

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	Valid Identification Card Number
Birth Certificate	Number Valid Passport Number
Valid Driver's License Number	

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

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

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

Child (child's full legal name): _____

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

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

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