COURT CODE: _____
Your Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Email Address: _____
Self-Represented

DISTRICT COURT
_____ COUNTY, NEVADA

In the Matter of the Guardianship of: ☐ Person ☐ Estate ☐ Person and Estate of: _____ (*name of adult who needs a guardian*) A Proposed Protected Person.	CASE NO.: _____ DEPT: _____

PETITION FOR APPOINTMENT OF GUARDIAN(S) OVER ADULT INCLUDING REQUEST FOR TEMPORARY GUARDIANSHIP

Petitioner(s) (*first petitioner's name*) _____ and (*second petitioner's name; or "n/a" if only one*) _____ request the Court approve a guardianship for the above-named adult. In accordance with Chapter 159 of the Nevada Revised Statutes, Petitioner(s) respectfully represents the following to this Honorable Court:

Information Regarding the Proposed Protected Person
(*the person you are seeking a guardianship over, or the "adult"*)

1. **Adult's full legal name**: _____.

2. **Adult's date of birth**: _____; current age: _____.

3. **Address.** Adult's residence address:

_____
Address

_____
City, State, Zip Code

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Adult's mailing address (*if different than residence address*):

_____
Address

_____
City, State, Zip Code

4. **Residency.** The adult named above has been a resident of the State of (*state*) _____ since (*date*) _____ and has lived at the above address since (*date*) _____.

5. **Caretaker.** The adult in need of a guardianship is currently under the care of:

_____
Caretaker Name

_____
Address

_____
City, State, Zip Code

The care provider above is caring for the adult because:

6. **Medicaid.** Does the adult receive Medicaid, or has the adult ever received Medicaid? (☒ *check one*)

☐ Yes

☐ No

7. **Immediate Need.** (☒ *check one and complete*)

☐ The adult needs immediate medical attention, specifically (*explain*)

but cannot obtain the necessary medical care because (*explain*)

☐ The adult cannot respond to a substantial and immediate risk of physical harm, specifically (*explain*)

but is unable to respond to the risk of harm because (*explain*)

☐ The adult is facing a substantial and immediate risk of financial harm, specifically (*explain*)

but is unable to respond to the risk of harm because (*explain*)

8. **Need for Permanent Guardianship**. The adult needs a guardian because (*explain why/if a guardian will be needed after the current emergency is over*):

9. **Less Restrictive Alternatives.** *A less restrictive alternative includes, without limitation, a durable power of attorney for financial matters, a durable power of attorney for health care, and/or a supported decision-making agreement.*

☐ Information on less restrictive alternatives has been provided to the adult in need of a guardianship.

☐ Information on less restrictive alternatives has NOT been provided because (explain why)

10. **Alternatives**. What less restrictive alternatives have been tried before filing this request? (☒ *check all that apply*)

☐ Supported Decision Making Agreement

☐ Power of Attorney

☐ Power of Attorney for People with Intellectual Disabilities

☐ Representative Payee Designation

☐ Microboard / Circle of Friends

☐ Other: _____

Explain why the items marked above are not working:

11. **Powers Requested**. If appointed, what specific powers, if any, would the guardian need? (*explain if the guardian will need the ability to manage investments, loans, handle business transactions, sell property, etc.*)

12. **Voting Rights:** (☒ *check one*)

☐ The adult should keep his/her right to vote.

☐ The adult does not have the mental capacity to vote because he/she cannot communicate, with or without accommodations, a specific desire to participate in the voting process.

13. **Firearms/Guns:** (☒ *check one*)

☐ The adult should be allowed to possess a firearm.

☐ The adult should not be allowed to possess a firearm. The adult is a danger to him/herself or others because of a mental condition, or the adult does not have the capacity to contract or manage his/her own affairs because of a mental condition.

14. **Driving:** (☒ *check one*)

☐ The adult should be allowed to drive.

☐ The adult should not be allowed to drive.

