

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.

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

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)