COURT CODE:				
Your Name:				
Address:				
City, State, Zip: Telephone:				
Email Address:				
Self-Represented				
	T COURT COUNTY, NEVA	DA		
In the Matter of the Guardianship of the:				
□ Person	CASE NO.:			
☐ Estate	DEPT:			
☐ Person and Estate	DLI I.			<del></del>
of:				
(name of person who has a guardian)				
A Protected Person.				
PETITION FOR VISI	TATION / CO	NTA(	CT	
Petitioner(s), (first Petitioner's name)				and
(second Petitioner's name or "n/a" if only one	Petitioner)			,
respectfully represent the following to this Hono	rable Court:			
1. Relationship to the Protected Person.				
Petitioner(s) are the: $(\boxtimes check \ and \ comp$	lete one of the foll	lowing)		
$\square$ Parent(s).				
$\square$ Grandparent(s) on the ( $\boxtimes$ <i>chec</i>	$(k \ one) \square $ mother	s/ 🗖 fa	ther's side.	
$\square$ Great-grandparent(s) on the ( $\triangleright$	$\square$ check one) $\square$ m	other's	/ □ father's s	ide.
☐ Child(ren).				
☐ Other (state your rel	lationship to	the	protected	person)
	of tl	ne prote	cted person.	

2.	Denial / U	nreasonable Restriction of Visitation / Contact. (⊠ check all that apply
	and explai	n)
		The guardian(s) have denied me visitation and/or contact with the protected person. I have not had contact with the protected person since ( <i>date you last had any contact with the protected person</i> )
		The guardian(s) have unreasonably restricted my visitation and/or contact with the protected person. (Explain the unreasonable restriction of visitation or contact)
3.	Visitation	The petitioner(s) reasonably believe that a guardian has committed an abuse
	protected protec	on in restricting the relative or person of natural affection's access to the person. The petitioner(s) request the guardian to grant the relative or person of fection access to the protected person, pursuant to S. B. 433, 2017 Leg., 79 <sup>th</sup> v. 2017). The court may award rights of visitation between a protected minor ther parents or relatives who are within the fourth degree of consanguinity, of Assemb. B. 319, 2017 Leg., 79 <sup>th</sup> Sess. (Nev. 2017).
4.	and/or con	Schedule / Contact Desired. I would like the court to grant me visitation ntact with the protected person as follows (describe in detail the visitation
	schedule o	er contact you would like to have with the protected person):

granted, and for such other and further relief as the court may deem just and proper.				
Date:	Date:			
(First Petitioner's signature)	(Second Petitioner's signature)			

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

(Second Petitioner's printed name)

(First Petitioner's printed name)

## **VERIFICATION**

I, (name of first Petitioner)	, under
penalty of perjury, state that I am the Petitione	er 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	n and belief and as to those matters, I believe
them to be true.	
I declare under penalty of perjury under	er the law of the State of Nevada that the
foregoing is true and correct.	
	PETITIONER'S SIGNATURE
<b>VERIFIC</b>	ATION
I, (name of Co-Petitioner; if none, write "I	N/A"),
under penalty of perjury, state that I am the Co-Pe	etitioner in the within action; that I have read
the foregoing Petition and know the contents the	ereof; that the same is true of my knowledge
except as to those matters therein stated upon info	ormation and belief and as to those matters, I
believe them to be true.	
I declare under penalty of perjury unde	er the law of the State of Nevada that the
foregoing is true and correct.	
	CO-PETITIONER'S SIGNATURE