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 child who needs a guardian*) A Proposed Protected Minor.	CASE NO.: _____ DEPT: _____

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

Petitioner (*proposed guardian's name*) _____ and Co-Petitioner (*proposed co-guardian's name; if only one guardian, write "N/A"*) _____ would like to be appointed the Guardian(s) over the above-named child. In accordance with NRS Chapter 159A, Petitioner(s) respectfully represents the following to this Honorable Court:

Petitioner's Information (*the first proposed guardian*)

1. Full legal name: _____.

2. Date of birth: _____.

3. Your relationship to child in need of a guardian: _____.

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4. Residence address:

_____
Address

_____
City, State, Zip Code

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

_____
Address

_____
City, State, Zip Code

5. Household. List every person who lives with you, and their relationship to you and to the child.

Name	Date of Birth:	Relationship to you:	Relationship to the child:

6. Are any of the persons above currently being investigated for child abuse or neglect by a child welfare agency? ☐ Yes ☐ No ☐ Unknown

7. Have any of the persons above been the subject of a substantiated child welfare services investigation (in Nevada or any other state)? ☐ Yes ☐ No ☐ Unknown

///

///

8. 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:

Date Convicted: _____

☐ 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.

Date Convicted: _____

☐ has ☐ has not been the subject of a substantiated child welfare services investigation (in Nevada or any other state).

Explain if Yes:

Date of Investigation: _____

☐ is ☐ is not currently being investigated for child abuse or neglect by a child welfare agency.

Explain if Yes:

☐ has ☐ has not filed for bankruptcy within the past 7 years.

☐ is ☐ is not a party to a pending criminal or civil proceeding, including but not limited to a dependency or delinquency proceeding.

Explain if Yes:

Co-Petitioner's Information (*the second proposed guardian*)

☐ Not Applicable **(*check if there is only one proposed guardian, and go to page 4*)**

9. Full legal name: _____.

10. Date of birth: _____.

11. Your relationship to child in need of a guardian: _____.

12. Residence address:

_____
Address

_____
City, State, Zip Code

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

_____
Address

_____
City, State, Zip Code

13. Household. List every person who lives with Co-Petitioner, and their relationship to Co-Petitioner and to the child. *Only fill out if Petitioner and Co-Petitioner live in different households.*

Name	Date of Birth:	Relationship to you:	Relationship to the child:

14. Are any of the persons above currently being investigated for child abuse or neglect by a child welfare agency? ☐ Yes ☐ No ☐ Unknown

15. Have any of the persons above been the subject of a substantiated child welfare services investigation (in Nevada or any other state)? ☐ Yes ☐ No ☐ Unknown

16. 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:

Date Convicted: _____

☐ 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.

Date Convicted: _____

☐ has ☐ has not been the subject of a substantiated child welfare services investigation (in Nevada or any other state).

Explain if Yes:

Date of Investigation: _____

☐ is ☐ is not currently being investigated for child abuse or neglect by a child welfare agency.

Explain if Yes:

☐ has ☐ has not filed for bankruptcy within the past 7 years.

☐ is ☐ is not a party to a pending criminal or civil proceeding, including but not limited to a dependency or delinquency proceeding.

Explain if Yes:

Child's Information

17. Child's full legal name: _____.

18. Child's date of birth: _____; current age: _____. The child will become 18 years old on (*date*) _____.

19. Petitioner(s) believe the child (☒ ***check one***) ☐ will / ☐ will not need a guardian when the child turns 18 years old. If yes, explain why a guardian will still be needed:

20. The child has been a resident of the State of (*state*) _____ since (*date*) _____.

21. The child currently lives at the following address:

_____
Address

_____
City, State, Zip Code

The child has lived at the above address since (*date*) _____.

22. The child has lived at the following places with the following people within the last 5 years (*list the places the child has lived in the last 5 years*):

Time Period (mo/yr – mo/yr)	**Name of Person the Child Lived With and Relationship:**	**City and State**
i.e., 5/2025-8/2025	*Sue Jones (grandma)*	*Las Vegas, NV*
_____ - _____		
_____ - _____		
_____ - _____		
_____ - _____		
_____ - _____		

The names and current addresses of each non-parent the child lived with during the last five years are:

23. **Participation in Other Cases.** Have you ever participated in any case concerning the child as a party, witness, or in some other capacity? (☒ *check one*)

☐ No.

