

ATTACHMENT C

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 alleged to need a guardian)
A Proposed Protected Person.

PETITION FOR APPOINTMENT OF GUARDIAN(S) OVER ADULT

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. **Driving:** (*check one*)

- The adult should be allowed to drive.
- The adult should not be allowed to drive.

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: _____.
- If you are the spouse, the date of marriage was: (*date*) _____.

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 #31)

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 #31*)

25. Full legal name: _____.

26. Date of birth: _____; current age: _____.

27. Relationship to adult in need of a guardian: _____.

If you are the spouse, the date of marriage was: (*date*) _____.

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 #31)

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.

33. **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.

34. **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.

35. **Plan of Care** must be completed and filed within 60 days of being appointed the guardian.

36. **Monthly Budget** must be completed and filed if you are requesting guardianship over the adult’s estate.

37. **Exhibit A: List of All of the Adult’s Relatives** must be completed and attached to petition.

38. **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.

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

40. **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: _____
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 alleged to need a guardian)
A Proposed Protected Person.

CASE NO.: _____

DEPT: _____

CONFIDENTIAL INFORMATION SHEET – GUARDIANSHIP

First Guardian (full legal name): _____

Identification Attached (**check one and attach a copy**):

- Social Security Number
- Valid Driver's License Number
- Valid ID Card Number
- Valid Passport Number
- Taxpayer Identification Number
- Valid Tribal Identification Card Number

Second Guardian (full legal name, or "n/a" if none): _____

Identification Attached (**check one and attach a copy**):

- Social Security Number
- Valid Driver's License Number
- Valid ID Card Number
- Valid Passport Number
- Taxpayer Identification Number
- Valid Tribal Identification Card Number

Adult (name of adult who needs a guardian): _____

Identification Attached (**check one and attach a copy**):

- Social Security Number
- Valid Driver's License Number
- Valid ID Card Number
- Valid Passport Number
- Taxpayer Identification Number
- Valid Tribal Identification Card Number

Placement Of Adult:	Location Of Guardian(s):
<input type="checkbox"/> Independently <input type="checkbox"/> With Guardian <input type="checkbox"/> Family/Friends <input type="checkbox"/> Host Family <input type="checkbox"/> Supportive Adult Residence / Assisted Living <input type="checkbox"/> Skilled Nursing Home <input type="checkbox"/> Licensed Group Home <input type="checkbox"/> Secured Facility <input type="checkbox"/> Out of State <input type="checkbox"/> Other _____	<input type="checkbox"/> Nevada <input type="checkbox"/> Other State (<i>list</i>): _____
	Proposed Guardian(s) Relationship to the Adult:
	<input type="checkbox"/> Relative <input type="checkbox"/> Public Guardian <input type="checkbox"/> Private: License Number: _____ <input type="checkbox"/> Other _____
Adult's Gender:	Adult's Date Of Birth:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____

Submitted by:

(Signature)

(Printed Name)

(Attach copies of the identification indicated for each guardian and the adult)

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 adult alleged to need a guardian)
A Proposed Protected Person.

CITATION TO APPEAR AND SHOW CAUSE

TO: *(Name of Adult Who Needs a Guardian)* _____

ALL KNOWN RELATIVES OF THE ADULT:

(Write each relative's name on a separate line) _____

_____	_____
_____	_____
_____	_____
_____	_____

ANY PERSON HAVING THE CARE, CUSTODY, AND CONTROL OF THE ADULT
DIRECTOR OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF VETERANS AFFAIRS

PLEASE TAKE NOTICE that the following person(s) *(proposed guardian's name)*
_____ and *(proposed co-guardian's name)*
_____ petitioned the court to be appointed the

guardian(s) of the proposed protected person named above. The proposed guardian(s) may be awarded the full management, care, and control of the proposed protected person.

The proposed protected person may be determined to be incapacitated or of limited capacity, and a guardian may be appointed for the proposed protected person.

The rights of the proposed protected person may be affected as specified in the petition.

The proposed protected person has the right to appear at the hearing and to oppose the petition.

The proposed protected person has the right to be represented by an attorney, who may be appointed by the court if the proposed protected person is unable to retain one.

At any time after the filing of a Petition to Appoint Guardian, the court may appoint: (1) an attorney; (2) a guardian ad litem or an advocate; or (3) an investigator, if found to be appropriate or necessary in the best interest of the proposed protected person.

DATE AND TIME OF COURT APPEARANCE
(the court clerk will fill this out)

YOU ARE DIRECTED TO APPEAR AND SHOW CAUSE why a guardian should not be appointed for the proposed protected person on the:

_____ day of _____, 20____, at _____ a.m. p.m., at the courthouse of the _____ Judicial District Court, located at *(insert full address)*: _____, Courtroom number _____.

DATED this _____ day of _____, 20____.

CLERK OF COURT

BY: _____
DEPUTY CLERK

NOTE: After filing this document, a neutral person who is not related to anyone in this case must hand-deliver a copy of this document (with the court date included) plus a copy of the Petition for Appointment of Guardian to the adult proposed protected person.

The proposed guardian(s) and the proposed protected person (unless excused by a physician) must attend the scheduled hearing; all other interested parties do not need to attend unless they want to oppose the guardianship and enter an objection.

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 alleged to need a guardian)
A Proposed Protected Person.

CASE NO.: _____

DEPT: _____

**CERTIFICATE OF MAILING FOR THE
PETITION FOR APPOINTMENT OF GUARDIANS**

I HEREBY CERTIFY that I served the: (*check all that apply*):

- Petition for Appointment of Guardian
- Citation to Appear and Show Cause
- Other: _____

on (month) _____ (day) _____, 20____, by depositing a copy of the same in the U.S. Mail, enclosed in sealed envelopes, prepaid Certified Mail, Return Receipt Requested, addressed to:

Relatives / Required Notices:

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

If the adult is in a hospital or in a public or private care facility, mail to the care provider:

Name: _____
Address: _____

If the adult receives or has received **Medicaid**, check the following box and mail to:

- Director of the Department of Health and Human Services
4126 Technology Way, Suite 100
Carson City, Nevada 89706-2009

If the adult receives **Veteran's** benefits or payments, check the following box and mail to:

- Department of Veteran's Affairs
5460 Reno Corporate Drive
Reno, Nevada 89511

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)

**ATTACH THE SIGNATURE RECEIPTS (GREEN CARDS FROM THE
POST OFFICE) TO THIS FORM WHEN RECEIVED**

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 alleged to need 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 person who has a guardian)
A Protected Person.

CASE NO.: _____

DEPT: _____

CONFIDENTIAL MEDICAL / EDUCATIONAL DOCUMENTS

The following confidential, non-public documentation is attached for the Court's review:

- Physician's Certificate
- Medical Records
- Estate Planning Documents (power of attorney, will, trust, etc.)
- School Records / Report Card
- Other: (describe) _____

This information is to be filed as presumptively confidential as required by ADKT 410.

DATED (month) _____ (day) _____, 20__.

Submitted By: (your signature) ▶ _____

(print your name) _____

PHYSICIAN'S CERTIFICATE WITH NEEDS ASSESSMENT

*(Please answer **all** questions)*

I, _____, am qualified to complete this form because:
Physician's Full Name (please print legibly)

check one

- I am a physician licensed to practice in the State of Nevada.
- I am a physician employed by the Department of Veterans Affairs.
- I am employed by the following Nevada governmental agency that conducts investigations* (*agency name*): _____.
- I am a person who is otherwise qualified to execute this certificate (subject to the court's determination).* My qualifications are as follows:

SECTION 1: Examination Information, Diagnosis and Condition

I last examined _____, an adult, on _____,
Patient's Full Name ("Patient") *Date of Exam*

at _____ . I have been the Patient's physician
Name of Facility or Address of Office or Residence

since _____; Patient (*check one*) is / is not under my continuing care/treatment.
Date of First Encounter

A. Prior to the examination, I informed the Patient that my communications with him or her **would not be privileged**: (*check one*) Unable to Comprehend Yes No

B. In addition to examining the Patient, I reviewed the following documents: _____

C. I (*check one*) AM / AM NOT aware of the existence of a healthcare directive, living will, power of attorney, guardian nomination, or other similar document executed by the Patient.

If you ARE aware of such a document, provide additional information (*location of document, identity of designated agent, etc.*): _____

D. Was the Patient given or diagnosed using any generally accepted cognitive assessment exam or tool, including but not limited to Folstein's mini-mental status exam? If YES, please attach a copy. Yes No

* Before the court can appoint a guardian, a licensed physician must complete an assessment of the Patient's needs that identifies limitations of capacity and how such limitations affect the Patient's ability to maintain safety and basic needs.

E. The Patient's **physical diagnosis** (DSM or ICD Diagnoses) and condition is: _____

Prognosis is: _____

Severity/Degree is: (*check one*) Mild Moderate Severe

F. The Patient's **mental diagnosis** (DSM or ICD Diagnoses) and condition is: _____

Prognosis is: _____

Severity/Degree is: (*check one*) Mild Moderate Severe

G. Which of the following descriptions apply to the patient's degree of cognitive impairment (*check all that apply*)?

- The patient has a sufficient loss or total loss of executive function resulting in a barrier to meaningful understanding or rational response.
- The patient is unable to execute on desires, preferences, or stated goals, preventing the ability to pursue the patient's own best interest;
- The patient is unable to receive or evaluate information.
- The patient is unable to make or communicate decisions to such an extent that the patient lacks the ability to meet essential requirements for physical health, safety, or self-care without proper assistance.
- None of the above.

H. Is the Patient facing an immediate need for medical attention? Yes No
If YES, is the Patient unable to respond to the need for medical attention? Yes No
If YES, explain the immediate attention needed and why the Patient is unable to respond:

I. Is the Patient facing a substantial and immediate risk of physical harm? Yes No
If YES, is the Patient unable to respond to that risk of physical harm? Yes No
If YES, explain the immediate risk and why the Patient is unable to respond:

- J. Is the Patient facing a substantial and immediate risk of financial loss? Yes No
If YES, is the Patient unable to respond to that risk of financial loss? Yes No
If YES, explain the immediate risk and why the Patient is unable to respond:

- K. Does the Patient present a danger to himself/herself? Yes No
Does the Patient present a danger to others? Yes No
If YES, explain:

- L. Has the Patient been subjected to abuse, neglect, or exploitation? Yes No
If YES, explain:

- M. Attached to this certificate is (*check all that apply, if applicable*):

- A copy of my report of the above exam which includes my findings, opinion, and diagnosis regarding the Patient and his/her mental condition and/or capacity.
- A copy of the Patient's chart notes which support and/or detail my findings, opinion, and diagnosis regarding the Patient and his/her mental condition and/or capacity.
- A letter, signed by me, detailing my findings, opinion, and diagnosis regarding the Patient and his/her mental condition and/or capacity.

SECTION 2: Evaluation of Capacity and Need for Guardianship

For purposes of this Certificate, the following definition applies:

A person is “incapacitated” if he or she “is unable to receive and evaluate information or make or communicate decisions to such an extent that the person lacks the ability to meet essential requirements for physical health, safety or self-care without appropriate assistance.” NRS 159.019.

- A. Based upon my last examination and observations of the Patient, my opinion is that the Patient (*check one*) IS / IS NOT incapacitated according to the definition above.
- B. If it is your opinion that the Patient IS incapacitated, is the incapacitation of the Patient “total” or “limited”? (*check one*)
- Total - The Patient is totally unable to receive and evaluate information or make or communicate decisions to such an extent that he/she lacks the ability to meet essential requirements for physical health, safety, or self-care with appropriate assistance.
 - Limited - The Patient is able to make independently some but not all of the decisions necessary for his or her own care and management of property.

- C. Does the Patient need (*check one*):
- A guardian?
 - Less restrictive support (durable power of attorney, supported decision making agreement, circle of friends, etc.)?
 - Neither?

Please explain:

- D. Is the Patient capable of living independently? (*check one*)

Yes, without assistance Yes, with assistance No

If WITH ASSISTANCE, describe the assistance needed; if NO, explain why not:

SECTION 3: Ability to Appear at Hearing

- A. Would the Patient’s attendance at a hearing for appointment of a guardian be detrimental to the Patient’s mental health? Yes No
If YES, why?

- B. Would attending the hearing for appointment of a guardian be detrimental to the Patient’s physical health? Yes No
If YES, why?

- C. Is the patient able to appear at a court hearing? Yes No
If NO, why not?

- D. Would the patient comprehend the reason for a hearing? Yes No

- E. Would the patient contribute to a hearing? Yes No

SECTION 4: Limitations, Abilities, and Needs

- A. The Patient’s level of needed supervision is as follows: Locked Facility
 24-hour supervision
 Independent living with some supervision
 No supervision
 No supervision when taking medication

B. My opinion as to the Patient’s everyday functions is as follows:

	Independent	Needs Support	Needs Substantial Assistance	Needs Total Care	Unknown
CARE OF SELF (Activities of Daily Living (ADLs) and related activities)					
Bathe and shower					
Personal hygiene and grooming (e.g., brushing teeth, hair)					
Dress self					
Toilet hygiene (getting to toilet, cleaning self, getting back up)					
Functional mobility (e.g., walking, transferring to/from bed or chair)					
Feed self and eat for adequate nutrition					
Identify physical abuse or neglect and protect self from harm					
FINANCIAL					
Manage, deposit, withdraw, dispose of, and invest money and assets					
Protect, and spend small amounts of cash					
Employ persons to advise or assist him/her					
Identify financial exploitation, coercion, undue influence					
Protect self from financial exploitation, coercion, undue influence					
Give gifts and donations					
MEDICAL					
Give/withhold medical consent to medical, dental, psychological					
Admit self to health facility					
Make or change an advance directive or healthcare power of attorney					
Manage medications					
Contact help if ill or in medical emergency					

	Independent	Needs Support	Needs Substantial Assistance	Needs Total Care	Unknown
HOME AND COMMUNITY LIFE					
Choose/establish residence					
Maintain reasonably safe and clean shelter					
Drive or use public transportation					
Prepare food/meals, cleanup					
Shop for groceries and necessities					
Use telephone or other forms of communication					
Make and communicate choices about roommates					
Avoid environmental dangers such as stove, poisons					
Maintain and pay household bills, utilities, mortgage/rent, taxes					

SECTION 5: Civil and Legal

A. In my opinion, the Patient lacks the capacity necessary to (check all that apply):

- Enter into a contract, financial commitment, or lease arrangement
- Make or modify a will or power of attorney
- Participate in mediation

B. Is the Patient capable of driving? Yes No Uncertain

C. Would the Patient present a risk or threat to self or others if Patient were to own or purchase a firearm? Yes No Uncertain

D. Does the Patient have the capacity necessary to understand and complete voter registration forms and vote? Yes No Uncertain

SECTION 6: Remarks and Recommendations

A. If you have any remarks concerning other sections, or if you believe the court should be aware of other concerns about the Patient which are not included above, please explain:

B. If you have any recommendations for needed treatment or services which are not included above, please explain:

(This certificate must be signed by the physician, agency employee, or other person identified at the top of page 1 of the certificate.)

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

Date: _____ Signature: _____
Print Name: _____
Address: _____

Telephone: _____

The following psychologist, nurse, nurse practitioner, physicians' assistant, social worker, case manager, or other assisted in completion of this form (*print all names below, if applicable*):

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 alleged to need a guardian)
A Proposed Protected Person.

CASE NO.: _____

DEPT: _____

ADMONISHMENT OF RIGHTS FOR PROPOSED PROTECTED PERSON

A person who is not a petitioner in this action must:

- Advise the adult that the petitioners have asked to be appointed his/her guardian(s); AND
- Ask if the adult has a response to the petition for guardianship; AND
- Ask if the adult has a preference for a particular person to be appointed his/her guardian; AND
- Inform the adult that he/she has the right to appear at the court hearing in person or via videoconference.

THIS IS REQUIRED EVEN IF THE ADULT IS NON-RESPONSIVE (you can explain that in #5). The proposed guardians should not be present when this is done. The adult's responses must be indicated below.

1. I am (*your name*) _____. I have informed the adult that (*name of first proposed guardian*) _____ and (*name of second proposed guardian, or "n/a"*) _____ is / are requesting that the court appoint a Guardian(s) for him/her.

2. I asked the adult for a response to the Guardianship petition. Their response was:
(describe what, if anything, the person said about the petition):

3. I asked the adult who he / she would prefer be appointed as guardian. The adult indicated a preference that the following person be appointed: (**check one**) no one / petitioner(s) someone else: (name of person the adult would like appointed)

4. I informed the adult that he / she has a right to appear at the hearing regarding this petition which is scheduled for (month) _____ (day) _____, 20____, at _____ a.m. p.m., at the courthouse located at (court address)

He / she indicated he / she (**check one**)

- Wants to attend the hearing in person.
- Wants to attend the hearing by videoconference.
- Does not want to attend the hearing.

5. The responses of the adult may have been limited by: (describe any conditions that may have limited the adult's ability to provide a response) _____

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: _____

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, for the benefit of the Protected Person.
- 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.
- Permission to access, drill, open, inventory, remove the contents of, and/or close any safe deposit box, whether solely or jointly held by the Protected Person.
- 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 the:

- Person
- Estate
- Person and Estate

of:

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

CASE NO.: _____

DEPT: _____

NOTICE OF ENTRY OF ORDER APPOINTING GUARDIAN(S)

TO: The persons listed on the following page:

PLEASE TAKE NOTICE than an ORDER APPOINTING GUARDIAN(S) was entered in the above-entitled case on *(date Order was filed)* _____, 20___. A true and accurate copy is attached hereto.

DATED *(month)* _____ *(day)* _____, 20__.

(Signature)

(Printed Name)

CERTIFICATE OF SERVICE

BY MAIL

I certify that I deposited copies of the Notice of Entry of Order 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)

ATTACH A COPY OF THE ORDER APPOINTING GUARDIAN(S) TO THIS FORM

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: _____
 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.

Protected Person's Monthly Income (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: _____	\$
TOTAL MONTHLY INCOME	\$

Monthly Expenses (write "0" for any expense the person does not have)	
Housing	
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)	\$
Transportation <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: _____	\$
TOTAL MONTHLY EXPENSES	\$

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

TOTALS	
TOTAL MONTHLY INCOME	\$
TOTAL MONTHLY EXPENSES	- \$
DIFFERENCE (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.

