

Your Name: _____
Address: _____
City, State, Zip _____
Telephone: _____
Email Address: _____
Self-Represented

DISTRICT COURT
_____ **COUNTY, NEVADA**

In the Matter of the Guardianship of:

CASE NO.: _____

DEPT: _____

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

PETITION FOR APPOINTMENT OF GUARDIAN(S)

TEMPORARY GUARDIANSHIP

- Person
- Estate
- Person and Estate

GENERAL GUARDIANSHIP

- Person
- Estate Summary Admin.
- Person and Estate

SPECIAL GUARDIANSHIP

- Person
- Estate Summary Admin.
- Person and Estate

NOTICES/SAFEGUARDS

- Blocked Account Required
- Bond Required

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 Guardian(s) over

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)

1. Adult's full legal name: _____.

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

3. Adult's residence address:

Address

City, State, Zip Code

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

Address

City, State, Zip Code

4. The adult named above has been a resident of the State of _____ since
(date) _____ and has lived at the above address since (date) _____.

5. 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. The adult in need of a guardian (***check one***) is is not a party to any pending criminal or civil lawsuit. **Explain if the adult is a party to litigation:** _____

_____.

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

_____.

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

Yes

No

Information Regarding the Petitioner (*the first proposed guardian*)

9. Full legal name: _____.

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

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

Petitioner is competent and capable of acting as guardian of the proposed protected person and hereby consents to act in this capacity.

12. Residence address:

Address

City, State, Zip Code

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

Address

City, State, Zip Code

13. **If you are a nonresident of 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.]

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

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 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 (*the second proposed guardian*)

Not Applicable

(*check if there is only one proposed guardian, and go to page 7*)

15. Full legal name: _____.

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

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

Co-Petitioner is competent and capable of acting as guardian of the proposed protected person and hereby consents to act in this capacity.

18. Residence address:

Address

City, State, Zip Code

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

Address

City, State, Zip Code

19. **If you are a nonresident of 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.]

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

The Co-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 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

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

_____.

22. The adult in need of a guardian has 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.***

23. 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.

24. **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.

25. **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.

26. **Exhibit A: Information Regarding the Adult's Estate** must be completed and attached to petition if you are requesting guardianship over the adult's estate.

27. **Exhibit B: List of All of the Adult's Relatives** must be completed and attached to 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 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

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 Adult's Relatives

Spouse:

Name: _____

Address: _____

Address Unknown Deceased

Mother:

Name: _____

Address: _____

Address Unknown Deceased

Father:

Name: _____

Address: _____

Address Unknown Deceased

Brothers and Sisters (age 14 and older):

Name: _____

Address: _____

Address Unknown

Name: _____

Address: _____

Address Unknown

Name: _____

Address: _____

Address Unknown

Grandparents (on mother's side):

Name: _____

Address: _____

Address Unknown

Name: _____

Address: _____

Address Unknown

Children (age 14 and older):

Name: _____

Address: _____

Address Unknown

Name: _____

Address: _____

Address Unknown

Name: _____

Address: _____

Address Unknown

Name: _____

Address: _____

Address Unknown

Grandchildren (age 14 and older):

Name: _____

Address: _____

Address Unknown

Name: _____

Address: _____

Address Unknown

Grandparents (on father's side):

Name: _____

Address: _____

Address Unknown

Name: _____

Address: _____

Address Unknown