☐ Yes, I have participated in the following cases concerning the child (*provide all specifics including the state, the court name, the case number and the date of the child custody order, if any*):

24. **Knowledge of Other Cases.** Do you know of any other case that could affect this case, such as other custody cases, domestic violence cases, protection order cases, or adoptions / terminations? (☒*check one*)

☐ No.

☐ Yes, the following cases that could affect this case (*provide all specifics including the state, the court name, the parties involved, the case number and the type of case*):

25. **Current Custody Case**: Is there a custody order concerning the child? (☒*check one*)

☐ No.

☐ Yes, there is a current order concerning custody of the child. The order is from the State of _____ and was filed on (*date*) _____. If the order was not registered with this Court, a copy of the order will be filed with this Petition.

26. **Persons Who Can Claim Custody / Visitation.** Is there anyone other than yourself or other parties to this case who has custody of the child or who can claim a right to custody or visitation with the child? (☒*check one*)

☐ No.

☐ Yes, the following people have custody or can claim custody/visitation of the child: (*list names and addresses of anyone who claims custody/visitation rights*):

27. The child is currently under the care of (*name and address of person caring for the child*):

_____
Name

_____
Address

_____
City, State, Zip Code

The person above is caring for the child because (*explain why the child is under the care of the person above*):

28. Is the child a member of a federally recognized tribe? (☒*check one*)

☐ No

☐ Yes, the tribe is (*write tribe's name*) _____

29. Is the child a party to any pending criminal or civil proceeding, including but not limited to a dependency or delinquency proceeding? ? (☒*check one*)

☐ No

☐ Yes (*explain*) _____

30. Are Petitioner(s) seeking guardianship in order to initiate litigation? (☒*check one*)

☐ No

☐ Yes (*explain*) _____

Child's First Parent

31. The first parent is (*name*) _____.

    Date of birth (*if known*): _____

    (☒ *check if applicable*)

    ☐ This parent is deceased. **File a copy of the death certificate with this Petition.**

    ☐ This parent's parental rights over the child were terminated by a court order.

    File a copy of the termination order with this Petition.

32. This parent currently lives at the following address:

    _____
    Address

    _____
    City, State, Zip Code

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

    _____
    Address

    _____
    City, State, Zip Code

33. This parent (☒ *check all that apply*):

    ☐ Agrees to this proposed guardianship and will file a proper notarized consent.

    ☐ Is unable to provide for the child's basic needs, including food, shelter, clothing, medical care, and/or education.

    ☐ Poses a significant safety risk of physical or emotional danger to the child.

    ☐ Has not had the child in their care, custody, or control for the past 6 months.

    Explain any of the above:

Child's Second Parent

34. The second parent is (*name*) _____.
Date of birth (*if known*): _____
(☒ *check if applicable*):

- ☐ This parent is deceased. **File a copy of the death certificate with this Petition.**
- ☐ This parent's parental rights over the child were terminated by a court order. **File a copy of the termination order with this Petition.**
- ☐ This parent is an unknown father. There is no father listed on the child's birth certificate. There has never been a court order regarding child support, custody, or a finding of paternity.

35. This parent currently lives at the following address:

_____
Address

_____
City, State, Zip Code

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

_____
Address

_____
City, State, Zip Code

36. This parent (☒ *check all that apply*):

- ☐ Agrees to this proposed guardianship and will file a proper notarized consent.
- ☐ Is unable to provide for the child's basic needs, including food, shelter, clothing, medical care, and/or education.
- ☐ Poses a significant safety risk of physical or emotional danger to the child.
- ☐ Has not had the child in their care, custody, or control for the past 6 months.

Explain any of the above:

Temporary Guardianship Request

37. The child would be exposed to an immediate risk of physical, emotional, educational, or financial harm if a temporary guardianship is not granted, specifically (*explain the harm the child would be exposed to if a temporary guardianship is not approved*):

38. Parent Involvement. (☒ *check one*)

☐ During the last six months, a parent has had the child in their care, custody, or control.

☐ During the last six months, neither parent has had the child in their care, custody, or control. The child has been living with: (*name and relationship of all the people the child has been living with*)

☐ No parent has the care, custody, or control of the child because one or both parents are separated from the minor child due to a federal immigration order.