- 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:

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
	\$
	\$
	\$
	\$
TOTAL VALUE	\$

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 Guardianship of the:

- Person
- Estate
- Person and Estate

of:

(name of adult who has a guardian)

A Protected Person.

CASE NO.: _____

DEPT: _____

INITIAL PLAN OF CARE FOR THE PROTECTED ADULT PERSON

The guardians have determined that the following plan of care is the appropriate level of care for the protected person and that this plan of care serves the protected person's best interests.

A. Living Arrangements

1. **Address.** The protected person's current address and phone number is:

Name of Facility (if applicable)

Address

City, State, Zip Code

Telephone number

2. **Residency.** He / she has been at the above address since *(date)* _____.

3. **Current Placement.** The address listed in item #1 is best described as: (*check one*)

Living independently in his/her private home, apartment, or condominium.

Living in his/her private home, apartment, or condominium with another person or persons. List the names of all other individuals living in the home

(names/relationship to adult): _____

Living in someone else's private home, apartment, or condominium with a relative or friend. He/she lives with *(names/relationship to adult):*

Assisted living facility/supported adult residence/supported living arrangement.

A skilled nursing home.

A licensed group home.

A medical facility/hospital/psychiatric facility: *(name)* _____.

A secured facility.

Other *(explain):* _____.

Is the facility locked? (**check one**) Yes or No

4. **Protected Person's Wishes.** (*check one*)

The protected person wants to stay at the current placement.

The protected person does not want to stay at the current placement. He/she would prefer *(describe where the protected person wants to live and why):*

5. **Private Residence.** The protected person: (*check one*)

Is able to live in a private residence with assistance. The protected person requires the following level of in-home assistance *(describe):*

Is not able to live in any private residence because (*describe*):

6. **Future Placement.** (*check all that apply*)

- The current placement is appropriate as is.
- The current placement is appropriate with additional services (*list the additional services needed*) _____.
- Once the current medical situation is stable, the protected person will return to his/her previous residence. This is expected to happen on (*estimated date of return*): _____ and he/she will return to live at (*address*) _____.

A higher level of care is needed. The protected person should be placed at:

(*check all that apply*)

- An assisted living facility.
- A skilled nursing home.
- A licensed group home.
- A medical facility, hospital, or psychiatric facility.
- A secured perimeter facility.
- Other (*explain*): _____.

The above option would be a more appropriate placement because (*explain*)

B. Physical and Mental Condition

7. **Insurance.** The protected person has the following insurance coverage for medical / dental / mental health services: (*check all that apply*)

- Medicare
- Medicare Part B
- Medicaid
- VA Health Benefits

- Prescription Drug Coverage (*name of policy*): _____
- Private Health Insurance (*name of policy*): _____
- Other (*explain*): _____

8. **Physical Health.** The protected person’s physical health is: (*check one*)

- Good
- Fair
- Poor

Describe the overall physical health and physical limitations:

9. **Medical Services.** The protected person receives the following services:

(*check all that apply*)

- Regular doctor visits (*complete table below*)

Physician	Reason	Frequency	Last Appt.	Next Appt. Due

- Regular dental visits (*complete table below*)

Dentist	Frequency	Last Appt.	Next Appt. Due

- Home health care every (*how often, i.e. “daily” “weekly” “monthly”*)

- Full-time nursing care
- Hospice care

10. **Mental Health.** The protected person's mental health is: (*check one*)

- Good
- Fair
- Poor

Describe the protected person's overall mental health:

11. **Mental Health Services.** The protected person receives the following services:

(*check all that apply*)

- Behavioral health visits every (*complete table below*)

Specialist	Reason	Frequency	Last Appt.	Next Appt. Due

- Psychiatric appointments every (*complete table below*)

Psychiatrist	Frequency	Last Appt.	Next Appt. Due

12. **Prescription Medication:** *(complete table below)*

Medication	Diagnosis/Reason	Physician	Last Reviewed by Doctor / Psychiatrist

13. **Medical / Mental Health Needs.** The protected person requires the following medical or mental health examinations to determine necessary and/or ongoing treatment needs *(describe any medical tests/appointments that are needed):*

C. Personal Care

14. **Care Needs.** The protected person’s personal care needs are:

check all that apply

No assistance is needed in performing activities of daily living.

Personal caregivers are needed. Caregivers are needed an average of *(number)* _____ hours per week. Caregivers provide assistance with the following activities of daily living *(explain what assistance is provided, such as housekeeping, bathing, meal preparation, etc.)* _____

Assistance with medication is required.

24-hour assistance is needed.

D. Protected Person's Wishes

15. **Written Care Plan.** Did the protected person ever sign a written care plan to indicate what kind of care he/she would like if he/she ever became incapacitated?

check one

No, the protected person did not sign a written care plan.

Yes, the protected person signed a written care plan that indicates his/her following wishes in the event of incapacity: *(explain what the person stated in their written plan for the following areas)*

Health:

Daily Living Activities:

Personal Care:

Social/Recreational:

16. **Consultation With Protected Person.:** (*check one*)

- I have talked with the protected person about how he/she would like to be cared for. The protected person's wishes are: (*explain*)

Health:

Daily Living Activities:

Personal Care:

Social/Recreational:

- I have not talked with the protected person about how he/she would like to be cared for because: (*explain why you have not asked the person about their wishes*)

17. **Honoring Wishes.** (*check one*)

- To the extent possible, I am honoring the protected person's wishes.
- I have not been able to honor the protected person's wishes because: (*explain*)

18. **Alternatives to Guardianship:**

- I have talked with the protected person about alternatives to guardianship and how he/she could access such supports that may replace guardianship in the future.
- I have not talked with the protected person about alternatives to guardianship and how he/she could access such supports because: (*explain why not*)

Activities & Recreation

19. **Activities.** The protected person's recreation and social activities include:

(*check all that apply*)

- Personal Community Activities (*i.e. church, library, etc.*)

- Group outings. (*describe*) _____

- Family gatherings. (*describe*) _____

- Senior community center events. *(describe)* _____

- Work and/or training program. *(describe)* _____

- Events at assisted living facility or nursing home. *(describe)* _____

E. Other Information

20. The guardian(s) would like the court to know the following: *(explain anything else that the court should know about the protected person)*

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

DATED *(month)* _____ *(day)* _____, 20__.

 (First Guardian's Signature)

 (Second 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 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) 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. **Driving:** (*check one*)

- The adult should be allowed to drive.
- The adult should not be allowed to drive.

14. 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:

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

16. **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.

17. **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.***

18. **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

19. Full legal name: _____.

20. Date of birth: _____; current age: _____.

21. Relationship to adult in need of a guardian: _____.

If you are the spouse, the date of marriage was: (*date*) _____.

22. Residence address:

Address

City, State, Zip Code

Mailing address (if different than residence address):

Address

City, State, Zip Code

23. 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)

24. **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.]

25. 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 #33*)

26. Full legal name: _____.

27. Date of birth: _____; current age: _____.

28. Relationship to adult in need of a guardian: _____.
If you are the spouse, the date of marriage was: (*date*) _____.

29. Residence address:

Address

City, State, Zip Code

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

Address

City, State, Zip Code

30. 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*)

31. **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.]

32. **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

33. **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.

34. **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 <i>(Phone, Email)</i>	Response <i>(do they agree or not)</i>

- 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.*****

35. 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.
36. **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.
37. **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.
38. **Plan of Care** must be completed and filed within 60 days of being appointed the guardian.
39. **Monthly Budget** must be completed and filed if you are requesting guardianship over the adult's estate.
40. **Exhibit A: List of All of the Adult's Relatives** must be completed and attached to petition.

41. **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.

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

43. **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.

THE COURT FURTHER FINDS that *(the judge will enter specific finding if needed)*

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.

IT IS FURTHER ORDERED that: *(judge will check applicable boxes)*

- Bond is not applicable at this time.
- Bond is ordered in the amount of \$_____.
- Bond is waived at this time.
- A blocked account is ordered in lieu of a bond.

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____.

Respectfully Submitted by:

DISTRICT COURT JUDGE

(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:

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

of:

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

CASE NO.: _____

DEPT: _____

LETTERS OF TEMPORARY GUARDIANSHIP

Expiration Date: _____

On (month) _____ (day) _____, 20____, a Court Order was entered appointing (name of first guardian) _____ and (name of second guardian, or "n/a") _____ as Temporary Guardian(s) of the above named protected person. The named Guardians, having duly qualified, are authorized to act and have authority to perform the duties of Temporary Guardian for a period not to exceed 10 days, unless an Order Extending Temporary Guardianship has been entered by the Court.

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 OF GUARDIAN

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 Temporary Guardian according to law. 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__.

(Guardian's Signature)

(Printed Name)

(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 adult who needs a guardian)
A Protected Person.

CASE NO.: _____

DEPT: _____

ORDER EXTENDING TEMPORARY GUARDIANSHIP

DATE OF EXPIRATION: _____

UPON GOOD CAUSE APPEARING, IT IS HEREBY ORDERED that the temporary guardianship authority of *(first guardian's full name)* _____ and *(co-guardian's name; or "N/A")* _____ over the above named Protected Person, currently in full force and effect, be and the same is hereby extended. The powers of the temporary guardians are limited to those specified in the Order Appointing Guardian.

DATED this ____ day of _____, 20__.

Respectfully Submitted by:

DISTRICT COURT JUDGE

(Your Signature)

(Printed Name)

SIX MONTH TEMPORARY GUARDIANSHIP UNDER A.B. 319, 2017 Leg., 79th 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 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*):

Time Period (mo/yr – mo/yr)	Name of Person the Child Lived With:	City and State
<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*):

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.

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: _____

CONFIDENTIAL INFORMATION SHEET – GUARDIANSHIP

First Guardian (full legal name): _____

Identification Attached (**check one and attach a copy**):

- Social Security Number
- Birth Certificate
- Valid Driver's License Number
- Valid Identification Card Number
- Valid Passport Number

Second Guardian (full legal name, or "n/a" if none): _____

Identification Attached (**check one and attach a copy**):

- Social Security Number
- Birth Certificate
- Valid Driver's License Number
- Valid Identification Card Number
- Valid Passport Number

Child (child's full legal name): _____

Identification Attached (**check one and attach a copy**):

- Social Security Number
- Birth Certificate
- Valid Driver's License Number
- Valid Identification Card Number
- Valid Passport Number

Placement Of Child:	Location Of Guardian(s):
<input type="checkbox"/> With Guardian <input type="checkbox"/> Secured Facility <input type="checkbox"/> Group Home <input type="checkbox"/> Host Family <input type="checkbox"/> Family/Friends <input type="checkbox"/> Out of State <input type="checkbox"/> Other _____	<input type="checkbox"/> Nevada <input type="checkbox"/> Other State (<i>list</i>): _____
	Proposed Guardian(s) Relationship to the Child:
	<input type="checkbox"/> Relative <input type="checkbox"/> Private: License Number: _____ <input type="checkbox"/> Other _____
Child's Gender:	Child's Date Of Birth:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____ Date Child Turns 18: _____

Submitted by:

(Signature)

(Printed Name)

(Attach copies of the identification indicated for each guardian and the child)

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 child who needs a guardian)
A Proposed Protected Minor.

CITATION TO APPEAR AND SHOW CAUSE

TO: *(Child's Name)* _____

(Parent's Name) _____

(Parent's Name) _____

ALL OTHER KNOWN RELATIVES OF THE CHILD:

(Write each relative's name on a separate line) _____

_____	_____
_____	_____
_____	_____
_____	_____

ANY PERSON HAVING THE CARE, CUSTODY, AND CONTROL OF THE CHILD
DIRECTOR OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

PLEASE TAKE NOTICE that the following person(s) (*proposed guardian's name*)
_____ and (*proposed co-guardian's name*)
_____ petitioned the court to be appointed the guardian(s) of the proposed protected minor. A guardian may be appointed for the proposed protected minor at the hearing date noted below. The proposed guardian(s) may be awarded the full management, care, and control of the proposed protected minor.

The rights of the proposed protected minor and of any person having legal or physical custody of the proposed protected minor may be affected as specified in the petition.

The proposed protected minor has the right to appear at the hearing and to oppose the petition.

The proposed protected minor has the right to be represented by an attorney.

At any time during proceedings on the citation, the court may appoint for the proposed protected minor: (a) an attorney; (b) a guardian ad litem or an advocate for the best interests of the proposed protected minor pursuant to 2017 Nevada Laws Ch. 172 (A.B. 319).

DATE AND TIME OF COURT APPEARANCE
(the court clerk will fill this out)

YOU ARE DIRECTED TO APPEAR AND SHOW CAUSE why a guardian should not be appointed for the proposed protected minor on the:

_____ day of _____, 20____, at _____ a.m. p.m., at the courthouse of the _____ Judicial District Court, located at (*insert full address*)
_____, Courtroom number _____.

DATED this _____ day of _____, 20____.

CLERK OF COURT

BY: _____
DEPUTY CLERK

NOTE: The child and the proposed guardian(s) must appear at the scheduled hearing; all other interested parties do not need to appear unless they wish to oppose the guardianship and enter an objection.

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 alleged to need 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 personal service of the Petition for Appointment of Guardian(s) and the Citation to Appear and Show Cause regarding the Petition for Appointment of Guardian(s) in this case.

_____ I acknowledge that I have received a copy of the Petition for Appointment of Guardian(s) and 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 alleged to need 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 Guardianship of the:

- Person
- Estate
- Person and Estate

of:

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

CASE NO.: _____

DEPT: _____

**CERTIFICATE OF MAILING FOR THE
PETITION FOR APPOINTMENT OF GUARDIANS**

I HEREBY CERTIFY that I served the: (*check all that apply*)

- Petition for Appointment of Guardian
- Citation to Appear and Show Cause
- Other: _____

on (month) _____ (day) _____, 20____, by depositing a copy of the same in
the U.S. Mail, enclosed in sealed envelopes, prepaid Certified Mail, Return Receipt Requested,
addressed to:

Relatives / Required Notices:

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

If the child receives or has received **Medicaid**, check the following box and mail to:

- Director of the Department of Health and Human Services
4126 Technology Way, Suite 100
Carson City, Nevada 89706-2009

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)

ATTACH THE SIGNATURE RECEIPTS (GREEN CARDS FROM THE POST OFFICE) TO THIS FORM WHEN RECEIVED

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 child who has a guardian)
A Protected Minor.

CASE NO.: _____

DEPT: _____

ORDER APPOINTING GUARDIAN(S) OVER A MINOR CHILD

This matter having been submitted to the court (*check one*) without a hearing
 after a 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) _____.

The Proposed Protected Minor, (child's name) _____,

WAS PRESENT -OR- **WAS NOT PRESENT**.

(First parent's name) _____

WAS PRESENT -OR- **WAS NOT PRESENT**.

(Second parent's name) _____

WAS PRESENT -OR- **WAS NOT PRESENT**.

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 minor;

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

1. (Child's name) _____, date of birth (date) _____, is a resident of the State of _____.
2. The child 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 any living relative within the second degree of consanguinity, or the public guardian, if necessary, and/or any other persons or agency having the care, custody and control of the minor.
4. It is necessary and in the best interest of the Protected Minor that Petitioner(s) be appointed as guardian(s). The following 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 minor 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: _____

(the judge will complete all sections on this page)

5. The Guardian(s) shall participate in the Minor Guardianship training class, if offered, through _____ **-OR-** N/A.
6. The Guardian(s) shall file an Annual Report 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 a verified inventory of all of the property of the Protected Minor 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 Minor 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. Future guardianship:
 - The protected minor will not need a guardianship after reaching 18 years of age.
 - It is anticipated that the Protected Minor will need a guardianship after reaching 18 years of age.

11. If a court order is in effect for the payment of child support, *(the judge will check one)*

- The payment of child support is assigned to the Guardian(s).
- The payment of child support shall remain in effect unchanged.

12. The Guardian(s) shall file a Guardian’s Acknowledgement of Duties and Responsibilities upon entry of this Order and before entering into his/her duties as Guardian.

13. The Guardian(s) shall properly maintain, care, educate and support the Protected Minor.

14. The Guardian(s) shall enjoy all normal powers conferred by the Nevada Revised Statutes to take those steps necessary to preserve the real and/or personal property of the Protected Minor.

15. The 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 report, inventory, or accounting.

16. A copy of this order must be served personally or by mail upon the Protected Minor 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.

17. The relatives and interested persons/entities required to be served notice of this order are as follows:

Name and address: _____

Name and address: _____

Name and address: _____

Name and address: _____

Name and address: _____

Name and address: _____

18. A notice of entry of order must be provided to those identified above.

19. Other: *(the judge will complete if applicable)*

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

Child's Attorney: _____ N/A

Street Address _____

City, State, Zip: _____

Telephone: _____

Court Investigator: _____ N/A

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:

- 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 CHILD
INCLUDING REQUEST FOR TEMPORARY GUARDIANSHIP**

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*):

Time Period (mo/yr – mo/yr)	Name of Person the Child Lived With:	City and State
<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 you 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 you 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 yourself 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 you 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*):

Temporary Guardianship Request

35. The proposed guardian(s) request to be appointed the temporary guardian(s) over the above-named child because (*explain why the Court should appoint a temporary guardian now before a court date*):

36. Parent Involvement. (*check one*)

- During the last six months, a parent has had the child in their care, custody, or control.
- During the last six months, neither parent has had the child in their care, custody, or control. The child has been living with: (*name and relationship of all the people the child has been living with*)

If no parent of a proposed protected minor has had the care, custody and control of the minor for the 6 months immediately preceding the petition, temporary guardianship is *presumed* to be in the minor’s best interest, in accordance with Assemb. B. 319, 2017 Leg., 79th Sess. (Nev. 2017).

37. Medical Needs. (*check one*)

- The child does not need immediate medical attention.
- The child needs immediate medical attention.

**You must file the following if the child needs immediate medical attention:*

- *Documentation that shows the child’s immediate medical needs, and proof that the child cannot get medical attention without this temporary guardianship;*
- *A copy of the child’s birth certificate, or some other documentation that verifies the child’s age.*

Notice:

You must try to notify the child’s relatives that you are applying for temporary guardianship. This includes the child’s parents, grandparents, and brothers and sisters. 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 child 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.

