COURT CODE:	
Your Name:	
Address:	
City, State, Zip:	
Telephone:	
Email Address:Self-Represented	
Sen-Represented	
	CT COURT COUNTY, NEVADA
In the Matter of the Guardianship of the:	
□ Person	CASE NO.:
☐ Estate	
☐ Person and Estate	DEPT:
of:	
(name of person who has a guardian) A Protected Person	
A Protected Person	и
OPPO	OSITION
I/we, (first person's name)	, and (second
person's name. or "n/a" if none)	respectfully
	Court: (explain in detail why you are opposed to
petition or motion that you received)	

Based on the above, I/we reques denied.	t that the relief requested in the pending petition be
Date:	Date:
(First signature)	\rightarrow(Second signature)
(First person's printed name)	(Second person's printed name)

VERIFICATION

I, (name of first person), under
penalty of perjury, state that I am an opposing party in the within action; that I have read the
foregoing Opposition 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 PERSON'S SIGNATURE
VERIFICATION
VERIFICATION
I, (name of second person; if none, write "N/A"),
I, (name of second person; if none, write "N/A"),
I, (name of second person; if none, write "N/A"), under penalty of perjury, state that I am an opposing party in the within action; that I have read
I, (name of second person; if none, write "N/A")
I, (name of second person; if none, write "N/A")
I, (name of second person; if none, write "N/A")