

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 person who has a guardian)
A Protected Person.

CASE NO.: _____

DEPT: _____

CONFIDENTIAL MEDICAL / EDUCATIONAL DOCUMENTS

The following confidential, non-public documentation is attached for the Court's review:

- Physician's Certificate
- Medical Records
- Estate Planning Documents (power of attorney, will, trust, etc.)
- School Records / Report Card
- Other: (describe) _____

This information is to be filed as presumptively confidential as required by ADKT 410.

DATED (month) _____ (day) _____, 20__.

Submitted By: (your signature) ▶ _____

(print your name) _____