38. Notice to Relatives.

check and complete the applicable sections with detailed 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 child 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 child 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 have not notified 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.*****

39. 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 child’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 child still needs a temporary guardian. If extended, the guardianship usually can only be extended for two 60-day periods.

General Information

40. Reason for Permanent Guardianship. A long-term guardianship is needed for the child because *(explain why you need to be the guardian after the emergency is over)*:

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

42. 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.

43. **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 for (*number*) _____ children.
44. 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.
45. **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.
46. **Exhibit A: List of All of the Child’s Relatives** must be completed and attached to this petition.
47. **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.
48. **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 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 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.

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: _____

**DECLARATION IN SUPPORT OF PETITION FOR APPOINTMENT OF
TEMPORARY GUARDIANSHIP**

I/We, *(first proposed guardian's name)* _____ and
(proposed second guardian's name; or "N/A") _____
request temporary guardianship over the child named in this petition. The child needs a
temporary guardian appointed immediately because *(explain the emergency that you need to take
care of before a court date)*

_____.

I/We request the Court to sign an Order granting temporary guardianship over the proposed protected minor.

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

DATED (*month*) _____ (*day*) _____, 20____.

(First Petitioner's Signature)

(Second Petitioner'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 Guardianship of the:

- Person
- Estate
- Person and Estate

of:

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

CASE NO.: _____

DEPT: _____

ORDER APPOINTING TEMPORARY GUARDIAN(S) OVER MINOR

DATE OF EXPIRATION: _____

UPON REVIEW of the verified Petition for Appointment of Guardian(s) and Declaration submitted by the Petitioners, the same having been reviewed by the Court, and there being good cause to believe that a temporary guardianship is in the best interest of the minor child:

THE COURT FINDS that the proposed protected minor child, *(child's name)* _____, born on *(date of birth)* _____, faces a substantial and immediate risk of financial loss or physical harm and/or needs immediate medical attention or other necessities of life and will not be afforded such attention or necessities unless this temporary guardianship is issued.

THE COURT FURTHER FINDS that the Court has jurisdiction to enter this order as the proposed protected minor is a resident of the State of Nevada or has been placed in the State of Nevada by a legal or authorized agent or agency acting on behalf of the minor.

THE COURT FURTHER FINDS that Petitioner(s) have made a good faith effort to contact the parents of the proposed protected minor and/or any other person or agency having the care, custody, and control of the minor, or, in the alternative, has/have presented evidence that such contact would put the welfare of the minor in jeopardy or is impractical under the circumstances.

THEREFORE, IT IS HEREBY ORDERED that (*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 minor child.

IT IS FURTHER ORDERED that (*court will check if applicable*) the powers of the Guardian(s) are limited to those necessary to respond to the protected minor's need for immediate medical attention.

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 minor continues to be in need of a temporary guardian, the court may extend the guardianship until a general guardian is appointed pursuant to Assemb. B. 319, 2017 Leg., 79th Sess. (Nev. 2017).

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 minor would have been exposed to an immediate risk of physical, emotional 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____.

Respectfully Submitted by:

DISTRICT COURT JUDGE

(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:

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

of:

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

CASE NO.: _____

DEPT: _____

LETTERS OF TEMPORARY GUARDIANSHIP

Expiration Date: _____

On (month) _____ (day) _____, 20____, a Court Order was entered appointing (name of first guardian) _____ and (name of second guardian, or "n/a") _____ as Temporary 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 for a period not to exceed 10 days, unless an Order Extending Temporary Guardianship has been entered by the Court.

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

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 Temporary Guardian according to law. 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)

(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 Protected Minor.

CASE NO.: _____

DEPT: _____

ORDER EXTENDING TEMPORARY GUARDIANSHIP

DATE OF EXPIRATION: _____

UPON GOOD CAUSE APPEARING, IT IS HEREBY ORDERED that the temporary guardianship authority of *(first guardian's full name)* _____ and *(co-guardian's name; or "N/A")* _____ over the above named Protected Minor, currently in full force and effect, be and the same is hereby extended. The powers of the temporary guardians are limited to those specified in the Order Appointing Guardian.

DATED this ____ day of _____, 20__.

Respectfully Submitted by:

DISTRICT COURT JUDGE

(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 the:

- Person
- Estate
- Person and Estate

of:

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

CASE NO.: _____

DEPT: _____

**DECLARATION TO WAIVE SERVICE OR ALTERNATIVELY, FOR
 SERVICE BY PUBLICATION (GUARDIANSHIP)**

I respectfully state the following:

1. I am the Petitioner in this case. A verified Petition was filed and a Citation directed to the relatives of the above-named proposed protected person.

2. I have not been able to locate certain relatives who are entitled to notice. The relatives who cannot be located and to the best of my knowledge their last known addresses are: *(list the names of all the relatives you cannot find, their relationship to the person in need of a guardian, plus their last known addresses and the date they last lived there):*

_____ Name	_____ Relationship
_____ Last Known Address	
_____ City, State, Zip Code	
_____ Date the person was last known to live at this address	
_____ Date you mailed a copy of the Petition & Citation to this address	

_____ Name	_____ Relationship
_____ Last Known Address	
_____ City, State, Zip Code	
_____ Date the person was last known to live at this address	
_____ Date you mailed a copy of the Petition & Citation to this address	

_____ Name	_____ Relationship
_____ Last Known Address	
_____ City, State, Zip Code	
_____ Date the person was last known to live at this address	
_____ Date you mailed a copy of the Petition & Citation to this address	

_____ Name	_____ Relationship
_____ Last Known Address	
_____ City, State, Zip Code	
_____ Date the person was last known to live at this address	
_____ Date you mailed a copy of the Petition & Citation to this address	

_____ Name	_____ Relationship
_____ Last Known Address	
_____ City, State, Zip Code	
_____ Date the person was last known to live at this address	
_____ Date you mailed a copy of the Petition & Citation to this address	

_____ Name	_____ Relationship
_____ Last Known Address	
_____ City, State, Zip Code	
_____ Date the person was last known to live at this address	
_____ Date you mailed a copy of the Petition & Citation to this address	

(An Affidavit of Due Diligence detailing the attempts to locate each person must also be submitted for each person listed above).

3. The persons listed above are necessary parties to this action and are unable to be served by certified mail or personal service because their whereabouts are unknown.

4. If the whereabouts of any of the above-listed parties are discovered, I will properly notify them of the guardianship proceedings.

5. The addresses listed above are the last residence of the interested parties known to me. The interested parties no longer reside there, and I do not know where the interested parties reside or where the interested parties may be.

6. After due diligence, the interested parties cannot be found within the State of Nevada, or if they were last known to reside outside of the State of Nevada, I do not now know where they presently reside, where they may be found, and that I have no knowledge, have never been informed, and have no reason to believe that they currently reside in the State of Nevada.

7. The Petition and Citation were served to: (*check all that apply*)
- The proposed protected person by personal service;
 - The care provider or guardian (if applicable) by certified mail, return receipt requested;
 - At least one relative by certified mail, return receipt requested (*name of the relatives you DID serve*) _____

If applicable, Petitioner respectfully requests that service on the remaining individuals entitled to notice be waived pursuant to NRS 159.0475(4) and 2017 Nevada Laws Ch. 172 § 30(4) (A.B. 319).

8. Alternately, Petitioner requests the Court to sign an Order directing that the persons named above be served by publication.
9. I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

DATED _____, 20____.

Submitted By: (*your signature*) _____
(*print your 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 person who needs a guardian)
A Proposed Protected Person.

CASE NO.: _____

DEPT: _____

DECLARATION OF DUE DILIGENCE

I, (your name) _____, respectfully state:

1. I am the (check one) Petitioner other (state your relationship) _____ in this case. A verified Petition was filed and a Citation was filed directed to (name of relative who cannot be found) _____. This person is the (relationship) _____ to the person who is the subject of the guardianship case. This person must be served with the Petition and Citation, but the person's location is unknown.

2. **Last Address.** To the best of my knowledge, the person's last known address is:

Last Known Street Address

City, State, Zip Code

The person last lived at that address on (date) _____. I do not know of any other address for this person.

3. **Attempts to Serve.** (check one)

- No one tried to serve the last known address because: *(explain why no one tried to serve the person at the last known address)*

- Someone tried to serve the person at the address above, but the person does not live there anymore. *(file an affidavit of attempted service as proof)*
- This person is avoiding being served. The following attempts to serve the person failed: *(explain when and how service was attempted, and the person's response)*

4. **Attempts to Locate.** I have done the following to try to find the person:

Email. (check one)

- I do not have an email address for the person.
- All of the person's known email addresses are *(list all known email addresses)* _____ . I emailed these addresses to ask for the person's current address on *(date you emailed)* _____. I got the following response back *(explain what, if any, response you got from email)*

Phone / Text. (check one)

- I do not have a phone number for the person.
- The person's last known phone number is *(phone number)* _____. I called and/or texted the phone number to ask for the current address on *(date you called/texted)* _____. I got the following response back *(explain what, if any, response you got)*

Mail. (check one)

- I do not have a last known street address for the person.
- I mailed an envelope to the last known street address through the U.S. Postal office and wrote the words "ADDRESS CORRECTION REQUESTED / DO NOT FORWARD" on the front. The envelope was returned to me on *(date you mailed letter)* _____ with the following information:

Social Media. I looked for the person on these social media sites:

	Describe What You Found	Date
<input type="checkbox"/> Facebook: www.facebook.com		
<input type="checkbox"/> Twitter: www.twitter.com/		
<input type="checkbox"/> Google + https://plus.google.com/		
<input type="checkbox"/> LinkedIn www.linkedin.com/		
<input type="checkbox"/> Other: _____		

Friends/Family. (check one)

- I do not know any of the person’s friends or family.
- I contacted the the person’s friends and family who told me:

Name of Person You Contacted	Relationship to the person	What They Told You	Date

Employer. (check one)

- I do not know any of the person’s employers.
- I contacted the the person’s current/former employers who told me:

	Name of Employer	What They Told You	Date
Current Employer			
Past Employer			

Neighbors. (*check one*)

- I did not contact any of the person’s former neighbors.
- I contacted the neighbors around the last known address who told me:

Name of Neighbor	What They Told You	Date

Online People Searches. I searched the following online databases for Defendant:

	Describe What You Found	Date
<input type="checkbox"/> www.intelius.com/		
<input type="checkbox"/> www.spokeo.com/		
<input type="checkbox"/> www.peoplefinders.com/		
Other: _____		

Public Records. I searched the following public records databases:

	Describe What You Found	Date
<input type="checkbox"/> County Assessor		
<input type="checkbox"/> County Recorder		
<input type="checkbox"/> Court Records		
Other: _____		

Jail / Prison. (*check one*)

- Defendant does not have a criminal history to my knowledge.
- Defendant is, was, or may be in jail or prison. I searched these inmate records:

	Describe What You Found	Date
<input type="checkbox"/> NV Department of Corrections http://167.154.2.76/inmatesearch/form.php		
<input type="checkbox"/> Nationwide Inmate Locator http://inmatesplus.com/		
<input type="checkbox"/> Federal Inmate Locator https://www.bop.gov/inmateloc/		
Other: _____		

Child Support. (*check one*)

- There is no child support case against the person to my knowledge.
- There is a child support case against the person with the local child support agency, and the child support office has not been able to locate the person or will not release the person's information to me.

Military. (*check one*)

- The person has never been in the military to my knowledge.
- The person is/was in the military. I contacted the following military locator services:
 - o Air Force: (210) 565-2660
 - o Army: emailed usarmy.knox.hrc.mbx.foia@mail.mil
 - o Navy (855) NAVY-311 (855-628-9311)
 - o Marines (703) 784-3942
 - o Coast Guard: <http://www.uscg.mil/locator/>

The locator service told me: _____

Death Index. (*check one*)

- I did not check the Social Security death index.
- I did check the Social Security Death Index at <https://familysearch.org/search> and did not find the person's name.

Other. Other efforts I made to locate the person are: *(describe anything else you did to try and find the person)*:

5. I was not able to locate the the person after conducting the above search. I believe that this person cannot be found at this time.

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

DATED _____, 20____.

Submitted By: *(your signature)* _____

(print your 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 person who needs a guardian)
A Proposed Protected Person.

CASE NO.: _____

DEPT: _____

ORDER FOR SERVICE BY PUBLICATION

Upon reading the Declaration of the Petitioner on file herein, it appearing that a verified Petition has been filed; that a Citation directed to *(names of relatives who cannot be located)*

has been issued; that they are necessary parties; that those parties are not residents of the State of Nevada or have departed from the state, or cannot, after due diligence, be found within the state, or by concealment seek to avoid the service of the Petition and Citation, and that the above named persons cannot be personally served in the State of Nevada, and good cause appearing therefore:

THE COURT HEREBY FINDS *(the judge will enter specific finding if needed)*

IT IS HEREBY ORDERED that if (*names of relatives who cannot be located*)

cannot now be found so as to be personally served, they may be served by publication of the Citation at least once a week for a period of 4 consecutive weeks in (*name of newspaper*) _____, which is a newspaper of general circulation published in (*county name*) _____ County, Nevada. The last day of publication must end at least 20 days before the date of hearing.

IT IS FURTHER ORDERED that if not already completed, a copy of the Citation and a copy of the Petition be deposited in the United States Post Office, enclosed in an envelope upon which postage is fully prepaid, addressed to the relatives listed herein.

DATED this _____ day of _____, 20_____.

DISTRICT COURT JUDGE

Submitted By: (*your signature*) _____

(*print your 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 person who needs a guardian)
A Proposed Protected Person.

CASE NO.: _____

DEPT: _____

ORDER WAIVING SERVICE

Upon reading the Declaration of the Petitioner on file herein, it appearing that a verified Petition has been filed; that a Citation has been issued; that there are some people entitled to notice whose whereabouts are unknown; that the Petition and Citation have been served on the proposed protected person (if an adult) by personal service or (if a minor) by personal service or certified mail, return receipt requested; that the Petition and Citation have been served on the care provider or guardian and at least one relative entitled to service by personal service or by certified mail, return receipt requested; and good cause appearing therefore;

IT IS HEREBY ORDERED that service of the Citation upon *(names of relatives who cannot be located)* _____

_____ shall be waived pursuant to NRS 159.0475(4) and/or 2017 Nevada Laws Ch. 172 § 30(4) (A.B. 319).

DATED this _____ day of _____, 20____.

DISTRICT COURT JUDGE

Submitted By: *(your signature)* _____

(print your 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 person alleged to need 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.

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

DISTRICT COURT
_____ **COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Estate
- 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 A
GUARDIAN OF THE ESTATE (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 protect, preserve, and manage the income, assets, and estate of the Protected Person and utilize the income, assets, and estate of the Protected Person solely for the benefit of the Protected Person.

_____ To protect, preserve, manage, and dispose of the estate of the Protected Person according to law and for the best interests of the Protected Person.

- _____ To apply the estate of the Protected Person for the proper care, maintenance, education, and support of the Protected Person, and any person to whom the Protected Person has a legal obligation to support.
- _____ To have due regard for other income or property available to support the Protected Person and any person to whom the Protected Person has a legal obligation to support.
- _____ To have such other authority and perform such other duties as are provided by law.
- _____ To maintain the Protected Person's assets in the name of the Protected Person or the 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. Investing and Managing Protected Person's Estate

I acknowledge and understand that the following rules govern the manner in which the Protected Person's separate property shall be managed and invested:

- _____ Unless I am the spouse of the Protected Person, I may not utilize any guardianship funds for my personal benefit or commingle guardianship funds with my own funds.
- _____ I may, without prior approval of the Court, invest the Protected Person's property in any (1) bank credit union, or savings and loan institution in the State of Nevada to the extent that the deposits are insured by the Federal Deposit Insurance Corporation, National Credit Union Share Insurance Fund, or a private insurer; (2) interest bearing obligations of or fully guaranteed by the United States, the United States Postal Service, or Federal National Mortgage Association; (3) interest bearing general obligations of this state or any county, city, or school district in the State of Nevada; (4) or any money market mutual funds which are invested only in those instruments described in this paragraph.

C. Court Authority

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

- _____ Investing property of the Protected Person.
- _____ Continuing the business of the Protected Person.
- _____ Borrowing money for the Protected Person.
- _____ Entering into contracts for the Protected Person or complete the performance of contracts of the Protected Person.
- _____ Making gifts from the Protected Person's estate or making expenditures for the Protected Person's relatives.
- _____ Selling, leasing, or placing in a trust, any property of the Protected Person.
- _____ Exchanging or partitioning the Protected Person's property.
- _____ Releasing the power of the Protected Person as trustee, personal representative or custodian for a minor or guardian.
- _____ Exercising or releasing the power of the Protected Person as a donee of a power of appointment.
- _____ Exercising the right of the Protected Person to take under or against a will.
- _____ Transferring to a trust created by the Protected Person, any property unintentionally omitted from the trust.
- _____ Submitting a trust to the jurisdiction of the Court if the Protected Person is a beneficiary of the income of the trust, or the trust was created by the Court.
- _____ Paying any claim by the Department of Health and Human Services to recover benefits for Medicaid correctly paid to or on the behalf of the Protected Person.
- _____ Transferring money in a Protected Person's account to the Nevada Higher Education

Prepaid Tuition Trust Fund created in accordance with NRS 353B.140.

_____ To take any other action which the guardian deems would be in the best interests of the Protected Person, without having prior consent from this Court.

D. Selling Property of the Protected Person

1. I acknowledge and understand that all sales of real property of the Protected Person must:

_____ Only occur after the Court grants authority for the sale.

_____ Be confirmed by the Court prior to finalizing the sale with the prospective buyer.

2. I acknowledge and understand that I must provide written notice to the Protected Person, his/her attorney, and the persons specified in NRS 159.034 of my intent to sell personal property of the Protected Person that has a total value of less than \$10,000.00 UNLESS:

_____ The property is a threat to public health or safety.

_____ The property is contaminated, and salvage is impractical.

_____ The handling or storage of property might endanger public health or safety.

3. I acknowledge and understand that if I intend to sell personal property of the Protected Person that has a total value above \$10,000.00 I must:

_____ Publish notice of intended sale.

_____ Provide written notice to the individuals entitled to notice, including the Protected Person and his or her family members.

