COURT CODE:	
Your Name:	
Address:	
City, State, Zip:	
Telephone:	
Email Address:	
Self-Represented	
	CT COURT COUNTY, NEVADA
In the Matter of the Guardianship of the:	
□ Person	CASE NO.
☐ Estate	CASE NO.:
☐ Person and Estate	DEPT:
of:	
(name of person who has a guardian)	
A Protected Person.	
	IOVE PROTECTED PERSON move the adult to: (write the details of where you
plan to move the adult)	
•	
Name of Facility (if applicable)	
Address	
City, State, Zip Code	
Telephone number	
2. Date of Movie. The Counties (a) when the count	ave the edult to the legation share on (Jay 1971)
	ove the adult to the location above on (date of the
planned move)	.

1	Name of Facility (if applicable)	
Ā	Address	
(City, State, Zip Code	
- 1	Telephone number	
		-
court pern		
court pern		
court perm I de	mission. declare under penalty of perjury under the law	of the State of Nevada that the
court perm I de	declare under penalty of perjury under the law is true and correct.	of the State of Nevada that the

CERTIFICATE OF SERVICE

BY MAIL

Name:	Name:
Address:	Address:
Name:	
Address:	
Name:	
Address:	
Name:	Name:
Address:	
Name:Email Address:	ursuant to the court's electronic service rules on (date) Name: Email Address:
Name:	
Email Address:	Email Address:
Name:	
Email Address:	Email Address:
Name:	Name:
Email Address:	Email Address:
I declare under penalty foregoing is true and correct.	of perjury under the law of the State of Nevada that the
	(Your Signature)