this order as the proposed protected person is a resident of the State of Nevada or the proposed protected person is physically present in the State of Nevada and an emergency requires the appointment of a temporary guardian.

THE COURT FURTHER FINDS that Petitioner(s) have made a good faith effort to contact the proposed protected person's relatives within the second degree of consanguinity and/or any other person or agency having the care, custody, and control of the proposed protected person, or, in the alternative, has/have presented evidence that such contact would put the welfare of the proposed protected person in jeopardy or is impractical under the circumstances.

IT IS HEREBY ORDERED that Petitioner (*first guardian's full name*) \_\_\_\_\_ and Co-Petitioner (*co-guardian's name; if only one guardian, write "N/A"*) \_\_\_\_\_, are appointed Temporary Guardian(s) of the above named protected person.

IT IS FURTHER ORDERED that the powers of the Temporary Guardian(s) are limited to those necessary to respond to the immediate threat, specifically, the Temporary Guardian(s) are limited to: (*judge will check applicable boxes*)

- Provide consent to the provision of immediate medical attention.
- Respond to a substantial and immediate risk of physical harm.
- Respond to a substantial and immediate risk of financial loss by taking the following action: \_\_\_\_\_

IT IS FURTHER ORDERED that the protected person's financial accounts: (*judge will check applicable boxes*)

- Shall be frozen until further court order.
- Shall not be affected at this time.

**NOTICE OF HEARING FOR EXTENSION OF TEMPORARY GUARDIANSHIP**

PLEASE TAKE NOTICE that the court will determine whether to extend this temporary guardianship at a hearing on the (*the court will fill in a hearing date*) \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_  a.m.  p.m., in Courtroom \_\_\_\_\_ located at (*court address*) \_\_\_\_\_

IT IS FURTHER ORDERED that Temporary Letters of Guardianship shall issue to the Guardian(s) upon the taking of the oath of office as required by law.

IT IS FURTHER ORDERED that this Order shall automatically terminate and have no further force and effect after the hearing set forth above. If the court finds by clear and convincing evidence that the protected person continues to be in need of a temporary guardian, the court may extend the guardianship until a general guardian is appointed pursuant to NRS 159.0523 or NRS 159.0525.

IT IS FURTHER ORDERED that the Temporary Guardian(s) shall attempt in good faith to notify the persons entitled to notice regarding this temporary guardianship and the hearing set forth above.

NOTICE IS HEREBY GIVEN that if the court determined that advance notice was not required because the protected person would have been exposed to an immediate risk of physical and/or financial harm had the Guardian(s) provided notice, the Guardian(s) shall notify the persons entitled to notice without undue delay, but not later than 48 hours after the appointment of a temporary guardian or not later than 48 hours after he/she discovers the existence, identity and location of the persons entitled to notice. If the Guardian(s) fail(s) to provide such notice, the court may terminate the temporary guardianship.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
DISTRICT COURT JUDGE

Respectfully Submitted by:

\_\_\_\_\_  
(Your Signature)

\_\_\_\_\_  
(Printed Name)

## **AGENDA ITEM VII**

**Administrative Docket 507 - General  
Discussion Regarding Report of  
Recommendations Due To Supreme  
Court May 31, 2018**

IN THE SUPREME COURT OF THE STATE OF NEVADA

IN THE MATTER OF THE CREATION  
OF A COMMISSION TO STUDY THE  
CREATION AND ADMINISTRATION  
OF GUARDIANSHIPS.

ADKT 507

FILED

AUG 02 2017

*ORDER*

ELIZABETH A. BROWN  
CLERK OF SUPREME COURT  
BY *[Signature]*  
CHIEF DEPUTY CLERK

WHEREAS, on June 8, 2015, this court created a statewide commission, composed of stakeholders in the public and private guardianship system, to study and make appropriate recommendations for statewide policies, procedures and legislative changes concerning the creation and administration of guardianships. The Guardianship Commission held multiple meetings between July 15, 2015, and September 30, 2016, during which the Commission received presentations from local and national experts on the subject of guardianships and heard extensive testimony from members of the public;

WHEREAS, the Nevada Legislature considered and adopted numerous recommendations made by the Guardianship Commission during the 79th Session of the Legislature, including, among others, Assembly Bills 130 (making numerous amendments to NRS Chapter 159 concerning the creation and administration of guardianships) and 319 (establishing a separate statutory scheme for the creation and administration of juvenile guardianships), and Senate Bills 168 (creating a Bill of Rights for proposed protected and protected persons) and 433 (providing for financial support for the appointment of legal counsel for proposed protected and protected persons);

WHEREAS, after considering all information presented to it, the Commission also recommended that the Nevada Supreme Court establish a permanent Guardianship Commission to address issues of concern to those persons who would be subject to the guardianship statutes, rules, and processes in Nevada. Specifically, the Commission has recommended that the permanent Guardianship Commission study and make recommendations for the Court's consideration in the following areas:

