COURT CODE:				
Your Name:				
Address:				
City, State, Zip:				
Telephone:				
Email Address:				
Self-Represented				
DISTRICTC	Γ COURT OUNTY, NEVADA			
In the Matter of the Guardianship of the:				
□ Person	CASE NO.:			
☐ Estate	D FIDE			
☐ Person and Estate	DEPT:			
of:				
(name of person who has a guardian)				
A Protected Person.				
PETITION FOR VISIT	TATION / CONTACT			
(second Petitioner's name or "n/a" if only one F				
respectfully represent the following to this Honor	rable Court:			
1. Relationship to the Protected Person.				
Petitioner(s) are the: $(\boxtimes check \ and \ complete$	ete one of the following)			
☐ Parent(s).				
$\square$ Grandparent(s) on the ( $\boxtimes$ <i>check one</i> ) $\square$ mother's / $\square$ father's side.				
$\square$ Great-grandparent(s) on the ( $\boxtimes$	$  check \ one ) \square$ mother's $/ \square$ father's side.			
☐ Child(ren).				
☐ Other (state your rela	ationship to the protected person)			
	of the protected person.			
	or the protected person.			

2.	<b>Denial</b> / <b>Unreasonable Restriction of Visitation</b> / <b>Contact.</b> ( $\boxtimes$ <i>check all that ap</i>	Unreasonable Restriction of Visitation / Contact. ( $\boxtimes$ check all that apply	
	and explain)		
	☐ The guardian(s) have denied me visitation and/or contact with the protection	tected	
	person. I have not had contact with the protected person since (date ye	ou last	
	had any contact with the protected person)		
	☐ The guardian(s) have unreasonably restricted my visitation and/or	contact	
	with the protected person. (Explain the unreasonable restriction of vi	isitation	
	or contact)		

- 3. **Visitation.** The petitioner(s) reasonably believe that a guardian has committed an abuse of discretion in restricting the relative or person of natural affection's access to the protected person. The petitioner(s) request the guardian to grant the relative or person of natural affection access to the protected person, pursuant to S. B. 433, 2017 Leg., 79<sup>th</sup> Sess. (Nev. 2017). The court may award rights of visitation between a protected minor and his or her parents or relatives who are within the fourth degree of consanguinity, pursuant to Assemb. B. 319, 2017 Leg., 79<sup>th</sup> Sess. (Nev. 2017).
- 4. **Visitation Schedule / Contact Desired.** I would like the court to grant me visitation and/or contact with the protected person as follows (*describe in detail the visitation schedule or contact you would like to have with the protected person*):

Date:	Date:
(First Petitioner's signature)	(Second Petitioner's signature)
(First Petitioner's printed name)	(Second Petitioner's printed name)

granted, and for such other and further relief as the court may deem just and proper.

Based on the above, Petitioner(s) request that the above visitation and/or contact be

## **VERIFICATION**

I, (name of first Petitioner),	ınder		
penalty of perjury, state that I am the Petitioner in the within action; that I have rea	d the		
foregoing Petition and know the contents thereof; that the same is true of my knowledge e	xcept		
as to those matters therein stated upon information and belief and as to those matters, I be	elieve		
them to be true.			
I declare under penalty of perjury under the law of the State of Nevada tha	t the		
foregoing is true and correct.			
PETITIONER'S SIGNATURE	,		
<u>VERIFICATION</u>			
I, (name of Co-Petitioner; if none, write "N/A")			
under penalty of perjury, state that I am the Co-Petitioner in the within action; that I have	read		
the foregoing Petition and know the contents thereof; that the same is true of my know	ledge		
except as to those matters therein stated upon information and belief and as to those matt	ers, I		
believe them to be true.			
I declare under penalty of perjury under the law of the State of Nevada that	t the		
foregoing is true and correct.			
CO-PETITIONER'S SIGNATI	JRE		