4. I acknowledge and understand that I am responsible for the actual value of all personal property of the Protected Person sold unless:

_____ I make a report to the Court within 90 days of the sale.

5. I acknowledge and understand that I may sell any security of the Protected Person if:

_____ I petition the Court for confirmation of the sale.

_____ The Court confirms the sale.

6. I acknowledge and understand that:

_____ I shall record all certified copies of any court order authorizing the sale, mortgage, lease, surrender, or conveyance of real property in the county recorder's office in which any portion of the land is located.

_____ I am to carry out effectively any transactions affecting the Protected Person's property as authorized by NRS 159. The Court may authorize me to execute any promissory note, mortgage, deed of trust, deed, lease, security agreement, or other legal document or instrument which is reasonably necessary to carry out such transaction.

E. 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 guardian, a Notice of Entry of Order Appointing Guardian must be filed and mailed to the Protected Person and all individuals entitled to notice.

_____ Within 60 days of being appointed guardian of the estate, an Inventory, Appraisal, and Report of Value must be filed with the Court for all known property of the Protected Person.

_____ Within 30 days of discovering property not mentioned in the initial inventory, an amended inventory must be filed with the Court.

_____ Within 60 days of being appointed guardian of the estate, a certified copy of the Letters of Guardianship must be recorded in the county recorder's office of any county where the Protected Person possesses real property.

_____ Annually, within 60 days of the anniversary of the appointment of guardianship, an Annual Account of Guardianship must be filed to update the Court on the status of the Protected Person's Estate, and served on all interested parties.

_____ At any time the Court orders, an Inventory, Appraisal, and Report of Value and/or an Accounting of Guardianship must be filed.

F. 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 finances of the Protected Person.

_____ It is my responsibility to maintain all records and documents for the guardianship of the Protected Person's estate 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 judgement entered against me for misappropriated funds or assets from any person or entity in any state.

_____ I may petition the Court for advice, instructions, and approval in any matter concerning the following:

1. The administration of the Protected Person's estate;
2. The priority of paying claims;
3. The propriety of making any proposed disbursement of funds;
4. Elections for or on behalf of the Protected Person to take under the will of a deceased spouse;
5. Exercising for or on behalf of the Protected Person:
 - a. Any option or other rights under any policy of insurance or annuity; and
 - b. The right to take under a will, trust or other devise;
6. The propriety of exercising any right exercisable by owners of property; and
7. Matters of a similar nature.

_____ I shall, as a guardian of the estate, take possession of:

1. All property of substantial value of the Protected Person;
2. All rents, income, issues and profits from the property;
3. The title to all property of the Protected Person;
4. 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 shall collect all debts due to the Protected Person.

_____ I shall represent the Protected Person in legal proceedings.

_____ I may pay claims against the Protected Person or Protected Person's estate with the Protected Person's estate.

_____ 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 certify that 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 Estate 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: _____
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 guardian, a Notice of Entry of Order Appointing Guardian must be filed and mailed to the Protected Person and 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 written report on the condition of the Protected Person 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, unless an emergency as defined by the statute is present. The report to the court may be filed after action has been taken.

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: _____
Phone: _____
Email: _____
Self-Represented

DISTRICT COURT
_____ **COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Estate
- Person and Estate

of:

(name of child who has a guardian)
A Protected Minor.

CASE NO.: _____

DEPT: _____

**GUARDIAN’S ACKNOWLEDGMENT OF DUTIES AND RESPONSIBILITIES OF A
GUARDIAN OF THE ESTATE (MINOR)**

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 protect, preserve, and manage the income, assets, and estate of the Protected Minor and utilize the income, assets, and estate of the Protected Minor solely for the benefit of the Protected Minor.

_____ To protect, preserve, manage, and dispose of the estate of the Protected Minor according to law and for the best interests of the Protected Minor.

- _____ To apply the estate of the Protected Minor for the proper care, maintenance, education, and support of the Protected Minor, and any person to whom the Protected Minor has a legal obligation to support.
- _____ To have due regard for other income or property available to support the Protected Minor and any person to whom the Protected Minor has a legal obligation to support.
- _____ To have such other authority and perform such other duties as are provided by law.
- _____ To maintain the Protected Minor's assets in the name of the Protected Minor or the guardianship.
- _____ To notify all interested parties, the Court, the trustee, and named executor or appointed personal representative of the estate of the Protected Minor within 30 days after the death of the Protected Minor.

B. Investing and Managing Protected Minor's Estate

I acknowledge and understand that the following rules govern the manner in which the Protected Minor's separate property shall be managed and invested:

- _____ I may not utilize any guardianship funds for my personal benefit or commingle guardianship funds with my own funds.
- _____ I may, without prior approval of the Court, invest the Protected Minor's property in any (1) bank credit union, or savings and loan institution in the State of Nevada to the extent that the deposits are insured by the Federal Deposit Insurance Corporation, National Credit Union Share Insurance Fund, or a private insurer; (2) interest bearing obligations of or fully guaranteed by the United States, the United States Postal Service, or Federal National Mortgage Association; (3) interest bearing general obligations of this state or

any county, city, or school district in the State of Nevada; (4) or any money market mutual funds which are invested only in those instruments described in this paragraph.

C. Court Authority

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

- _____ Investing property of the Protected Minor.
- _____ Continuing the business of the Protected Minor.
- _____ Borrowing money for the Protected Minor.
- _____ Entering into contracts for the Protected Minor or complete the performance of contracts of the Protected Minor.
- _____ Making gifts from the Protected Minor's estate or making expenditures for the Protected Minor's relatives.
- _____ Selling, leasing, or placing in a trust, any property of the Protected Minor.
- _____ Exchanging or partitioning the Protected Minor's property.
- _____ Releasing the power of the Protected Minor as trustee, personal representative or custodian for a minor or guardian.
- _____ Exercising or releasing the power of the Protected Minor as a donee of a power of appointment.
- _____ Exercising the right of the Protected Minor to take under or against a will.
- _____ Transferring to a trust created by the Protected Minor, any property unintentionally omitted from the trust.
- _____ Submitting a revocable trust to the jurisdiction of the Court if the Protected Minor is the grantor and sole beneficiary of the income of the trust, or the trust was created by the Court.

_____ Paying any claim by the Department of Health and Human Services to recover benefits for Medicaid correctly paid to or on the behalf of the Protected Minor.

_____ Transferring money in a Protected Minor's account to the Nevada Higher Education Prepaid Tuition Trust Fund.

_____ To take any other action which the guardian deems would be in the best interests of the Protected Minor, without having prior consent from this Court.

D. Selling Property of the Protected Minor

1. I acknowledge and understand all sales of real property of the Protected Minor must be:

_____ Reported to the Court prior to the sale.

_____ Confirmed by the Court prior to finalizing the sell with the prospective buyer.

2. I acknowledge and understand:

_____ I may sell personal property of the Protected Minor without notice to the Court if:

_____ The property will depreciate in value if not disposed of promptly.

_____ The property will incur loss or expense by being kept.

_____ I am responsible for the actual value of the personal property unless I obtain confirmation of the sale by the Court.

3. I acknowledge and understand I may sell any security of the Protected Minor if:

_____ I petition the Court for confirmation of the sale.

_____ The Court confirms the sale.

4. I acknowledge and understand:

_____ I shall record all certified copies of any court order authorizing the sale, mortgage, lease, surrender, or conveyance of real property in the county recorder's office in which any

portion of the land is located.

_____ I am to carry out effectively any transactions affecting the Protected Minor's property.

The Court may authorize me to execute any promissory note, mortgage, deed of trust, deed, lease, security agreement, or other legal document or instrument which is reasonably necessary to carry out such transaction.

E. 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 guardian, a Notice of Entry of Order Appointing Guardian must be filed and mailed to the Protected Minor and all individuals entitled to notice.

_____ Within 60 days of being appointed guardian of the estate, an Inventory, Appraisal, and Report of Value must be filed with the Court for all known property of the Protected Minor.

_____ Within 30 days of discovering property not mentioned in the initial inventory, an amended inventory must be filed with the Court.

_____ Within 60 days of being appointed guardian of the estate, a certified copy of the Letters of Guardianship must be recorded in the county recorder's office of any county where the Protected Minor possesses real property.

_____ Annually, within 60 days of the anniversary of the appointment of guardianship, an Annual Account of Guardianship must be filed to update the Court on the status of the Protected Minor's Estate, and served on all interested parties.

_____ At any time the Court orders, an Inventory, Appraisal, and Report of Value and/or an Annual Account of Guardianship must be filed.

F. 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 finances of the Protected Minor.

_____ It is my responsibility to maintain all records and documents for the guardianship of the Protected Minor's estate 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 judgement entered against me for misappropriated funds or assets from any person or entity in any state.

_____ I may petition the Court for advice, instructions, and approval in any matter concerning the following:

1. The administration of the Protected Minor's estate;

2. The priority of paying claims;
3. The propriety of making any proposed disbursement of funds;
4. Exercising for or on behalf of the Protected Minor:
 - a. Any option or other rights under any policy of insurance or annuity; and
 - b. The right to take under a will, trust or other devise;
5. The propriety of exercising any right exercisable by owners of property; and
6. Matters of a similar nature.

_____ I shall as a guardian of the estate take possession of:

1. All property of substantial value of the Protected Minor;
2. All rents, income, issues and profits from the property;
3. The title to all property of the Protected Minor;
4. The originals of revocable or irrevocable trusts the Protected Minor is beneficiary to, and any written evidence of present or future vested interest in any real or intangible property.

_____ I shall collect all debts due to the Protected Minor.

_____ I shall represent the Protected Minor in legal proceedings.

_____ I may pay claims against the Protected Minor or Protected Minor's estate with the Protected Minor's estate.

_____ 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 certify that 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 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 Estate of the above-named protected minor, 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: _____
Phone: _____
Email: _____
Self-Represented

DISTRICT COURT
_____ **COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Person and Estate

of:

(name of child who has a guardian)
A Protected Minor.

CASE NO.: _____

DEPT: _____

**GUARDIAN’S ACKNOWLEDGEMENT OF DUTIES AND RESPONSIBILITIES
OF THE PERSON (MINOR)**

I 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 Minor.

_____ To supply the Protected Minor with proper care, including food, shelter, clothing, and all incidental necessities; appropriate residence; support; and education, including training for employment, if applicable.

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

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

B. Court Authority

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

_____ Moving or placing the Protected Minor in a residence outside of the State of Nevada.

_____ Moving or placing the Protected Minor in a residential care facility.

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

_____ Engaging the Protected Minor in experimental medical, biomedical, or behavioral treatment.

_____ Engaging the Protected Minor in any medical practice to sterilize them.

C. Notices and Reports

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

_____ Within 5 days of being appointed guardian, a Notice of Entry of Order Appointing Guardian must be filed and mailed to the Protected Minor and 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 Minor.

_____ Within 10 days of changing the residence of the Protected Minor, a written report on the condition of the Protected Minor 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.

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 Minor.

_____ It is my responsibility to maintain all records and documents for the guardianship of the Protected Minor 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 judgement entered against me for misappropriated funds or assets from any person or entity in any state.

_____ 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 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 minor, 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:

- Estate
 Person and Estate

of:

CASE NO.: _____

DEPT: _____

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

INVENTORY, APPRAISAL AND RECORD OF VALUE

FINANCIAL ACCOUNTS: List all checking/savings accounts, investment/brokerage accounts, retirement/pensions, cash value life insurance policies, interests in trusts, etc.

Financial Institution Name and Last 4 Digits of Account Number	Current Balance	Estate's Interest (% owned)*	Name of Co-Owner (if applicable)	Value of Estate's Interest
	\$	%		\$
	\$	%		\$
	\$	%		\$
	\$	%		\$
	\$	%		\$

**Add additional pages if there are more accounts*

REAL ESTATE: List all houses / real estate, land, and commercial/industrial properties.

Address	Current Value	Mortgage / Loan Balance	Name of Co-Owner (if applicable)	Net Value (Value – Loans)	Estate's Interest* (% owned)	Value of Estate's Interest
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	\$	\$		\$	%	\$
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	\$	\$		\$	%	\$
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	\$	\$		\$	%	\$

**Describe the nature of the Estate's interest and percent of ownership; use (C) for Community Property and (S) for Separate Property. For example, 50% (C) or (S).*

VEHICLES

List all automobiles, motorcycles, motor homes, boats, etc.

Year, Make, Model	Current Value	Loan Balance	Name of Co-Owner (if applicable)	Net Value (Value – Loans)	Estate’s Interest* (% owned)	Value of Estate’s Interest
	\$	\$		\$	%	\$
	\$	\$		\$	%	\$
	\$	\$		\$	%	\$
	\$	\$		\$	%	\$

**Describe the nature of the Estate’s interest and percent of ownership; use (C) for Community Property and (S) for Separate Property. For example, 50% (C) or (S).*

MISCELLANEOUS PERSONAL PROPERTY

List valuable household goods, artwork, jewelry, safe deposit boxes, storage unit contents, etc.

Description	Current Value	Loan Balance	Name of Co-Owner (if applicable)	Net Value (Value – Loans)	Estate’s Interest* (% owned)	Value of Estate’s Interest
	\$	\$		\$	%	\$
	\$	\$		\$	%	\$
	\$	\$		\$	%	\$
	\$	\$		\$	%	\$

**Describe the nature of the Estate’s interest and percent of ownership; use (C) for Community Property and (S) for Separate Property. For example, 50% (C) or (S).*

**If personal property exceeds \$5000 in value, an appraisal is required.*

TRUSTS

Is the Protected Person a current beneficiary or entitled to receive benefits from a trust?

- No
- Yes
- I don’t know

Is the Guardian requesting the Court to take jurisdiction over the trust?

- No
- Yes
- Not applicable

DEBTS/CLAIMS

Can the Protected Person assert any claims against you?

- No
- Yes: *(describe)* _____

Does anyone legally owe money to the protected person but is not paying?

- No
- Yes: *(describe who owes money and how much)*

TOTAL ESTATE VALUE	\$
---------------------------	-----------

**add the sums of all the values*

VERIFIED RECORD OF VALUE IN LIEU OF APPRAISEMENT

I, (*guardian's name*) _____, solemnly affirm the items listed in this Inventory, Appraisal and Record of Value of the Estate has been examined by me and I have written the value of these items on the Inventory, Appraisal and Record of Value at the value shown opposite thereof. I report that the total value of the items listed in this section of this Inventory, Appraisal and Record of value of \$_____.

GUARDIAN'S SIGNATURE

OATH OF GUARDIAN

I, (*guardian's name*) _____, the Guardian of the Estate of the above-named Protected Person, solemnly affirm that the foregoing Inventory, Appraisal and Record of Value is a true statement of all assets of the Estate having come into my possession or for which I have knowledge, and includes all money and claims of the Protected Person, including claims, if any, the Protected Person has against me.

GUARDIAN'S SIGNATURE

VERIFICATION OF GUARDIAN

I state that I am the Guardian of the Estate of the above-named protected person, have read the foregoing Inventory, Appraisal and Record of Value, 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

CERTIFICATE OF SERVICE

- BY MAIL:** I deposited copies of the Inventory in the U.S. mail in (*write the name of the city you mailed from*) _____, Nevada, addressed to the persons listed below on (*date you mailed*) _____.

Protected Person:

Name: _____
Address: _____

Protected Person’s Attorney:

Name: _____
Address: _____

Protected Person’s Guardian Ad Litem:

Name: _____
Address: _____

- ELECTRONIC:** I served the following persons pursuant to the court’s electronic service rules on (*date*) _____:

Protected Person:

Name: _____
Email Address: _____

Protected Person’s Attorney:

Name: _____
Email Address: _____

Protected Person’s Guardian Ad Litem:

Name: _____
Email Address: _____

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__.

Submitted By: (*your 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:

- Estate
 Person and Estate

of:

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

CASE NO.: _____

DEPT: _____

ACCOUNTING

(*check one*) [**First**, **Second**, **Third**, _____] or **Final**¹

_____ through _____
BEGINNING DATE² **ENDING DATE**³

I/we certify that this is a true and accurate accounting of the assets, income, and expenses of this estate for the period described.

¹ Check 'Final' if the guardianship has been terminated or this is the last accounting of this guardian.

² Beginning Date: If this is your first report, the beginning date is the date you were appointed the guardian. If this is a later report, the beginning date is the ending date of your last accounting.

³ Ending Date: Anniversary date.

Account Summary

(totals from the following worksheets)

- | | | |
|---|------------|----------|
| 1. Starting Balance:
<i>(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)</i> | | \$ _____ |
| 2. Gross Income / Interest / Money Received
<i>(from Worksheet B)</i> | Add + | \$ _____ |
| 3. Expenses
<i>(from Worksheet C, you must attach receipts for expenses over \$250. Keep all other receipts in case the judge requests them.)</i> | Subtract - | \$ _____ |
| 4. Adjustments to the Value of the Assets
<i>(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)</i> | + / - | \$ _____ |
| 5. Adjustments as a result of any Asset Sales <i>(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)</i> | + / - | \$ _____ |
| 6. Total Ending Balance
<i>(this number must match the Ending Net Asset Value from Worksheet A)</i> | | \$ _____ |

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 *(this would include a demand for payment or return of property)*?

