

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

(You must write the proposed guardian's names and the child's name and provide a copy of at least one type of identification listed below.)

First Guardian *(full legal name)*: _____

Identification Attached ***(check all that apply)***:

- 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 all that apply)***:

- 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 all that apply***):

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

Submitted by:

(Signature)

(Printed Name)

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