15. The adult (☒ ***check one***) ☐ is ☐ is not a party to any pending criminal or civil lawsuit.

Explain if the adult is a party to litigation:

16. This guardianship (☒ ***check one***) ☐ is ☐ is not sought for the purpose of initiating a lawsuit. **Explain if guardianship is sought to initiate lawsuit**:

17. **Abuse/Neglect Report:** (☒ *check one*)

☐ The guardianship **IS NOT requested** because of an investigation of abuse, neglect, exploitation, isolation or abandonment of the adult.

☐ The guardianship **IS requested** because of an investigation of abuse, neglect, exploitation, isolation or abandonment of the adult. The investigating agency is (*name of agency*) _____, which is (☒ ***check one***) ☐ law enforcement ☐ a state agency ☐ a county agency.

18. **Documents.** The adult executed the following documents, copies of which will be filed with this Petition: (☒ *check all that apply*)

☐ Written nomination of guardian. The nominated guardian is (*name of person nominated to serve as guardian*) _____ _____.

NOTICE: The Court will check the Nevada Secretary of State Lockbox to determine if a guardian has already been designated by the proposed protected person.

☐ Durable power of attorney for financial matters. The agent is _____ _____

☐ Durable power of attorney for health care. The agent is _____ _____

☐ Revocable or living trust. The agent is _____ _____

☐ None of the above.

☐ Unknown if the adult has executed any of the above documents.

Copies of any of the above should be submitted confidentially to the Court for review.

19. **Assets.** The value of the proposed person's assets is estimated at: (☒ *check one*)

☐ Less than $10,000. If the guardianship is granted, the court should treat this case as "summary administration" and not require annual accountings or a final accounting.

☐ More than $10,000.

Information Regarding the Petitioner

20. Full legal name: _____.

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

22. Relationship to adult in need of a guardian: _____.

    If you are the spouse, the date of marriage was: (*date*) _____.

23. Residence address:

    _____
    Address

    _____
    City, State, Zip Code

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

    _____
    Address

    _____
    City, State, Zip Code

24. Nomination of Guardian: (☒ *check one*)

    ☐ I want to be the guardian over the adult. I am competent and capable of acting as guardian of the proposed protected person and consent to act in this capacity.
    ☐ I do not want to be the guardian. Instead, the Court should appoint (*insert name*) _____ to be the guardian over the adult. (*if you selected this option, skip ahead to #34*)

25. **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.]

26. Qualifications. **(Answer each item listed; "Has" answers must be explained)**
The Petitioner: (☒ *check one for each*)

☐ 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:

Information Regarding the Co-Petitioner

☐ Not Applicable **(*check if there is only one proposed guardian, and go to #34*)**

27. Full legal name: _____.

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

29. Relationship to adult in need of a guardian: _____.

If you are the spouse, the date of marriage was: (*date*) _____.

30. Residence address:

_____
Address

_____
City, State, Zip Code

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

_____
Address

_____
City, State, Zip Code

31. Nomination of Guardian: (☒ *check one*)

☐ I want to be the guardian over the adult. I am competent and capable of acting as guardian of the proposed protected person and consent to act in this capacity.

☐ I do not want to be the guardian. Instead, the Court should appoint (*insert name*) _____ to be the guardian over the adult.

(*if you selected this option, skip ahead to #34*)

32. **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.]

33. Qualifications. **(Answer each item listed; "Has" answers must be explained)**

The Co-petitioner: (☒ *check one for each*)

☐ 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:

General Information

34. **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.

Notice:

You must try to notify the adult's relatives that you are applying for temporary guardianship. This includes the adult's spouse, brothers and sisters, children, grandchildren, parents, and grandparents. You can call or write/email/text them to let them know you are filing this paperwork.

Below, list who you contacted and what they said.

If there are people you did not contact (because you can't find them or because contacting them would put the adult in danger), you must list their names and the reason you did not contact them.