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

Worksheet A: ASSETS & DEBTS

<u>Assets at Start of Accounting Period</u>	
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>) _____	
<u>Asset</u>	<u>Value</u>
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	
<u>Liabilities</u>	<u>Amount Owed</u>
Mortgage loan	-
Home equity loan	-
Car loans	-
Real estate loans	-
Student loans	-
Other loans	-
	-
Credit card debt	-
Other debt	-
<i>Beginning Net Asset Value:</i>	\$

<u>Assets at End of Accounting Period</u>	
<u>Assets</u>	<u>Value</u>
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	
<u>Liabilities</u>	<u>Amount Owed</u>
Mortgage loan	-
Home equity loan	-
Car loans	-
Real estate loans	-
Student loans	-
Other loans	-
	-
Credit card debt	-
Other debt	-
<i>Ending Net Asset Value:</i>	\$

*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:

- Estate
- Person and Estate

of:

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

CASE NO.: _____

DEPT: _____

HEARING DATE: _____

HEARING TIME: _____

ORDER APPROVING ACCOUNTING

(circle one) **(1st, 2nd, 3rd, _____, FINAL)**

It appearing to the satisfaction of the Court that a Notice of Hearing Regarding Accounting was issued setting the Accounting regarding the estate of the above named Protected Person on the court calendar for hearing, the Notice of Hearing Regarding Accounting was served as prescribed by law, and a hearing was held on the date and time listed above, and good cause appearing therefore:

IT IS HEREBY ORDERED that the Accounting regarding the estate of the above named Protected Person covering the period of *(date)* _____ through *(date)* _____ is approved; and

IT IS FURTHER ORDERED that this case (*Court to check one*):

- Shall remain under general administration; or
- Is hereby placed into summary administration and therefore no annual accounting is required at this time. However, should the assets of the estate of a Protected Person named above ever exceed the sum of \$10,000.00, the guardian(s) shall have a duty to file an annual accounting with the Court; and

IT IS FURTHER ORDERED that in all guardianship estates, a final accounting shall be due to the Court upon:

- **If the protected person or protected persons is/are a minor:**

The protected person reaching age of majority (age 18) and the guardianship terminates by operation of law, upon termination of the guardianship by order of the court, or upon death of the protected person.

- **If the protected person is an adult:**

Termination of the guardianship by order of the court or upon death of the protected person.

Dated this _____ day of _____, 20____.

DISTRICT COURT JUDGE

Submitted by:

(Guardian)

(Printed Name)

COURT CODE: _____
 Guardian's Name: _____
 Street Address: _____
 City, State, Zip: _____
This is a new address: yes / no
 Phone: _____
 home / cell / work
 Email: _____
 Self-Represented

DISTRICT COURT
 _____ **COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Person and Estate

of:

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

CASE NO.: _____

DEPT: _____

REPORT OF THE GUARDIAN OF THE ADULT PERSON

_____ **through** _____

BEGINNING DATE **ENDING DATE**

If this is your first report, this is the date you were appointed the guardian. *The date you sign this form.*

If this is a later report, this is the ending date of your last report.

I, (*guardian's name*) _____, am the Guardian of the above-named Protected Person. My annual report is as follows:

General Information

- The protected person's birthdate is (*date of birth*) _____, and he / she is currently (*age*) _____ years old.

2. How often have you visited the protected person in the last year? _____

3. Guardianship Alternatives:

I have talked with the protected person about alternatives to guardianship and how he/she could access such supports that may replace guardianship in the future.

I have not talked with the protected person about alternatives to guardianship and how he/she could access such supports because: *(explain why not)*

4. Do you believe the protected person still needs a guardian? (*check one*) Yes No
(Explain why or why not)

5. The protected person's current address and phone number is:

Name of Facility (if applicable)

Address

City, State, Zip Code

Telephone number

6. The address listed above is best described as: (*check one*)

Living independently in his/her private home, apartment, or condominium.

Living in in his/her private home, apartment, or condominium with another person or persons. List the names of all individuals living in this home (*names of people living there*): _____

Living in someone else's private home, apartment, or condominium. He/she lives with (*names*): _____

An assisted living facility / supported adult residence / supported living arrangement.

A skilled nursing home.

A licensed group home.

A medical facility, hospital, or psychiatric facility.

A secured perimeter facility.

Other (explain): _____.

Is the facility locked? (*check one*) Yes or No

7. Do you believe the protected person is happy with the living arrangement? (*check one*) Yes No

(*Explain why or why not*) _____

8. Appropriateness of Living Arrangement & Residential Supports.

(*check all that apply*)

The current placement is appropriate as is.

The current placement is appropriate with additional services (*list the additional services needed*) _____.

Once the current medical situation is stable, the protected person will return to his/her previous residence. This is expected to happen on (*estimated date of return*): _____ and he/she will return to live at (*address*) _____.

A higher level of care is needed. The protected person should be placed at: (*check all that apply*)

An assisted living facility.

A skilled nursing home.

- A licensed group home.
- A medical facility, hospital, or psychiatric facility.
- A secured perimeter facility.
- Other (explain): _____.

The above option would be a more appropriate placement because (*explain*)

Physical and Mental Health

9. The protected person has the following insurance coverage for medical / dental / mental health services: (*check all that apply*)

- Medicare
- Medicare Part B
- Medicaid
- VA Health Benefits
- Prescription Drug Coverage (*name of policy*): _____
- Private Health Insurance (*name of policy*): _____
- Other (*explain*): _____

10. The protected person's physical health is: (*check one*)

- Good
- Fair
- Poor

Describe the protected person's overall physical health and physical limitations:

11. The protected person's mental health is: (*check one*)

- Good
- Fair
- Poor

Describe the protected person's overall mental health:

12. Medical Services. The protected person receives the following services:

(*check all that apply*)

- Regular dental visits (*complete table below*)

Dentist	Frequency	Last Appt.	Next Appt. Due

- Regular doctor visits (*complete table below*)

Physician	Reason	Frequency	Last Appt.	Next Appt. Due

****File any medical records showing any significant health problems with a Confidential Medical / Educational Information Sheet.***

- Home health care every (*how often, i.e. "daily" "weekly" "monthly"*)

- Full-time nursing care
- Hospice care

13. Mental Health Services. The protected person receives the following services: (*check all that apply*)

Behavioral health visits every (*complete table below*)

Specialist	Reason	Frequency	Last Appt.	Next Appt. Due

Psychiatric appointments every (*complete table below*)

Psychiatrist	Frequency	Last Appt.	Next Appt. Due

14. List all prescription medication in the table below.

Medication	Diagnosis/Reason	Physician	Last Reviewed by Doctor/Psychiatrist

15. Care Needs. The protected person's personal care needs are:

check all that apply)

No assistance is needed in performing activities of daily living.

Personal caregivers are needed. Caregivers are needed an average of (*number*) _____ hours per week. Caregivers provide assistance with the following activities of daily living (*explain what assistance is provided, such as housekeeping, bathing, meal preparation, etc.*) _____

Assistance with medication is required.

24-hour assistance is needed.

16. Medical / Mental Health Needs. The protected person requires the following medical or mental health examinations to determine necessary and/or ongoing treatment needs (*describe any medical tests/appointments that are needed*):

Education

17. (*check one*)

The protected person is not enrolled in school.

The protected person is enrolled in school. The protected person attends (*name of school*) _____.

****File any report cards with a Confidential Medical/Informational Sheet.***

18. The protected person had the following accomplishments and/or problems in school last year: (*Describe or write "N/A"*)

Activities & Recreation

19. The protected person's recreation and social condition is: (*check one*)

- Good
- Fair
- Poor

20. The protected person's recreation and social activities include: (*check all that apply*)

Personal Community Activities (*i.e. church, library, etc.*): _____

Group outings. (*Describe*) _____

Family gatherings. (*Describe*) _____

Senior community center events. (*Describe*) _____

Work and/or training program. (*Describe*) _____

Events at assisted living facility or nursing home. (*Describe*) _____

None. (*Describe why the protected person is not participating in any activities*)

Financial Information

21. (*check one*)

The protected person's estate is less than \$10,000.

The protected person's estate is more than \$10,000. The finances are managed by
(*name of person handling the estate*) _____.

****An annual accounting must be filed detailing the estate assets, income, and expenses.***

Protected Person's Wishes

22. Consultation With Protected Person: (*check one*)

I have talked with the protected person about how he/she would like to be cared for. The protected person's wishes are: (*explain*)

I have not talked with the protected person about how he/she would like to be cared for because: (*explain why you have not asked the person about their wishes*)

23. Honoring Wishes. (*check one*)

To the extent possible, I am honoring the protected person's wishes.

I have not been able to honor the protected person's wishes because: (*explain*)

Miscellaneous

24. I believe the protected person has the following unmet needs (*describe*)

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

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 OF GUARDIAN(S)

COURT CODE: _____

Guardian's Name: _____

Street Address: _____

City, State, Zip: _____

This is a new address: yes / no

Phone: _____

home / cell / work

Email: _____

Self-Represented

DISTRICT COURT
_____ **COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
 Person and Estate

of:

CASE NO.: _____

DEPT: _____

(name of child who has a guardian)

A Protected Minor.

REPORT OF THE GUARDIAN OF THE CHILD

_____ through _____
BEGINNING DATE¹ **ENDING DATE²**

I, (*guardian's name*) _____, am the Guardian of the above-named Protected Minor. My annual report is as follows:

General Information

1. The child's birthdate is (*date of birth*) _____, and he / she is currently (*age*) _____ years old.

2. The child currently lives at:

Address

City, State, Zip Code

¹ Beginning Date: If this is your first report, the beginning date is the date you were appointed the guardian. If this is a later report, the beginning date is the ending date of your last report.

² Ending Date: Date you sign the Report of the Guardian

3. The child lives:

- With me.
- In a residential treatment facility or therapeutic group home.
- In a hospital or medical facility.
- With another adult, (*name of adult*) _____, who is primarily responsible for the child.

If the child does not live with you, explain why:

4. The child also lives with the following people (*list the names of every person living in the same home as the child*) _____

Physical and Mental Health

5. List below the names and address of the child's treating physician(s), dentist, and mental health provider(s), giving the date and purpose of the last visit.

Type	Dr.'s Name and Address	Date Last Visited	Ailment/Treatment
Primary			
Dentist			
Other: (<i>list</i>) _____			
Other: (<i>list</i>) _____			

****File any medical records showing any significant health problems with a Confidential Medical / Educational Information Sheet.***

6. The child's physical health is (*check one*)

- Good
- Fair
- Poor

Describe the child's overall physical health:

7. The child's mental health is (*check one*)

- Good
- Fair
- Poor

Describe the child's overall mental health:

8. The child's immunizations are (*check one*)

- Up to date
- Not up to date because (*explain why immunizations are not up to date*)

***File any immunization records with a Confidential Medical / Educational Information Sheet.**

Activities & Hobbies

9. The child's recreational and social activities and hobbies include: (*Describe*)

Education

10. (*check one*)

- The child is not yet school age.
- The child is enrolled in school. The child attends (*name of school*)
_____.

***File any report cards with a Confidential Medical / Educational Information Sheet.**

- The child is school age, but is not enrolled in school because (*explain why*)

11. The child had the following accomplishments and/or problems in school last year:

(*Describe or write "N/A"*)

Financial

12. (*check one*)

- I am not the guardian of the child's estate.
- I am the guardian of the child's estate, but the estate is less than \$10,000.
- I am the guardian of the child's estate, which is more than \$10,000.

****If you check the last box, you must file an annual accounting detailing the estate assets, income, and expenses.****

Miscellaneous

13. I believe the child has the following unmet needs: (*describe*)

14. The guardianship (*check one*) should should not continue because (*explain*)

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

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 OF GUARDIAN(S)

VERIFICATION

I, (*name of Petitioner*) _____, under penalty of perjury, state that I am the Petitioner in the within action; that I have read the foregoing Petition 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.

PETITIONER'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

of:

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

CASE NO.: _____

DEPT: _____

HEARING DATE: _____

HEARING TIME: _____

ORDER APPROVING PETITION FOR _____ *(title of petition)*

UPON REVIEW of the Petition for *(name of petition)* _____
submitted by the Petitioners, the same having come before the above-entitled court on the date
and time listed, it appearing to the satisfaction of the Court that proper notice of hearing of this
matter has been duly given in the manner required by law, and good cause appearing therefore:

IT IS HEREBY ORDERED that _____

IT IS FURTHER ORDERED that _____

IT IS FURTHER ORDERED that _____

IT IS FURTHER ORDERED that _____

Dated this _____ day of _____, 20____.

DISTRICT COURT JUDGE

Submitted by:

(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 person who has a guardian)
A Protected Person.

CASE NO.: _____

DEPT: _____

NOTICE OF HEARING

PLEASE TAKE NOTICE that (*petitioner's name*) _____
and (*second petitioner's name or "n/a"*) _____, filed in the
above-entitled Court a Petition for (*title of petition*) _____;
that a hearing on these matters has been set for the (*court clerk will insert details*) _____ day
of _____, 20____, at _____ a.m. / p.m., at the courthouse of
the _____ Judicial District Court, located at (*insert full address*):
_____, Courtroom number _____.

Further details concerning these matters can be obtained by reviewing the documents on
file at the office of the Clerk of Court. You may appear at the hearing date above.

DATED (*month*) _____ (*day*) _____, 20____.

Submitted By: (*your signature*) ▶ _____
(*print your 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

CASE NO.: _____

DEPT: _____

of:

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

CITATION TO APPEAR AND SHOW CAUSE

TO: *(protected person's name)* _____
(protected person's attorney's name) _____
(guardian's names) _____

ALL KNOWN RELATIVES OF THE PROTECTED PERSON:

(Write each relative's name on a separate line) _____

ANY PERSON HAVING THE CARE, CUSTODY, AND CONTROL OF THE
PROTECTED PERSON

PLEASE TAKE NOTICE that the following person(s) (*first petitioner's name*)
_____ and (*second petitioner's name, or*
"n/a" if none) _____ have filed a petition
asking the court to (*check one*)

- Terminate the guardianship;
- Remove the current guardian;
- Other: (*name of the petition filed*) _____

DATE AND TIME OF COURT APPEARANCE
(*the court clerk will fill this out*)

YOU ARE DIRECTED TO APPEAR AND SHOW CAUSE why the court should not
grant the relief requested on the:

_____ day of _____, 20____, at _____ a.m. p.m., at the courthouse of
the _____ Judicial District Court, located at (*insert full address*):
_____, Courtroom number _____.

DATED this _____ day of _____, 20____.

CLERK OF COURT

BY: _____
DEPUTY CLERK

NOTE: The guardian(s) and the petitioner(s) must attend the scheduled hearing; all other
interested parties do not need to attend unless they want to oppose the relief requested.

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: _____

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that I am over the age of 18 and I served the (*check all that apply*)

- Petition for *(title of petition)* _____
- Notice of Hearing
- Citation to Appear and Show Cause
- Other: _____

in the following manner:

BY MAIL

I certify that I deposited copies the foregoing documents in the U.S. mail in *(city)* _____, Nevada, addressed to the persons listed below on *(date)* _____ by (*check one*) Regular, Certified or Registered, return receipt requested:

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.

DATED (*month*) _____ (*day*) _____, 20____.

(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 the:

- Person
- Estate
- Person and Estate

of:

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

CASE NO.: _____

DEPT: _____

NOTICE OF ENTRY OF ORDER

TO: The persons listed on the following page:

PLEASE TAKE NOTICE than an Order was entered in the above-entitled case on (*date Order was filed*) _____, 20____. A true and accurate copy is attached.

DATED (*month*) _____ (*day*) _____, 20____.

(Signature)

(Printed Name)

CERTIFICATE OF SERVICE

BY MAIL

I certify that I deposited copies of the Notice of Entry of Order 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)

ATTACH A COPY OF THE ORDER TO THIS FORM

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: _____

REQUEST FOR SUBMISSION

Petitioner(s), *(first Petitioner's name)* _____ and
(second Petitioner or "n/a" if only one Petitioner) _____,
request(s) that the *(name of document you submitted to the Court)*
_____ be submitted to the
Court for consideration.

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 person who has a guardian)
A Protected Person.

CASE NO.: _____

DEPT: _____

NOTICE OF CHANGE OF ADDRESS

PLEASE TAKE NOTICE of the following new mailing address:

Your Name: _____

Street Address: _____

City, State, Zip _____

DATED (month) _____ (day) _____, 20__.

Submitted By: (your signature) ▶ _____

Printed Name: _____

CERTIFICATE OF SERVICE

BY MAIL

I certify that I deposited copies of the Notice of Change of Address 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)

VERIFICATION

I, (*name of first person*) _____, under penalty of perjury, state that I am an Objector in the within action; that I have read the foregoing Objection 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 PERSON'S SIGNATURE

VERIFICATION

I, (*name of second person; if none, write "N/A"*) _____, under penalty of perjury, state that I am an Objector in the within action; that I have read the foregoing Objection 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 PERSON'S SIGNATURE

VERIFICATION

I, (*name of first person*) _____, under penalty of perjury, state that I am an opposing party in the within action; that I have read the foregoing Opposition 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 PERSON'S SIGNATURE

VERIFICATION

I, (*name of second person; if none, write "N/A"*) _____, under penalty of perjury, state that I am an opposing party in the within action; that I have read the foregoing Opposition 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 PERSON'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

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: _____
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 INTENT TO MOVE PROTECTED PERSON

- Proposed Move.** The Guardian(s) plan to move the adult to: *(write the details of where you plan to move the adult)*

Name of Facility (if applicable)

Address

City, State, Zip Code

Telephone number

- Date of Move.** The Guardian(s) plan to move the adult to the location above on *(date of the planned move)* _____.

3. **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

If no objection to the move is received from any interested person within 10 business days after receiving this notice, the guardian(s) may move the protected person without court permission.

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: _____
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: _____

PETITION FOR VISITATION / CONTACT

Petitioner(s), (*first Petitioner's name*) _____ and
(*second Petitioner's name or "n/a" if only one Petitioner*) _____,
respectfully represent the following to this Honorable Court:

1. Relationship to the Protected Person.

Petitioner(s) are the: (*check and complete one of the following*)

- Parent(s).
- Grandparent(s) on the (*check one*) mother's / father's side.
- Great-grandparent(s) on the (*check one*) mother's / father's side.
- Child(ren).
- Other (*state your relationship to the protected person*)
_____ of the protected person.

2. **Denial / Unreasonable Restriction of Visitation / Contact.** (check all that apply and explain)

The guardian(s) have denied me visitation and/or contact with the protected person. I have not had contact with the protected person since (*date you last had any contact with the protected person*) _____.

The guardian(s) have unreasonably restricted my visitation and/or contact with the protected person. (*Explain the unreasonable restriction of visitation or contact*)

3. **Visitation.** The petitioner(s) reasonably believe that a guardian has committed an abuse of discretion in restricting the relative or person of natural affection’s access to the protected person. The petitioner(s) request the guardian to grant the relative or person of natural affection access to the protected person, pursuant to S. B. 433, 2017 Leg., 79th Sess. (Nev. 2017). The court may award rights of visitation between a protected minor and his or her parents or relatives who are within the fourth degree of consanguinity, pursuant to Assemb. B. 319, 2017 Leg., 79th Sess. (Nev. 2017).