1. Rules outlining the duties of an attorney for a proposed protected person or protected person.
2. Rules outlining the duties of a guardian ad litem for a proposed protected person or protected person.
3. Procedures or rules to require mediation in all contested guardianships proceedings.
4. Rules to evaluate Court supervision of guardianships including training, staffing, scheduling, and caseload limits.
5. Rules to designate training and caseloads for professional guardians, both private and public.
6. Uniform statewide rules and forms for the processing of guardianship proceedings in all Nevada District Courts.
7. Rules requiring a court to make specific findings if the court does not order a bond or blocked account.
8. Rules regarding NRS 159.057, which would require the Court to create and maintain a separate case for each individual protected person regardless of whether the petition was filed for two or more protected persons.
9. Development of a uniform Guardianship information sheet to be used by all Nevada District Courts pursuant to NRS 3.275.

10. Performance measures to be used by district courts that include age of pending case, time to disposition, and clearance rates for guardianship cases.

11. Rules for the qualifications of non-attorney guardian ad litem or advocate.

12. Rules outlining the initial plan for guardianship, which include,

a. offering recommendations concerning the fee structure to compensate guardians and others they hire.

b. making recommendations concerning the process, notice, and findings required for the approval of fees to guardians and others they hire.

c. making recommendations concerning the process, timing, notice, and findings the Court must make concerning accountings of the protected person's estate.

13. Modifications to the Judicial Code, as necessary, to accommodate the judge's ability to address ex parte communications that deal with the welfare of the protected person.

WHEREAS, this court has determined that the recommendations of the Guardianship Commission are appropriate; accordingly,

IT IS HEREBY ORDERED that a permanent Guardianship Commission be created by September 20, 2017, to study and make recommendations in the areas enumerated above, providing a report to the Court by January 31, 2018.

IT IS FURTHER ORDERED that the Supreme Court will appoint up to 15 members to serve on the permanent Guardianship Commission. In furtherance of the appointments, the Supreme Court

solicits those persons interested in serving on the permanent Commission to submit letters of interest to the Clerk of the Nevada Supreme Court by 4:00 p.m. on September 6, 2017.

Dated this 2<sup>nd</sup> day of August, 2017

Cherry, C.J.  
Cherry

Douglas, J.  
Douglas

Gibbons, J.  
Gibbons

Pickering, J.  
Pickering

Hardesty, J.  
Hardesty

Parraguirre, J.  
Parraguirre

Stiglich, J.  
Stiglich

cc: All District Court Judges  
Kimberly F. Farmer, Executive Director, State Bar of Nevada  
Administrative Office of the Courts




IN THE SUPREME COURT OF THE STATE OF NEVADA

IN THE MATTER OF THE CREATION  
OF A COMMISSION TO STUDY THE  
CREATION AND ADMINISTRATION  
OF GUARDIANSHIPS.

ADKT 507

**FILED**

JAN 24 2018

ELIZABETH A. BROWN  
CLERK OF SUPREME COURT  
BY   
CHIEF DEPUTY CLERK

*ORDER*

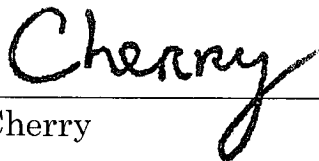
WHEREAS, on August 2, 2017, this court created a permanent Guardianship Commission to study and make recommendations in specific areas enumerated in this court's August 2, 2017, order and directed the Commission to provide a report of its recommendations to the court by January 31, 2018.

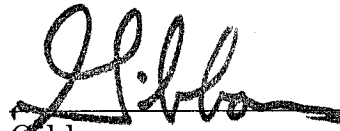
WHEREAS, the Commission has requested an extension of time until May 31, 2018, to provide its report to court; accordingly,

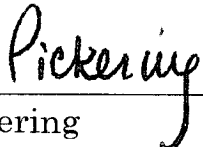
IT IS HEREBY ORDERED that the Commission shall have until May 31, 2018, to provide a report of its recommendations to the court.

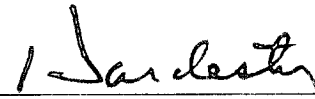
Dated this 24<sup>th</sup> day of January, 2018.

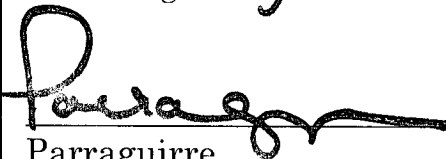
  
\_\_\_\_\_, C.J.  
Douglas


  
\_\_\_\_\_, J.  
Cherry

  
\_\_\_\_\_, J.  
Gibbons

  
\_\_\_\_\_, J.  
Pickering

  
\_\_\_\_\_, J.  
Hardesty

  
\_\_\_\_\_, J.  
Parraguirre

  
\_\_\_\_\_, J.  
Stiglich

cc: All Commission Members  
Administrative Office of the Courts  
All District Court Judges  
Vernon Leverty, President, State Bar of Nevada  
Kimberly Farmer, Executive Director, State Bar of Nevada