After you file this paperwork, you will have to notify them **again** by sending copies of your filed paperwork by certified mail or personal service.

35. **Notice to Relatives**. (☒ *check and complete the applicable sections with explanations*)

☐ I notified the following relatives by telephone or writing:
(*list the people you did notify, when, and how*)

Name of Person Notified	Date Notified	How Contacted (*Phone, Email*)	Response (*do they agree or not*)

☐ I did not notify the following relatives about the temporary guardianship because **the adult would be at immediate risk of physical, emotional and/or financial harm** if notice was provided before the court determines whether to appoint the temporary guardian (*list the people you did not notify because it would put the adult in danger*):

Name of Person Not Notified	Reason You Did Not Notify

*****You must notify the people above within 48 hours if you are appointed a temporary guardian.*****

☐ I did not notify the following relatives about the temporary guardianship because **it is not feasible/practical to notify them at this time** (*list any relatives you did not notify because you cannot or do not know where to find them*):

Name of Person Not Notified	Reason You Did Not Notify

*****If you find the people above, you must notify them within 48 hours of finding them. If you can't find them, you will need to request the judge's permission to waive service on these people, or to serve them by publishing a notice in a newspaper instead.*****

36. I understand that if I am appointed a temporary guardian:

- The court will set a hearing within 10 days to decide whether to extend the temporary guardianship.
- I will have to attempt in good faith to notify the adult's relatives and any other required person of the temporary guardianship and the hearing to extend the temporary guardianship. If I do not, the court can terminate the guardianship.
- The court can extend the temporary guardianship only if there is clear and convincing evidence that the adult still needs a temporary guardian. If extended, the guardianship usually can only be extended for two 60-day periods.

37. **Certificate of Incapacity** must be filed showing the need for a guardianship over the proposed protected person. For a temporary guardianship, the certificate must show that the proposed protected person faces an immediate and substantial risk of physical or financial harm, or needs immediate medical attention, and is unable to respond to the risk of harm or obtain the medical care. The certificate must be completed and signed by one of the following:

- A physician who is licensed to practice medicine in this State or who is employed by the Department of Veterans' Affairs;
- A governmental agency in this State which conducts investigations; or
- Any other person whom the court finds qualified to execute a certificate.

38. **Confidential Information Sheet – Guardianship** must be completed and filed. You must provide at least one form of identification (listed on the sheet) for each person.

39. **Plan of Care** must be completed and filed within 60 days of being appointed the guardian.

40. **Monthly Budget** must be completed and filed if you are requesting guardianship over the adult's estate.

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

42. **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. If you are appointed the Guardian, the Court will determine how to safeguard the protected person's funds. The Court will decide whether to:
    - Require the funds to be placed into a blocked account.
    - Require you to obtain a bond in an amount equal to the total amount of the proposed protected person's liquid assets.

43. Attach any other documentation that supports your request for guardianship.

44. **Other**: In addition to the above, the Court should also consider (*explain anything else the judge should know when considering your request for guardianship*):

Petitioner(s) requests that this guardianship be granted, that the relief requested be granted as stated herein, and for such other and further relief as the Court may deem just and proper.

This document does not contain the personal information of any person as defined by NRS 603A.040.

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

_____ (First Petitioner's Signature)

_____ (Second Petitioner's Signature)

_____ (Printed Name)

_____ (Printed Name)

VERIFICATION

I, (*name of first petitioner*) _____, declare that I am the Petitioner in the within action; that I have read the foregoing Petition For Appointment of Guardians 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 PETITIONER'S SIGNATURE

VERIFICATION

I, (*name of second petitioner*) _____, declare that I am the Co-Petitioner in the within action; that I have read the foregoing Petition For Appointment of Guardians 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.

_____

SECOND PETITIONER'S NAME

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 ☐ Yes ☐ No monthly: _____

Veterans Affairs ☐ Yes ☐ 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.