4. **Visitation Schedule / Contact Desired.** I would like the court to grant me visitation and/or contact with the protected person as follows (*describe in detail the visitation schedule or contact you would like to have with the protected person*):

Based on the above, Petitioner(s) request that the above visitation and/or contact be granted, and for such other and further relief as the court may deem just and proper.

Date: _____

Date: _____

▶ _____
(*First Petitioner's signature*)

▶ _____
(*Second Petitioner's signature*)

(*First Petitioner's printed name*)

(*Second Petitioner's printed name*)

VERIFICATION

I, (*name of first Petitioner*) _____, under penalty of perjury, state that I am the Petitioner in the within action; that I have read the foregoing Petition 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.

PETITIONER’S SIGNATURE

VERIFICATION

I, (*name of Co-Petitioner; if none, write “N/A”*) _____, under penalty of perjury, state that I am the Co-Petitioner in the within action; that I have read the foregoing Petition 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.

CO-PETITIONER’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

of:

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

CASE NO.: _____

DEPT: _____

HEARING DATE: _____

HEARING TIME: _____

ORDER APPROVING PETITION FOR VISITATION / CONTACT

UPON REVIEW of the Petition for Visitation / Contact submitted by the Petitioners, the same having come before the above-entitled court on the date and time listed, it appearing to the satisfaction of the Court that proper notice of hearing of this matter has been duly given in the manner required by law, and good cause appearing therefore:

IT IS HEREBY ORDERED that the Petitioner(s), *(first Petitioner's name)* _____ and *(second Petitioner's name or "n/a" if only one Petitioner)* _____ shall be allowed to have visitation and/or contact with the Protected Person as follows: _____

IT IS FURTHER ORDERED that _____

Dated this _____ day of _____, 20____.

DISTRICT COURT JUDGE

Submitted by:

(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

CASE NO.: _____

DEPT: _____

of:

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

PETITION FOR PERMISSION TO MOVE OUT OF STATE

Guardian(s), (first guardian's name) _____ and
(second guardian's name or "n/a") _____,
respectfully represent the following to this Honorable Court:

1. Guardian(s) plan to move to the State of (state) _____ on (date of your planned move) _____, 20__ and request permission to move the protected person to the new state because: (explain reasons for the move in detail)

2. The new address for Guardian(s) and the protected person will be:

_____	_____
Physical Address	Mailing Address (if different from physical address)
_____	_____
City, State, Zip Code	City, State, Zip Code

3. The protected person should be allowed to move out of Nevada because: (*check one*)

It is in the best interest of the protected person to move outside of Nevada. *(explain)* _____

There is no appropriate residence available in Nevada. *(explain)* _____

4. If the move is granted: (*check one*)

Guardian(s) would like the State of Nevada to continue overseeing this case. Guardian(s) understand that all required reports must be filed in Nevada by the required deadlines.

Guardian(s) would like a new guardianship in the State of _____. Guardian(s) will file a Petition to Terminate Guardianship in this case after guardianship is filed in the new state.

****Adult guardianships must be registered in the new state within 90 days, and child guardianships must be registered in the new state within 6 months.****

Based on the above, Guardian(s) request this court approve the request for permission to move to the State of _____.

Date: _____ Date: _____

▶ _____
(First Guardian's signature)

▶ _____
(Second Guardian's signature)

(First Guardian's printed name)

(Second Guardian's printed name)

VERIFICATION OF FIRST GUARDIAN

I, (*name of first guardian*) _____ under penalty of perjury, state that I am the petitioner in the within action; that I have read the foregoing Petition 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 GUARDIAN'S SIGNATURE

VERIFICATION OF SECOND GUARDIAN

I, (*name of second guardian*) _____ under penalty of perjury, state that I am the petitioner in the within action; that I have read the foregoing Petition 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 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

of:

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

CASE NO.: _____

DEPT: _____

HEARING DATE: _____

HEARING TIME: _____

**ORDER GRANTING PETITION FOR PERMISSION
TO MOVE OUT OF STATE**

UPON REVIEW of the Petition for Permission to Move Out of State submitted by the Petitioners, the same having come before the above-entitled court on the date and time listed, it appearing to the satisfaction of the Court that proper notice of hearing of this matter has been duly given in the manner required by law, and good cause appearing therefore:

IT IS HEREBY ORDERED that the Petition for Permission to Move Out of State is approved and granted. Guardian(s) shall be permitted to move the protected person to the State of _____.

IT IS FURTHER ORDERED that *(judge will check one)*

- The State of Nevada shall retain jurisdiction over this case. Guardian(s) shall continue to file required reports in this court as they become due.
- The Guardian(s) shall file for a new guardianship case in the State of _____ upon relocating. Guardian(s) shall file a formal Petition to Terminate this case once the case has been accepted by the new state.

Dated this ____ day of _____, 20__.

DISTRICT COURT JUDGE

Submitted by:

(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 person who has a guardian)
A Protected Person.

CASE NO.: _____

DEPT: _____

PETITION TO TRANSFER ADULT GUARDIANSHIP TO NEVADA

Petitioner(s), *(name of guardian/conservator)* _____
and *(name of co-guardian / conservator, or write "N/A" if only one)*
_____, request this court accept jurisdiction over this
guardianship pursuant to NRS 159.2024.

1. The Petitioner(s) were appointed as guardians / conservators by the following court *(full name of the court, as noted on their pleadings, where guardianship and/or conservatorship was granted)*:

Court Name: _____

Case/Cause No. _____

2. A certified copy of the provisional order of transfer from the original court is attached. ***(this is mandatory)***

Protected Person's Information

3. The Protected Person is: (*name*) _____,
born on (*date of birth*) _____, currently age _____.

4. The Protected Person's residence address is:

Address

City, State, Zip Code

The Protected Person's mailing address is (*if different than residence address*):

Address

City, State, Zip Code

5. If the Protected Person does not currently live in Nevada, the person is expected to permanently move to Nevada on (*date*) _____.

6. Could the Protected Person benefit from less restrictive supports than guardianship (such as a supported decision making agreement, durable power of attorney, etc.)?

Yes

No

Explain why or why not: _____

First Guardian/Conservator's Information

7. Full legal name: _____.

8. Date of birth: _____; current age: _____.

9. Relationship to protected person: _____.

10. Residence address:

Address

City, State, Zip Code

Mailing address (if different than residence address):

Address

City, State, Zip Code

11. 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.]

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

The Guardian:

- ☐ 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: _____

Second Guardian/Conservator’s Information

Not Applicable (*check if there is only one guardian, and go to #19*)

13. Full legal name: _____.

14. Date of birth: _____; current age: _____.

15. Relationship to protected person: _____.

16. Residence address:

Address

City, State, Zip Code

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

Address

City, State, Zip Code

17. **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.]

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

Co-guardian:

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: _____

19. **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.

20. **Exhibit A: List of All of the Adult’s Relatives** must be completed and attached to petition.

21. **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.

22. **Exhibit C: Copy of Other State’s Provisional Order of Transfer to Nevada** must be attached.

23. **Monthly Budget and Care Plan:** Please be aware that the court may require you to submit a monthly budget and/or a care plan for the protected person.

DATED (*month*) _____ (*day*) _____, 20____.

(First Petitioner’s Signature)

(Second Petitioner’s Signature)

(Printed Name)

(Printed Name)

VERIFICATION

I, (*name of first petitioner*) _____, state that I am the Guardian / Conservator in the within action; that I have read the foregoing Petition 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.

PETITIONER'S SIGNATURE

VERIFICATION

I, (*name of second petitioner*) _____, state that I am the Co-Guardian / Conservator in the within action; that I have read the foregoing Petition 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.

CO-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 person who has a guardian)
A Protected Person.

CASE NO.: _____

DEPT: _____

**PROVISIONAL ORDER TO ACCEPT
GUARDIANSHIP/CONSERVATORSHIP FROM SENDING STATE**

UPON REVIEW of the Petition to Transfer Adult Guardianship to Nevada submitted by the Petitioners, the same having come before the above-entitled court on the date and time listed, it appearing to the satisfaction of the Court that proper notice of hearing of this matter has been duly given in the manner required by law, that the transfer is not contrary to the interest of the protected person, that the guardian(s) is/are eligible for appointment in this state, and good cause appearing therefore:

IT IS HEREBY ORDERED that this Court provisionally grants the Petition to Transfer Guardianship to Nevada.

IT IS FURTHER ORDERED that this Court shall appoint *(first guardian's name)* _____, and Co-Guardian, *(second guardian's name, or "n/a")* _____, as the Guardian(s) of the Protected Person upon receipt of a final court order transferring the proceeding to Nevada from the sending state;

IT IS FURTHER ORDERED that Temporary Letters of Guardianship shall issue to Guardian, (*first guardian's name*) _____, and Co-Guardian, (*second guardian's name, or "n/a"*) _____, to expire on (*date*) _____, upon taking of the oath of office as required by law.

IT IS FURTHER ORDERED that the Guardian(s) shall mail a copy of this Order and the Notice of Entry of Order to all individuals entitled to notice under the Nevada Revised Statutes.

IT IS FURTHER ORDERED that the Court shall issue a final order granting guardianship upon the Guardian(s) filing a final order issued by the originating state terminating proceedings in that state and transferring the proceedings to this state.

Dated this ____ day of _____, 20__.

DISTRICT COURT JUDGE

Submitted by:

(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:

- Estate
- Person and Estate

of:

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

CASE NO.: _____

DEPT: _____

PROOF OF BLOCKED ACCOUNT

This form can be filled out by the Guardian or by an officer at the financial institution holding the account.

If the Guardian completes the form, you must attach proof that the account has been blocked (usually a bank statement indicating the account is blocked).

The undersigned affirms that *(name of guardian)* _____,
as Guardian of the above Estate, has established an account, Account No. _____,
titled “_____,”
in the cash sum of \$_____ and/or for the securities and other personal
assets listed on the attachment to this Proof.

The undersigned acknowledges that this account bears a blocked/frozen designation, and that no money, securities or personal assets may be withdrawn without first presenting an order from the Court authorizing the withdrawal.

Complete one of the two signature blocks below, depending on whether the financial officer will sign.

DATED _____, 20____ _____
NAME OF FINANCIAL ENTITY

By: _____
AUTHORIZED OFFICER

Title: _____

OR

DATED _____, 20____ _____
NAME OF GUARDIAN

SIGNATURE

(attach proof that the account is blocked)

Submitted by:

(Your signature) _____

(Your 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:

- Estate
- Person and Estate

of:

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

CASE NO.: _____

DEPT: _____

PETITION TO RELEASE FUNDS FROM BLOCKED ACCOUNT

Guardian(s) *(name of first guardian)* _____ and *(name of second guardian or "n/a")* _____ respectfully represent to the Court as follows:

1. This Court appointed Petitioner(s) as Guardian(s) of the above-named Protected Person and issued Letters of Guardianship, which are still in full effect.
2. The Protected Person is: *(name)* _____, born on *(date of birth)* _____, currently age _____.
3. The current address for the Protected Person is:

Address

City, State, Zip Code

4. The Monthly Budget was filed on (month) _____ (day) _____, 20____.
According to the Monthly Budget, the Protected Person's total monthly income is
\$ _____ and the total monthly expenses are \$ _____.

5. Inventory, Appraisal, and Record of Value. (check one)

The Inventory, Appraisal, and Record of Value has not been filed.

The Inventory, Appraisal, and Record of Value was filed on (month)
_____ (day) _____, 20____. According to the Inventory, the
value of the Protected Person's estate is (estate value) \$ _____.

6. Accounting. (check one)

An Annual Accounting has not yet been filed.

An Annual Accounting was filed on (month) _____
(day) _____, 20____. According to the Annual Accounting, the total value of the
Protected Person's estate is (estate value) \$ _____.

7. The Protected Person's money is in a blocked account. The account is held at (name of
the bank / financial institution where the blocked account is held)
_____ under Court Blocked Account No.
(provide last 4 digits of account number) _____. The current balance in the
account is \$ _____.

8. Guardian(s) need to access money in the blocked account because: (check one)

Guardian(s) need to pay the regular monthly expenses for the Protected Person
according to the Monthly Budget.

Other: (explain why you need to access the blocked account, and attach any
documents that show the costs related to the amount you are requesting):

9. Guardian(s) must apply the estate of the Protected Person for the proper care and maintenance of the Protected Person. The Guardian(s) cannot pay the necessary expenses above since the money is in a blocked account.

10. Amount Requested. Guardian(s) request the court order the release of funds from the above blocked account as follows: (*check one*)

Monthly amount of (*monthly amount*) \$_____ per month to pay the Protected Person's regular monthly expenses. Funds should be released on the (*day*) _____ of every month.

One-time amount of \$_____ to pay the expense detailed above.

11. If granted, the funds should be released as followed: (*check one*)

Directly to the guardians.

Transferred to an unblocked account held at (*name of financial institution where the unblocked account is held*) _____ under Account No. (*provide last 4 digits of account number*) _____, which is owned by (*name of account owner*) _____.

Based on the above, Guardian(s) request that the Court approve the release of funds as described above.

Date: _____

Date: _____

▶ _____
(*First Guardian's signature*)

▶ _____
(*Second Guardian's signature*)

(*First Guardian's printed name*)

(*Second Guardian's printed name*)

VERIFICATION OF FIRST GUARDIAN

I, (*name of first guardian*) _____,
declare that I am the petitioner in the within action; that I have read the foregoing Petition for Release of Funds from Blocked Account 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 GUARDIAN

VERIFICATION OF SECOND GUARDIAN

I, (*name of second guardian*) _____
declare that I am the petitioner in the within action; that I have read the foregoing Petition for Release of Funds from Blocked Account 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 GUARDIAN

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:

- Estate
- Person and Estate

of:

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

CASE NO.: _____

DEPT: _____

HEARING DATE: _____

HEARING TIME: _____

ORDER GRANTING PETITION TO RELEASE FUNDS FROM BLOCKED ACCOUNT

UPON REVIEW of the Petition to Release Funds From Blocked Account submitted by the Petitioner(s), the same having come before the above-entitled court on the date and time listed, it appearing to the satisfaction of the Court that proper notice of hearing of this matter has been duly given in the manner required by law, and good cause appearing therefore:

IT IS HEREBY ORDERED that *(name of financial institution where the blocked account is held)* _____ shall release funds from Court Blocked Account No. *(provide last 4 digits of account number)* _____ as provided in this order.

IT IS FURTHER ORDERED that the funds shall be released in the following amounts / dates: (*check one*)

Monthly amount of *(monthly amount)* \$_____ per month to pay the Protected Person's regular monthly expenses. Funds should be released on the *(day)* _____ of every month.

One-time amount of \$_____ to pay the expenses detailed in the Petition, to be released immediately.

IT IS FURTHER ORDERED that the funds shall be released to: (*check one*)

- Directly to the guardians.
- Transferred to an unblocked account held at (*name of financial institution where the unblocked account is held*) _____
under Account No. (*provide last 4 digits of account number*) _____,
which is owned by (*name of account owner*) _____.

Dated this _____ day of _____, 20____.

DISTRICT COURT JUDGE

Submitted by:

(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:

- Estate
 Person and Estate

of:

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

CASE NO.: _____

DEPT: _____

PETITION FOR AUTHORITY TO LIST AND SELL REAL PROPERTY

Guardian(s), (*first Guardian's name*) _____ and
(*second Guardian's name or "n/a" if only one Guardian*) _____,
respectfully represent the following to this Honorable Court:

1. This Court previously appointed the Petitioner(s) as Guardian(s) of the above-named Protected Person's estate.

2. The Guardian(s) wish to list and sell real property belonging to (*name of Protected Person*) _____, who is (*age*) _____ years of age and presently resides at (*protected person's address*) _____
_____.

3. **Estate Value.** The Protected Person's estate consists of assets that are valued at (*total value of the estate assets*) \$ _____ according to the last (*check one*)
 Accounting Inventory.

4. **Property.** The real property the Guardian(s) wish to sell is located at (*property address*)

5. **Legal Description.** The property is legally described as follows (*write the legal description of the property, if you do not know the legal description ask the county assessor or title company where the property is located*)

6. **APN.** The Assessor's Parcel Number is (*APN number*) _____.

7. **Estimated Property Value.** The value of the property to be sold is believed to be at (*value of property being sold*) \$_____.

8. **Appraisal.** (*check one*)

- Guardian(s) will complete an appraisal within one year before the date of sale.
- Guardian(s) request a waiver of the appraisal, because an appraisal will unduly delay the potential sale and the delay will impair the estate of the Protected Person.

9. **Mortgage / Lien.** (*check one*)

- There are no mortgage or lien holders on the real property.
- There are mortgage/lien holder(s) on the real property.

The mortgage/lien holder(s) is/are (*name all mortgages and lien holders to the property you wish to sell*) _____

The amount still owed to the mortgage/lien holder(s) is \$_____.

10. **Joint Property Owners.** (*check one*)

- There are no joint property owners to the real property.
- There are joint property owners to the real property.

The joint property owner(s) is/are (*name anyone that is a joint property owner to the property you wish to sell*) _____

11. **People Entitled to Inherit.** (*check one*)

- The Protected Person has a will that states the property will be given to (*list the name(s) of any person named to inherit the property in the will*):

- The Protected Person does not have a will. The heirs who would be entitled to inherit the property are (*list the name(s) of any person that would inherit the property without a will, including yourself if you are an heir*):

12. **Reason.** The Guardian(s) wish to sell the Protected Person’s real property because (*explain why you want to sell the property and how selling the property is beneficial to the protected person*)

13. **Listing Agreement. Guardian(s) understand that a listing agreement cannot be signed until the judge signs and files an order granting authority to list the property for sale.** If authority to sell is granted, the listing agreement for the sale of the real property will clearly state the following terms:

- a. the property is being sold “AS IS, WHERE IS”;
- b. there are “no warranties, expressed or implied”;

- c. the sale is subject to court approval;
- d. offers must be in writing and delivered to the place designated in the Notice of Sale or to the guardian at any time after the date of first publication or posting of the notice;
- e. the listing price will be \$_____;

14. **Publication.** (*check one*)

- The Guardians are the only people who would be awarded the property under a will or by inheritance. Publication should be waived.
- All persons who would be awarded the property under a will or by inheritance will give consent to waive publication. Publication should be waived.
- The net value of the sale of the property will be \$10,000 or less. Publication should be waived, and Guardian(s) will instead post a notice in three of the most public places in the county where the property is located for at least 14 days before offers will be accepted.
- A Notice of Sale will be published in a newspaper in the county where the property is located, or in a newspaper of general circulation as ordered by the Court not less than 3 times over a period of 14 days and 7 days apart before the sale is made.
- A Notice of Sale will be published on a public property listing service for not less than 30 days.

