

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 children who need a guardian)
Proposed Protected Minors.

CASE NO.: _____

DEPT: _____

PETITION FOR APPOINTMENT OF GENERAL GUARDIAN(S) OVER MINORS

Petitioner(s) *(proposed guardian's name)* _____
and *(proposed second guardian's name; if only one guardian, write "N/A")*
_____ would like to be appointed the general Guardian(s)
over the above-named children. 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 children 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**)

The Petitioner:

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: _____

Second 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 children 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**)

The Second Petitioner:

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: _____

Children's Mother

11. Children's mother's full legal name: _____.

check if applicable)

The children's mother is deceased.

File a copy of the death certificate with this Petition.

The mother's parental rights over the children have been terminated by a court order. **File a copy of the termination order with this Petition.**

12. The children's mother currently lives at the following address:

Address

City, State, Zip Code

Mother's mailing address (*if different than residence address*):

Address

City, State, Zip Code

13. Mother's Consent (**check one**):

The mother agrees to this proposed guardianship and will file a proper notarized consent.

The mother does not consent to the proposed guardianship, or cannot be located to consent.

14. The children's mother is unable to care for the child because (*explain*):

First Child's Information

15. Child's full legal name: _____.
16. Child's date of birth: _____; current age: _____. The child will become 18 years old on (*date*) _____.
17. 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: (*explain*) _____.
18. The child has been a resident of the State of (*state*) _____ since (*date*) _____.
19. The child currently lives at the following address:
- _____
- Address
- _____
- City, State, Zip Code
- The child has lived at the above address since (*date*) _____.
20. Does this child receive Medicaid, or has this child ever received Medicaid?
- Yes
- No

First Child's Father

21. Child's father (**check one**):
- The child's father is truly unknown, 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.
- The child's father is deceased.
- *File a copy of the death certificate with this Petition.**

- The father's parental rights over the child have been terminated by a court order.
File a copy of the termination order with this Petition.
- The child's father is known. The father's full legal name is:
(father's name) _____.

22. The child's father currently lives at the following address:

Address

City, State, Zip Code

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

Address

City, State, Zip Code

23. Father's Consent (**check one**):

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

24. The child's father is unable to care for the child because (explain):

Second Child's Information

25. Child's full legal name: _____.

26. Child's date of birth: _____; current age: _____. The child will become 18 years old on (date) _____.

27. 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: *(explain)*

_____.

28. The child has been a resident of the State of *(state)* _____ since *(date)* _____.

29. The child currently lives at the following address:

Address

City, State, Zip Code

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

30. Does this child receive Medicaid, or has this child ever received Medicaid?

Yes

No

Second Child's Father

Same as the First Child's Father (*go to the next page*)

31. Second child's father (**check one**):

The child's father is truly unknown, 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.

The child's father is deceased.

File a copy of the death certificate with this Petition.

The father's parental rights over the child have been terminated by a court order.

File a copy of the termination order with this Petition.

The child's father is known. The father's full legal name is:

(father's name) _____.

32. The second child's father currently lives at the following address:

Address

City, State, Zip Code

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

Address

City, State, Zip Code

33. Father's Consent (☒ check one):

☐ The father agrees to this proposed guardianship and will file a proper notarized consent.

☐ The father does not consent to the proposed guardianship, or cannot be located.

34. The child's father is unable to care for the child because (explain):

Third Child's Information

☐ Not Applicable (check if there are only 2 children, and go to page 10)

35. Child's full legal name: _____.

36. Child's date of birth: _____; current age: _____. The child will become 18 years old on (date) _____.

37. 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: (explain)

_____.

38. The child has been a resident of the State of (*state*) _____ since
(*date*) _____.

39. The child currently lives at the following address:

Address

City, State, Zip Code

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

40. Does this child receive Medicaid, or has this child ever received Medicaid?

Yes

No

Third Child's Father

- Same as the First Child's Father (*go to the next page*)
 Same as the Second Child's Father (*go to the next page*)

41. Third child's father (**check one**):

The child's father is truly unknown, 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.

