

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: _____

PETITION TO TRANSFER ADULT GUARDIANSHIP TO NEVADA

Petitioner(s), *(name of guardian/conservator)* _____
and *(name of co-guardian / conservator, or write "N/A" if only one)*
_____, request this court accept jurisdiction over this
guardianship pursuant to NRS 159.2024.

1. The Petitioner(s) were appointed as guardians / conservators by the following court *(full name of the court, as noted on their pleadings, where guardianship and/or conservatorship was granted)*:

Court Name: _____

Case/Cause No. _____

2. A certified copy of the provisional order of transfer from the original court is attached. *(this is mandatory)*

Protected Person's Information

3. The Protected Person is: (*name*) _____,
born on (*date of birth*) _____, currently age _____.

4. The Protected Person's residence address is:

Address

City, State, Zip Code

The Protected Person's mailing address is (*if different than residence address*):

Address

City, State, Zip Code

5. If the Protected Person does not currently live in Nevada, the person is expected to permanently move to Nevada on (*date*) _____.

6. Could the Protected Person benefit from less restrictive supports than guardianship (such as a supported decision making agreement, durable power of attorney, etc.)?

Yes

No

Explain why or why not:

First Guardian/Conservator's Information

7. Full legal name: _____.

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

9. Relationship to protected person: _____.

10. Residence address:

Address

City, State, Zip Code

Mailing address (if different than residence address):

Address

City, State, Zip Code

11. If you do not live in 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.]

12. Qualifications. (Answer each item listed; “Has” answers must be explained)

The Guardian:

- 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:

Second Guardian/Conservator’s Information

Not Applicable (*check if there is only one guardian, and go to #19*)

13. Full legal name: _____.

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

15. Relationship to protected person: _____.

16. Residence address:

Address

City, State, Zip Code

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

Address

City, State, Zip Code

17. **If you do not live in 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.]

18. Qualifications. (Answer each item listed; “Has” answers must be explained) The

Co-guardian:

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:

19. **Compensation.** Are you currently being paid for services as a guardian to more than one protected person who is not related to you by blood or marriage? (**check one**):

No, I am not being paid for services as a guardian.

Yes, I am being paid for services as a guardian.

20. **Exhibit A: List of All of the Adult’s Relatives** must be completed and attached to petition.

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

22. **Exhibit C: Copy of Other State’s Provisional Order of Transfer to Nevada** must be attached.

23. **Monthly Budget and Care Plan:** Please be aware that the court may require you to submit a monthly budget and/or a care plan for the protected person.

DATED (*month*) _____ (*day*) _____, 20____.

(First Petitioner’s Signature)

(Second Petitioner’s Signature)

(Printed Name)

(Printed Name)

VERIFICATION

I, (*name of first petitioner*) _____, state that I am the Guardian / Conservator in the within action; that I have read the foregoing Petition 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.

PETITIONER'S SIGNATURE

VERIFICATION

I, (*name of second petitioner*) _____, state that I am the Co-Guardian / Conservator in the within action; that I have read the foregoing Petition 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.

CO-PETITIONER'S SIGNATURE

EXHIBIT A: List All of the Adult's Relatives

Spouse:

Name:

Address:

Address Unknown Deceased

Parents:

Name:

Address:

Address Unknown Deceased

Name:

Address:

Address Unknown Deceased

Brothers and Sisters:

Name:

Address:

Address Unknown Deceased

Name:

Address:

Address Unknown Deceased

Name:

Address:

Address Unknown Deceased

Grandparents:

Name:

Address:

Address Unknown Deceased

Name:

Address:

Address Unknown Deceased

Children:

Name:

Address:

Address Unknown Deceased

Name:

Address:

Address Unknown Deceased

Name:

Address:

Address Unknown Deceased

Name:

Address:

Address Unknown Deceased

Grandchildren:

Name:

Address:

Address Unknown Deceased

Name:

Address:

Address Unknown Deceased

Grandparents:

Name:

Address:

Address Unknown Deceased

Name:

Address:

Address Unknown Deceased

EXHIBIT B: 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: \$ _____
Veterans Affairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	monthly: \$ _____
a.	_____	monthly: \$ _____
b.	_____	monthly: \$ _____
c.	_____	monthly: \$ _____

3. Is there a Representative Payee receiving benefits on behalf of the proposed protected person? No Yes, the person is (*name*) _____.

4. 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: \$ _____
d.	_____	value: \$ _____
e.	_____	value: \$ _____
f.	_____	value: \$ _____
g.	_____	value: \$ _____
h.	_____	value: \$ _____
i.	_____	value: \$ _____

You will be required to file a detailed Inventory listing all of the protected person’s assets within 60 days of your appointment.