15. Within 30 days after the date of the sale of the Protected Person’s real property, which is the date on which the contract for the sale is signed, Guardian(s) will file Petition for Confirmation of the Sale to approve the best offer received.

Based on the above, Petitioner(s) request that the authority to list and sell the real property be granted and for such other and further relief as the Court may deem just and proper.

Date: _____

Date: _____

▶ _____
(*First Guardian’s signature*)

▶ _____
(*Second Guardian’s signature*)

(*First Guardian’s printed name*)

(*Second Guardian’s printed name*)

VERIFICATION

I, (*name of first Guardian*) _____, under penalty of perjury, state that I am the Guardian in the within action; that I have read the foregoing Petition 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.

GUARDIAN'S SIGNATURE

VERIFICATION

I, (*name of Co-Guardian; if none, write "N/A"*) _____, under penalty of perjury, state that I am the Co-Guardian in the within action; that I have read the foregoing Petition 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.

CO-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:

- Estate
 Person and Estate

of:

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

CASE NO.: _____

DEPT: _____

**CONSENT TO WAIVE PUBLICATION OF THE NOTICE OF SALE
(SALE OF REAL PROPERTY)**

I, *(print your name)* _____ respectfully
represent the following to this Honorable Court:

1. This Court appointed *(guardian's name)* _____ and
(co-guardian's name; or "N/A") _____ as Guardian(s)
of the above named protected person's estate.

2. I am: (*check one*)

- The guardian and the only person who would be entitled to receive the property
under a will or by the laws of inheritance if there is no will.
- A person who would be entitled to receive the property under a will.
- A person who would be entitled to receive the property under the laws of
inheritance if there is no will.

3. To my knowledge, the other people who would be entitled to receive the property under a will or by the laws of inheritance if there is no will are: *(list the names of other people you know of who could inherit or receive the property with or without a will)*

4. I understand that notice of the sale must normally be provided by publishing a notice in a newspaper or on a public listing service. I give my consent to waive the requirement of publication of the property and consent to the sale of the property located at *(address of the property)* _____.

5. 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)

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:

- Estate
 Person and Estate

of:

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

CASE NO.: _____

DEPT: _____

HEARING DATE: _____

HEARING TIME: _____

**ORDER APPROVING PETITION FOR AUTHORITY
TO LIST AND SELL REAL PROPERTY**

The Court, having reviewed the Petition for Authority to List and Sell Real Property filed by the Guardian(s) of the Estate of the above-referenced protected person; the hearing upon which was set by the Clerk of the above entitled Court, for the above date and time, the Court having considered the Petition and examined the evidence, being fully advised in the premises finds: (i) proper notice of the hearing was duly given as required by law; (ii) that it is in the protected person's best interests for the Real Property to be sold; and (iii) the Petition ought to be granted. Accordingly,

IT IS HEREBY ORDERED that the Authority to List and Sell Real Property of the above named protected person is granted; and

IT IS FURTHER ORDERED that the Guardian may proceed with listing for sale the property located at (*property address*): _____

with the legal description of (*write the legal description of the property*) _____

The Assessor's Parcel Number is (*APN number*) _____.

IT IS FURTHER ORDERED that if the estate owes more than the value of the property, the mortgage/lien holder must agree in writing to accept the sale and waive the difference between the sale price and amount owed.

IT IS FURTHER ORDERED that any joint owners of the property must be notified of this order.

IT IS FURTHER ORDERED that the Court shall not approve a proposed sale to any joint owner unless the net amount of the proceeds from the sale is not less than 90% of the fair market value of the portion of the property to be sold.

IT IS FURTHER ORDERED that the listing agreement for the sale of the real property will clearly state the following terms:

- a. the property is being sold "AS IS, WHERE IS";
- b. there are "no warranties, expressed or implied";
- c. the sale is subject to court approval;
- d. offers must be in writing and delivered to the place designated in the Notice of Sale or to the guardian at any time after the date of the first publication or posting of the notice;
- e. the listing price will be \$_____;
- f. the guardian will provide payment of a commission upon sale of the real property which will be paid from the proceeds of the sale as a fixed in an amount not to exceed ten percent for an unimproved real property or seven percent for real property with any type of improvement and will be authorized by the court by confirmation of sale;

- g. the guardian nor the estate is liable for payment of commission until the sale is confirmed through the court, and then is only liable for the amount set forth in the contract;
- h. upon confirmation of the sale by the court, the contract will become binding and enforceable against the estate;
- i. the sale must not occur before the date stated in the notice of sale or sooner than 14 days after the date of the first publication, and no later than one year after the starting date stated in the notice of sale; and
- j. close of escrow must be at least 10 judicial days after the date that the notice of entry of order confirming the sale is filed with the clerk of the court unless the contract specifies a later date or the parties to the sale extend the date by mutually agreeing in writing.

IT IS FURTHER ORDERED that the guardian may now enter into a written contract with a bona fide agent, broker or multiple agents or brokers to secure a purchaser for the sale of the property following the terms specified above.

IT IS FURTHER ORDERED that the guardian shall immediately file and publish a Notice of Sale (*Court to check one*):

- In a newspaper that is published in the county in which the property or some portion of the property is located, or if a newspaper is not published the county where the property is located, then in a newspaper of general circulation. The Notice of Sale will be published no less than three times before the date on which the sale may be made, over a period of 14 days and seven days apart.
- In (*name of newspaper*) _____ as specified by the Court. The Notice of Sale will be published for no less than three times before the date on which the sale may be made, over a period of 14 days and seven days apart.
- On a public property listing service for a period of not less than 30 days.
- In lieu of publication, the guardian shall post notice of the sale in three of the most public places in the county in which the property or some portion of the property is

located for at least 14 days before the date that offers will be accepted due to the net value of the property reasonably being believed to be \$10,000 or less.

- The court waives the requirement of publication due to the guardian being the sole devisee or heir of the estate.
- The court waives the requirement of publication due to all devisees or heirs of the estate consenting to the waiving of publication in writing.

IT IS FURTHER ORDERED that the guardian must file a Petition to Approve the Sale of Real Property within 30 days after accepting an offer. Title to the real property must not be passed to the purchaser prior to the approval of offer through the court.

IT IS FURTHER ORDERED that an appraisal must be done prior to the hearing on the Petition to Approve Sale of Real Property but no earlier than one year prior to the date of sale. The appraisal may be waived if an appraisal will unduly delay the sale, and the delay will impair the estate of the Protected Person.

NOTICE IS HEREBY GIVEN that a guardian who fraudulently sells real property of the protected person in a manner inconsistent with the provisions in NRS 159 is liable for double the value of the property sold, as liquidated damages, to be recovered in an action by or on behalf of the protected person.

Dated this _____ day of _____, 20__.

DISTRICT COURT JUDGE

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 the:

- Estate
- Person and Estate

of:

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

CASE NO.: _____

DEPT: _____

NOTICE OF SALE

PLEASE TAKE NOTICE that *(first Guardian's name)* _____
and *(second Guardian's name or "n/a" if none)* _____, as
Guardian(s) of the above-named Protected Person, will sell the Protected Person's real property
at private sale to the highest and best bidder, within one year of the date stated in this Notice of
Sale.

The real property for sale is located at *(street/city/state/zip)*

The legal description of the property is as follows:

The Assessor's Parcel Number (APN) is: _____

Offers will be accepted starting at *(time)* _____ a.m. p.m. on *(month)*
_____ *(day)* _____ 20____.

All offers to purchase the real property listed, must be made in writing and sent to the Guardian(s) at (*guardian's address*):

or to the designated agent at (*agent's name, company the agent works for, and address*)

This property will be sold "AS IS, WHERE IS", no warranties, expressed or implied, and subject to court approval.

The listing price is \$_____.

The terms of the sale shall be as set forth in the listing agreement on file with the agent named above.

The Guardian(s) of the Estate reserves the right to reject any and all bids. Final sale is subject to Court approval. Bids are welcome at the hearing set for approval of the sale before the Guardianship Court.

DATED this _____ day of _____, 20_____.

CLERK OF COURT

BY: _____
DEPUTY CLERK

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:

- Estate
 Person and Estate

of:

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

CASE NO.: _____

DEPT: _____

PROOF OF PUBLICATION (SALE OF REAL PROPERTY)

I HEREBY CERTIFY that publication of the Notice of Sale was accomplished in the following way: (*check one*)

- In the *(name of newspaper)* _____
for no less than three times before the date on which the sale was made, over a period of 14 days and seven days apart as ordered by the court. The dates published were *(list the dates the Notice of Sale was published)* _____.
- On a public property listing service for 30 days as ordered by the court. The name of the public property listing service is *(public property listing service's name)* _____ . The postings were placed on *(date posted)* _____ and remained there until *(date removed)* _____ .

In three of the most public places in the county in which the property or some portion of the property is located for at least 14 days before the date that offers were accepted as ordered by the court. Those locations were (*list the three locations where you posted*)

The postings were placed on (*date posted*) _____ and remained there until (*date removed*) _____.

Offers were accepted starting on (*date*) _____.

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)

ATTACH THE PUBLISHED AFFIDAVIT FROM THE NEWSPAPER (IF APPLICABLE) TO THIS FORM

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:

- Estate
- Person and Estate

of:

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

CASE NO.: _____

DEPT: _____

PETITION FOR CONFIRMATION OF SALE OF REAL PROPERTY

Guardian(s), (*first Guardian's name*) _____ and
(*second Guardian's name or "n/a" if only one Guardian*) _____,
respectfully represent the following to this Honorable Court:

1. **Approval.** This Court granted the guardian(s) authority to list and sell the real property
on (*date the court authorized you to list and sell the property*) _____.

2. **Property.** The real property guardian(s) wish to sell is located at (*property address*):

3. **Legal Description.** The property is legally described as follows (*write the legal
description of the property*):

4. **APN.** The Assessor's Parcel Number is (*APN number*) _____

5. **Notice of Sale.** The Notice of Sale was: (*check one*)

Waived since the Guardian(s) are the only people who would be awarded the property under a will or by inheritance.

Waived since all persons who would be awarded the property under a will or by inheritance provided consent to waive publication.

Published in (*name of newspaper*) _____
for no less than three times before the date on which the sale was made, over a period of 14 days and seven days apart as ordered by the court.

Published on a public property listing service for 30 days as ordered by the court.
The name of the public property listing service is (*public property listing service's name*) _____

Posted in three of the most public places in the county in which the property or some portion of the property is located for at least 14 days before the date that offers were accepted as ordered by the court.

6. **Terms of Sale.** The terms of the sale are as follows:

- a. the property is being sold "AS IS, WHERE IS";
- b. there are "no warranties, expressed or implied";
- c. the sale is subject to court approval;
- d. the commission for the sale is split ____% (*total amount to be paid to the buyer's agent \$_____*) to the buyer's agent (*name of buyer's agent, company they work for, and address*) _____

_____ and ____% (*total amount to be paid to the seller's agent \$_____*) to the seller's agent (*name of seller's agent, company they work for, and address*) _____

_____ for a total commission upon sale of ____% (*total amount to be paid to both agents \$_____*);

- e. title, closing and additional costs to be paid as agreed upon in the Residential Offer and Acceptance Agreement attached as Exhibit A along with the original offer and counter offer;
- f. the guardian nor the estate is liable for payment of commission until the sale is confirmed through the court, and then is only liable for the amount set forth in the contract; and
- g. close of escrow must be at least 10 judicial days after the date that the notice of entry of order confirming the sale is filed with the clerk of the court unless the contract specifies a later date or the parties to the sale extend the date by mutually agreeing in writing.

7. **Mortgage / Lien.** (*check one*)

- There are no mortgage or lien holders on the real property.
- There are mortgage/lien holder(s) on the real property that have been notified of the sale of real property.

The mortgage/lien holder(s) is/are *(name all mortgages and lien holders to the property you wish to sell)* _____

The amount still owed to the mortgage/lien holder(s) is \$_____.

The mortgage/lien holder wishes to (*check one*)

- Be paid from the proceeds made in the sale of the real property and accept the sale price and waive any difference between the sale price and the amount owed if the sale price is less than what is owed.
- Purchase the real property and release the protected person from any further payment of the mortgage/lien if the court approves the offer.
- Other: _____

If the estate owes more than the value of the property and the estate has made an agreement with all lienholders to accept the sale price and waive any deficiency between the sale price and the amount owed to all lienholders, the sale must be confirmed without the potential for bidding in court.

8. **Joint Property Owners.** (*check one*)

- There are no joint property owners to the real property.
- There are joint property owners to the real property that have been notified of the sale of real property.

The joint property owner(s) is/are (*name anyone that is a joint property owner to the property you wish to sell*) _____

The joint property owners wish to (*check one*)

- Sell their interests in the real property with the guardian(s).
- Remain joint owners of the real property with the selected buyer and release the protected person from all liability for any mortgage/lien on the property.
- Put in an offer on the protected persons interests in the real property and release the protected person from all liability for any mortgage/lien on the property. The net amount of the proceeds from the sale will not be less than 90 percent of the fair market value for the protected person's portion of the property being sold.
- Other: _____

9. **Notice.** All devisees / heirs to the property have been notified of the sale.

10. **Appraisal.** (*check one*)

- The real property was appraised on (*date*) _____ and was valued at (*amount property was appraised for*) \$_____. A copy of the appraisal is attached as Exhibit B.
- The appraisal should be waived because an appraisal will unduly delay the potential sale and the delay will impair the estate of the Protected Person.

11. **Offer.** The guardian has an offer from (*buyer's name*) _____, in the amount of (*amount of offer*) \$_____, payable by (*how the buyer plan on paying for the property*) _____.

12. **Return on Investment.** The return of the investment would be (*ROI use the calculation below*) _____%

[(*The amount of Offer \$*_____ -- *The amount the protected person bought the property at \$*_____) / *The amount the protected person bought the property at \$*_____] x 100 = _____%

Evidence of the amount the protected person bought the property at is attached as Exhibit C.

13. **Fair & Reasonable.** The guardian believes that the offer is fair, reasonable, and in the best interests of the protected person because (*explain why this is a good offer and why it will benefit the protected person*)

14. **No Higher Offers.** There were no higher offers, and the Guardian(s) believe it is unlikely that a bid would be made that exceeds the original offer by: (*check one*)

At least five percent if the offer is less than \$100,000.

At least \$5,000 if the offer is \$100,000 or more.

Based on the above, Petitioner(s) request the Court confirm sale of the real property as stated herein and for such other and further relief as the Court may deem just and proper.

If the Court finds that it cannot confirm the sale as stated herein, Petitioner(s) request that the Court order a new sale or hold a public auction in open court.

If a higher offer is received in court during the hearing to confirm the sale, Petitioner(s) request that the Court allow for the buyer listed above to increase the price of his/her offer if they wish and for the Court to grant sale to the highest bidder in court.

Date: _____

Date: _____

▶ _____
(*First Guardian's signature*)

▶ _____
(*Second Guardian's signature*)

(*First Guardian's printed name*)

(*Second Guardian's printed name*)

VERIFICATION

I, (*name of first Guardian*) _____, under penalty of perjury, state that I am the Guardian in the within action; that I have read the foregoing Petition 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.

GUARDIAN'S SIGNATURE

VERIFICATION

I, (*name of Co-Guardian; if none, write "N/A"*) _____, under penalty of perjury, state that I am the Co-Guardian in the within action; that I have read the foregoing Petition 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.

CO-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:

- Estate
- Person and Estate

of:

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

CASE NO.: _____

DEPT: _____

HEARING DATE: _____

HEARING TIME: _____

ORDER APPROVING PETITION FOR CONFIRMATION OF SALE

The Court, having reviewed the Petition for Confirmation of Sale of Real Property filed by the Guardian(s) of the Estate of the above-referenced protected person; the same having come before the above-entitled court on the date and time listed, the Court having considered the Petition and examined the evidence, being fully advised in the premises, finds: (1) proper notice of the hearing was duly given as required by law, including to any joint owners of the property; (2) the Court has jurisdiction over this matter; (3) no greater bids were received at the hearing; (4) good reason exists for the sale and it is in the best interest of the protected person's estate to sell the property; (5) the sale was conducted in a legal and fair manner; (6) the amount of the offer is not disproportionate to the value of the property; (7) the return on the investment will be _____ %; (8) the property was appraised at (*appraised value of property being sold*) \$_____ within one year before the date of sale, the net amount of the proceeds from the sale to the estate of the protected person is not less than 90 percent of the fair market value; and (7) the Petition ought to be granted. Accordingly,

IT IS HEREBY ORDERED that the Guardian(s) may proceed with the sale of the property located at (*property address*): _____

with the legal description of (*write the legal description of the property, if you do not know the legal description the county assessor or title company where the property is located*)

The Assessor's Parcel Number is (*APN number*) _____.

IT IS FURTHER ORDERED that the property shall be sold to (*name of buyer*)

_____ for (*amount being sold for*)
\$ _____.

IT IS FURTHER ORDERED that the money from the sale must be applied in the following order:

- a. To pay the necessary expenses of the sale.
- b. To satisfy any remaining mortgage/lien to include payment of interest and any other lawful costs and charges.
- c. To the estate of the protected person unless the court orders otherwise.

IT IS FURTHER ORDERED that any mortgages/liens on the property will be paid through the sale of the real property, unless the buyer of the property is the mortgage/lien holder, in which the sale will satisfy all debt owed. The sale price is: (*check one*)

- More than what is owed in any mortgages/liens on the property.
- Less than what is owed on the mortgages/liens on the property however, the mortgage/lien holder(s) have agreed in writing that they will accept the sale and waive the difference between the sale price and amount owed.

IT IS FURTHER ORDERED that the estate of the protected person will be released from all liability for any mortgage/lien on the property.

IT IS FURTHER ORDERED that the guardian shall execute a transfer of the property to the purchaser named above in this order.