The child's father is deceased.

File a copy of the death certificate with this Petition.

The father's parental rights over the child have been terminated by a court order.

File a copy of the termination order with this Petition.

The child's father is known. The father's full legal name is:

(*father's name*) _____.

42. The third child's father currently lives at the following address:

Address

City, State, Zip Code

Father's mailing address (*if different than residence address*):

Address

City, State, Zip Code

43. Father's Consent (**check one**):

The father agrees to this proposed guardianship and will file a proper notarized consent.

The father does not consent to the proposed guardianship, or cannot be located.

44. The child's father is unable to care for the child because (*explain*):

General Information

45. The children are currently under the care of (*name and address of person caring for kids*):

Name

Address

City, State, Zip Code

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

46. A general guardianship is needed for the children because (*explain in detail*):

47. Current Custody Case: (**check one**)
- There **IS NOT** a current order concerning custody of the child.
 - 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.
48. 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.
49. The children's parent or legal guardian (**check one**) has / has not nominated a guardian in writing. The nominated guardian is _____.
50. The children (**check one**) are / are not parties to a pending criminal or civil lawsuit. Explain if children are a party to litigation: _____
_____.
51. A guardianship (**check one**) is / is not sought for the purpose of initiating litigation. Explain if guardianship is sought to initiate lawsuit: _____
_____.
52. Petitioners are competent and capable of acting as guardians of the above children and hereby consent to act in this capacity.
53. Petitioners are not currently receiving compensation for services as a guardian to more than one protected person who is not related to him/her by blood or marriage

54. **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.
55. **Exhibit A: Information Regarding the Children’s Estate** must be completed and attached to this petition if you are requesting guardianship over the children’s estate.
56. **Exhibit B: List of All of the Children’s Relatives** must be completed and attached to this petition.
57. **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.

WHEREFORE, Petitioner prays that this general guardianship be granted 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

VERIFICATION

I, (*name of second petitioner*) _____, declare that I am the Second 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

EXHIBIT A: 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: \$ _____
Dept. of Veterans Affairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	monthly: \$ _____
a. _____		monthly: \$ _____
b. _____		monthly: \$ _____
c. _____		monthly: \$ _____

3. 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: \$ _____

If you are appointed the Guardian, the Court will determine how to safeguard the protected person’s funds. This Court will decide whether to:

- Require the funds to be placed into a blocked account. Proof of Blocked Account must be filed with the Clerk of Court before Letters of Guardianship may be issued by the Clerk of Court.
- Require the Petitioner to obtain a bond in an amount equal to the total amount of the proposed protected person’s liquid assets. Proof of the bond must be filed with the Clerk of Court within 30 days of your appointment as guardian.

Information regarding the proposed protected person’s assets must also be included on the Inventory you must file with the Court within 60 days of your appointment.

EXHIBIT B: List All of the Children's Relatives

Mother:

Name: _____

Address: _____

Address Unknown Deceased

Father(s):

Name: _____

Address: _____

Address Unknown Deceased

Name: _____

Address: _____

Address Unknown Deceased

Name: _____

Address: _____

Address Unknown Deceased

Brothers and Sisters (age 14 and older):

Name: _____

Address: _____

Address Unknown

Name: _____

Address: _____

Address Unknown

Name: _____

Address: _____

Address Unknown

Name: _____

Address: _____

Address Unknown

Grandparents (on mother's side):

Name: _____

Address: _____

Address Unknown Deceased

Name: _____

Address: _____

Address Unknown Deceased

Grandparents (on father's side):

Name: _____

Address: _____

Address Unknown Deceased

Name: _____

Address: _____

Address Unknown Deceased

Name: _____

Address: _____

Address Unknown Deceased

Name: _____

Address: _____

Address Unknown Deceased

Name: _____

Address: _____

Address Unknown Deceased

Name: _____

Address: _____

Address Unknown Deceased