IT IS FURTHER ORDERED that the closing documents shall make a reference to this court order and a certified copy of this court order shall be recorded in the office of the county recorder in which the property is located.

IT IS FURTHER ORDERED that the transfer of the property includes all the right, title and interest of the protected person in the property, including right, title and interest accumulated after the start of the sale to transfer to the purchaser.

IT IS FURTHER ORDERED that if the purchaser neglects or refuses to comply with the terms of the sale, the court may set aside the order of confirmation and order the property to be resold by request through a motion filed by the guardian after notice is given to the purchaser. If the amount of the resale of the property is less than the amount agreed upon and listed above, the original purchaser listed above is liable to pay the difference to the guardian.

NOTICE IS HEREBY GIVEN A guardian who fraudulently sells real property of the protected person in a manner inconsistent with the provisions in NRS 159 is liable for double the value of the property sold, as liquidated damages, to be recovered in an action by or on behalf of the protected person.

Dated this _____ day of _____, 20__.

DISTRICT COURT JUDGE

Submitted by:

(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

CASE NO.: _____

DEPT: _____

of:

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

PETITION TO RESIGN AS GUARDIAN(S)

Petitioner, (*your name*) _____, respectfully
represents to the Court as follows:

1. This Court appointed (*first guardian*) _____ and
(*name of second guardian, or "n/a"*) _____
as Guardian(s) of the above named Protected Person on or about (*date you were*
appointed as guardian(s)) _____.

2. The following Guardian(s) wish to resign: (*name of guardian(s) who want to resign*)
_____. The Guardian(s) want
to resign because (*explain why you do not want to be the guardian anymore*):

You Must Suggest Who Should Be The New Guardian

If you resign, the judge will have to appoint someone else to be the guardian. You can suggest below who should take over as the guardian. The judge will have to be certain the next proposed guardian is qualified and able to serve.

If there is no one willing and able to serve as guardian, the Court may notify social services that the protected person has been abandoned.

3. If the Guardian(s) named above are allowed to resign: (*check one*)

- The co-guardian will continue to serve as Guardian.
- Another person will apply to the Court to serve as a successor guardian. That person is *(name of person who will petition to be appointed the new guardian)*
_____.
- The Public Guardian should be appointed as successor guardian.

4. Accounting. (*check one*)

- No Estate is Involved. This is a guardianship over the person only, therefore, no accounting is required.
- An Estate is Involved. (*check one*)
 - This is a Summary Administration case and no accounting is due.
 - The Co-Guardian will remain and will file an accounting when it is due.
 - An accounting for the current term will be filed with this request.

5. The best interests of the Protected Person will be served by the appointment of another person as guardian.

Petitioner requests that this Court authorize the resignation of the Guardian(s).

Date: _____ Date: _____

▶ _____ ▶ _____
(*First Guardian's signature*) (*Second Guardian's signature*)

(*First Guardian's printed name*) (*Second Guardian's printed name*)

VERIFICATION OF FIRST GUARDIAN

I, (*your name*) _____, declare that I am the Petitioner in the within action; that I have read the foregoing Petition to Resign as Guardian(s) 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 GUARDIAN

VERIFICATION OF SECOND GUARDIAN

I, (*your name*) _____, declare that I am the Co-Petitioner in the within action; that I have read the foregoing Petition to Resign as Guardian(s) 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 GUARDIAN

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: _____

HEARING DATE: _____

HEARING TIME: _____

ORDER APPROVING RESIGNATION OF GUARDIAN

Petitioner, *(name of petitioner)* _____ having filed a Petition for Resignation as Guardian requesting the Court allow him/her to resign as Guardian/Co-Guardian of the above Protected Person; a hearing being held on date indicated above, and no one appearing to object and good cause appearing therefore:

IT IS HEREBY ORDERED that the Court accepts the resignation of *(name of guardian(s) wishing to resign)* _____ as Guardian / Co-Guardian of the above named Protected Person; and

IT IS FURTHER ORDERED that the General Letters of Guardianship issued to (*name of guardian(s) wishing to resign*) _____

is/are revoked.

Dated this _____ day of _____, 20____.

DISTRICT COURT JUDGE

Submitted by:

(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 person who has a guardian)
A Protected Person.

CASE NO.: _____

DEPT: _____

PETITION TO REMOVE GUARDIAN(S)

Petitioner, *(name of petitioner)* _____, respectfully
represents to the Court as follows:

1. This Court previously appointed *(name of first guardian)*
_____ and *(name of second guardian, or*
"n/a") _____ as Guardian(s) of the above
named protected person.

2. The name of the guardian(s) who should be removed is *(name of guardian(s) you would*
like removed) _____.

This request for removal is based on the following: (**check all that apply**):

- The guardian is deceased and another person will apply to serve as a successor guardian;
- The guardian has become mentally incapacitated, unsuitable or otherwise incapable of exercising the authority and performing the duties of a guardian as provided by law;

- The guardian is no longer qualified to act as a guardian;
- The guardian has filed for bankruptcy within the previous 5 years;
- The guardian of the estate has mismanaged the estate of the Protected Person;
- The guardian has negligently failed to perform any duty as provided by law or by any order of the Court and:
 - (a) The negligence resulted in injury to the Protected Person or the estate of the Protected Person; or
 - (b) There is a substantial likelihood that the negligence would result in injury to the Protected Person or the estate of the Protected Person;
- The guardian has intentionally failed to perform any duty as provided by law or by any lawful order of the Court, regardless of injury;
- The best interests of the Protected Person will be served by the appointment of another person as guardian;
- The guardian is a private professional guardian who is no longer qualified as a private professional guardian;
- The guardian over an adult has violated a right of the Protected Person as set forth in NRS 159;
- The guardian over an adult has violated a Court order or committed an abuse of discretion regarding restricting access and/or communication with the Protected Person.

4. Provide any additional information the Court should know in making a determination for removal. Sufficient details must be provided to support all allegations. **Failure to provide adequate details may result in this petition being taken off calendar by the Court:** *(explain why the guardian should be removed)*

5. Based on the information contained in this Petition, Petitioner requests that the Court remove (*name of guardian(s)*) _____ as Guardian(s) of the above named Protected Person.
6. If the Court finds that the petitioner(s) did not file a petition for removal in good faith or to further the best interest of the protected person, the Court may *disallow* the petitioner(s) from petitioning the court for attorney's fees from the estate of the protected person, and *impose* sanctions on the petitioner(s) in the amount sufficient to reimburse the estate of the protected person for all or part of the expenses and for any other losses incurred by the estate of the protected person.

Petitioner respectfully requests that this Court remove the Guardian(s) of the above named Protected Person.

DATED this (*day*) _____ day of (*month*) _____, 20__.

(Signature)

(Printed Name)

VERIFICATION

I, (*name of petitioner*) _____, declare that I am the Petitioner in the within action; that I have read the foregoing Petition for Removal of Guardian(s) 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.

PETITIONER

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: _____

HEARING DATE: _____

HEARING TIME: _____

ORDER TO REMOVE GUARDIAN(S)

It appearing to the satisfaction of the Court that a Citation to Appear and Show Cause Regarding Petition for Removal of Guardian(s) was issued setting the Petition for Removal of Guardian(s) on the court calendar for hearing, the Citation to Appear and Show Cause Regarding Petition for Removal of Guardian(s) was served as prescribed by law, and this matter having been heard by this Court on the date and time listed, and that all allegations contained in the petition are true and correct, and good cause appearing therefore:

IT IS HEREBY ORDERED that *(name of first guardian)*
_____ and *(name of second guardian, or "n/a")*
_____ is/are removed as Guardian(s) of the above
named Protected Person; and

IT IS FURTHER ORDERED that the Letters of Guardianship issued to (*name of first guardian*) _____ and (*name of second guardian, or "n/a"*) _____ is/are revoked.

IT IS FURTHER ORDERED that: (*judge will check one*)

- There are no blocked accounts or bonds.
- Any blocked accounts shall be unblocked.
- Any bonds shall be exonerated.

Dated this _____ day of _____, 20__.

DISTRICT COURT JUDGE

Submitted by:

(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 person who has a guardian)
A Protected Person.

CASE NO.: _____

DEPT: _____

PETITION TO TERMINATE GUARDIANSHIP (ADULT)

Petitioner(s), (first Petitioner's name) _____ and
(second Petitioner's name or "n/a" if only one Petitioner) _____,
respectfully represent the following to this Honorable Court:

1. This Court appointed (guardian's name) _____ and
(co-guardian's name; or "N/A") _____ as Guardian(s)
of the above named protected person and issued Letters of Guardianship, which are still
in full effect.
2. **Relationship to Protected Person.** Petitioner(s) are the (**check one**) guardian(s)
/ other (state your relationship to the protected person) _____
of the protected person.

3. **Guardian(s).** The names and addresses of the Guardian(s) are:

Guardian's Name: _____

Address: _____

Co-Guardian's Name: _____

Address: _____

4. **Petitioner(s).** The names and addresses of the Petitioner(s) are:

The same as the above (*if the guardian(s) are the petitioner(s)*).

Petitioner's Name: _____

Address: _____

Co-Petitioner's Name: _____

Address: _____

5. **Protected Person's Status.** (*check one*)

The protected person died on (*date of death*) _____.

The protected person is currently (*age*) _____ years old. The protected person currently resides at:

Protected Person's Address:

6. **Reason for Termination.** The guardianship is no longer needed because:

check all that apply)

- Death.** The protected person died on (*date of death*) _____.
- Moved out of Nevada.** The court granted permission to move the protected person to the State of _____. Guardianship and/or conservatorship has been obtained in that state (*attach proof of the other state's case*).
- Capacity regained.** The protected person has regained capacity to manage his/her own affairs (*attach documentation to support this if available*).
- Other.** (*explain the reasons the guardianship is no longer needed*)

7. **Attorney.** *check one*)

- The protected person has an attorney: (*print the name of the attorney*)

- The protected person does not have an attorney at this time.

8. **Best Interests of the Protected Person.**

If the court finds that the petitioner(s) did not file a petition for termination in good faith or to further the best interest of the protected person, the court may *disallow* the petitioner(s) from petitioning the court for attorney's fees from the estate of the protected person, and *impose* sanctions on the petitioner(s) in the amount sufficient to reimburse the estate of the protected person for all or part of the expenses and for any other losses incurred by the estate of the protected person.

9. **Final Accounting.** (*check one*)

- No Estate is Involved.** This is a guardianship over the person only, therefore, no accounting is required (*skip section 10 and sign and date the bottom*).
- An Estate is Involved.** (*check one*)
 - The Final Accounting Should Be Waived.**
 - The Guardian(s) Should File a Final Accounting.**
 - The Guardian(s) Provide The Following Final Accounting.** A Final Accounting is attached as an Exhibit to this Petition.

10. **Distribution of Assets.** The protected person's assets are to be distributed as follows:

<u>Description</u>	<u>Distribution to</u>	<u>Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

11. **Bond/Blocked Account.** (*check one*)

- There are no blocked accounts or bonds.
- Any blocked accounts should be unblocked.
- Any bonds should be exonerated.

Based on the above, Petitioner(s) request that the Court terminate the guardianship.

Date: _____

Date: _____

▶ _____
(*First Petitioner's signature*)

▶ _____
(*Second Petitioner's signature*)

(*First Petitioner's printed name*)

(*Second Petitioner's printed name*)

VERIFICATION

I, *(name of first Petitioner)* _____, under penalty of perjury, state that I am the Petitioner in the within action; that I have read the foregoing Petition to Terminate Guardianship 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.

PETITIONER’S SIGNATURE

VERIFICATION

I, *(name of Co-Petitioner; if none, write “N/A”)* _____, under penalty of perjury, state that I am the Co-Petitioner in the within action; that I have read the foregoing Petition to Terminate Guardianship 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.

CO-PETITIONER’S SIGNATURE

(File any required exhibits, such as the Final Accounting (if you are the guardian over the estate), physician’s proof, or other court orders showing the guardianship has been filed in another state)

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 Minor.

CASE NO.: _____

DEPT: _____

PETITION TO TERMINATE GUARDIANSHIP (MINOR)

Petitioner(s), (*first Petitioner's name*) _____ and
(*second Petitioner's name or "n/a"*) _____, respectfully
represent the following to this Honorable Court:

1. This Court appointed (*guardian's name*) _____ and
(*co-guardian's name; or "N/A"*) _____ as
Guardian(s) of the above named protected minor and issued Letters of Guardianship,
which are still in full effect.
2. **Relationship to Protected Minor.** Petitioner(s) are the (**check one**)
 - Guardian(s)
 - Parent(s)
 - Other (*state your relationship to the child*) _____
of the protected minor.

3. **Guardian(s).** The names and addresses of the Guardian(s) are:

Guardian's Name: _____

Address: _____

Co-Guardian's Name: _____

Address: _____

4. **Petitioner(s).** The names and addresses of the Petitioner(s) are:

The same as the above (*if the guardian(s) are the petitioner(s)*).

Petitioner's Name: _____

Address: _____

Co-Petitioner's Name: _____

Address: _____

5. **Protected Minor's Status.** (*check one*)

The protected minor is currently (*age*) _____ years old. The protected minor currently resides at:

Protected Minor's Address:

The protected minor died on (*date of death*) _____.

6. **Reason for Termination.** The guardianship is no longer needed because:

(*check all that apply*)

- Death.** The protected minor died on (*date of death*) _____.
- Age of majority.** The protected minor is now 18.
- Moved out of Nevada.** The court granted permission to move the protected minor to the State of _____. Guardianship and/or conservatorship has been obtained in that state (*attach proof of the other state's case*).
- Parents request termination.** The parents have corrected the reasons that the guardianship was granted and would like the child returned to the parents' care. (*complete section 7 below*)
- Other.** (*explain the reasons the guardianship is no longer needed*) _____

7. **Parents Request Termination.** (*go to #8 if you are not the child's parent*)

A parent must show clear and convincing evidence that there has been a material change in circumstances since the guardianship was created. The parents must show the ability to provide for the child's basic needs, including food, shelter, clothing, medical care, and education. The Court can also consider the parents' history of alcohol and substance use, criminal history, and domestic violence issues. **Tell the judge about all of these issues, what has changed since the guardianship was put in place, and how you will be able to care for the child in the space below.**

Circumstances have materially changed, and the parent(s) are able to care for the child because (*explain what has changed and how you are now able to care for the child*):

Did you originally sign a consent to the guardianship? (**check one**)

- Yes (*skip to #8*)
- No. Describe how the welfare of the child would be substantially enhanced by terminating the guardianship and returning the child to the parent's care (*explain how the child would be better off in your care*):

8. **Attorney.** (**check one**)

- The child has an attorney: (*print the name of the attorney*)

- The child does not have an attorney at this time.

9. **Best Interests of the Protected Minor.**

If the court finds that the petitioner(s) did not file a petition for termination in good faith or to further the best interests of the protected minor, the court may *disallow* the petitioner(s) from petitioning the court for attorney's fees from the estate of the protected minor, and *impose* sanctions on the petitioner(s) in the amount sufficient to reimburse the estate of the protected minor for all or part of the expenses and for any other losses incurred by the estate of the protected minor, in accordance with Assemb. B. 319, 2017 Leg., 79th Sess. (Nev. 2017).

10. **Final Accounting.** (*check one*)

- No Estate is Involved.** This is a guardianship over the person only, therefore, no accounting is required (*skip section 11 and sign and date the bottom*).
- An Estate is Involved.** (*check one*)
 - The Final Accounting Should Be Waived.**
 - The Guardian(s) Should File a Final Accounting.**
 - The Guardian(s) Provide The Following Final Accounting.** A Final Accounting is attached as an Exhibit to this Petition.

11. **Distribution of Assets.** The protected minor's assets should be distributed as follows:

<u>Description</u>	<u>Distribution to</u>	<u>Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Based on the above, Petitioner(s) request that the Court terminate the guardianship.

Date: _____

Date: _____

▶ _____
(*First Petitioner's signature*)

▶ _____
(*Second Petitioner's signature*)

(*First Petitioner's printed name*)

(*Second Petitioner's printed name*)

VERIFICATION

I, *(name of first Petitioner)* _____, under penalty of perjury, state that I am the Petitioner in the within action; that I have read the foregoing Petition to Terminate Guardianship 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.

PETITIONER

VERIFICATION

I, *(name of Co-Petitioner; if none, write "N/A")* _____, under penalty of perjury, state that I am the Co-Petitioner in the within action; that I have read the foregoing Petition to Terminate Guardianship 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.

CO-PETITIONER

(File any required exhibits, such as the Final Accounting (if you are the guardian over the estate) or other court orders showing the guardianship has been filed in another state)

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: _____

HEARING DATE: _____

HEARING TIME: _____

ORDER TERMINATING GUARDIANSHIP

UPON REVIEW of the verified Petition to Terminate Guardianship submitted by (*petitioner's name*) _____ and (*co-petitioner's name; or "N/A" if only one petitioner*) _____, the same having come before the above-entitled Court, and it appearing to the satisfaction of the Court that proper notice of hearing of this matter has been duly given in the manner required by law, that all allegations contained in the verified petition are true and correct, that the petition was filed in good faith, and clear and convincing evidence appearing therefore;

IT IS HEREBY ORDERED that the Guardianship over (*name of protected person*) _____ is terminated;

IT IS FURTHER ORDERED that (*check one*)

- This was a guardianship over the person only, and there is no estate;
- The final accounting is waived;
- The final accounting is approved. Distribution of any assets shall be addressed through proper probate proceedings;
- The final accounting and the distribution of assets as listed is approved. The protected person's assets are to be distributed as follows:

<u>Description</u>	<u>Distribution to</u>	<u>Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

IT IS FURTHER ORDERED that: (*judge will check one*)

- There are no blocked accounts or bonds.
- Any blocked accounts shall be unblocked.
- Any bonds shall be exonerated.

IT IS FURTHER ORDERED that the Letters of Guardianship issued to (*first guardian's name*) _____ and (*second guardian's name; if only one guardian, write "N/A"*) _____, is/are hereby revoked.

IT IS FURTHER ORDERED that the above case shall be closed.

Dated this _____ day of _____, 20____.

DISTRICT COURT JUDGE

Submitted by:

(Signature)

(Printed Name)