If no parent of a proposed protected minor has had the care, custody and control of the minor for the 6 months immediately preceding the petition, or a child is separated from one or both parents due to a federal immigration order, temporary guardianship is *presumed* to be in the minor's best interest, in accordance with Assemb. B. 460, 2025 Leg., 83rd Sess. (Nev. 2025).

39. Medical Needs. (☒ *check one*)

☐ The child does not need immediate medical attention.

☐ The child needs immediate medical attention.

**You must file documentation that shows the child's immediate medical needs, and proof that the child cannot get medical attention without this temporary guardianship.*

Notice:

You must try to notify the child's relatives that you are applying for temporary guardianship. This includes the child's parents, grandparents, and brothers and sisters. 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 child 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.

40. Notice to Relatives.

(☒ *check and complete the applicable sections with detailed 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 child would be at immediate risk of physical, emotional, educational 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 child in danger*)

Name of Person Not Notified	Reason You Did Not Notify

☐ I have not notified 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

41. I understand that:

- The court may require a hearing on this petition to determine the need for the appointment of a temporary guardian. If so, the court will establish requirements for providing notice of the hearing to the relatives above.
- 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 may have to attempt in good faith to notify the child'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 child still needs a temporary guardian. If extended, the guardianship usually can only be extended for two 60-day periods.

General Information

42. Reason for Permanent Guardianship. A long-term guardianship is needed for the child because (*explain why you need to be the guardian after the emergency is over*):

43. It is in the child's best interest to be appointed a guardian due to the following reasons:

What are the child's wishes?

Do the parent(s) pose a physical or emotional safety risk to the child? (*explain*)

What is the nature and quality of the relationship between the parent(s) and child?

How long has the child been out of the care, custody, and control of the parents?

What is the ability of the parent(s) to meet the child's needs?

44. The proposed guardian(s) is/are suitable to provide for the basic needs of the child in the following ways (*explain how the proposed guardian(s) will provide for the child's basic needs, including food, shelter, clothing, medical care, and education*):

45. If guardianship is approved, the child's parents are expected to be involved in the child's life in the following ways (*explain how you expect the child's parents will be involved*):

46. The child's parent or legal guardian (☒ ***check one***) ☐ has / ☐ has not nominated a guardian in writing. The nominated guardian is (*name*) _____.

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

☐ The guardianship **IS NOT requested** because of an investigation of abuse or neglect conducted by Child Protective Services (CPS) or law enforcement.

☐ The guardianship **IS requested** because of an investigation by Child Protective Services (CPS) or other similar agency. The investigating agency is (*name of agency*) _____. The caseworker's name is (*caseworker name*) _____. The investigating agency (☒ ***check one***) ☐ does / ☐ does not approve of this guardianship and the placement of the child with the proposed Guardians.

48. **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 for (*number*) _____ children.

49. Petitioner(s) is/are competent and capable of acting as guardian of the above proposed protected minor and hereby consents to act in this capacity.

50. **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.

51. **Exhibit A: List of All of the Child's Relatives** must be completed and attached to this petition.

52. **Exhibit B: Information Regarding the Child's Estate** must be completed and attached to this petition if you are requesting guardianship over the child's estate. If you are appointed the Guardian, the Court will require the funds to be placed into a blocked account unless you are a private professional or public guardian in which case, the court may require you to post a bond.

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

Petitioner 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 SIGNATURE

EXHIBIT A: List All of the Child's Relatives

Parent:
Name: _____
Address: _____
_____
☐Address Unknown ☐Deceased

Parent:
Name: _____
Address: _____
_____
☐Address Unknown ☐Deceased

Grandparents:
Name: _____
Address: _____
_____
☐Address Unknown ☐Deceased

Name: _____
Address: _____
_____
☐Address Unknown ☐Deceased

Name: _____
Address: _____
_____
☐Address Unknown ☐Deceased

Name: _____
Address: _____
_____
☐Address Unknown ☐Deceased

Brothers and Sisters:
Name: _____
Address: _____
_____
☐Address Unknown

Name: _____
Address: _____
_____
☐Address Unknown

Name: _____
Address: _____
_____
☐Address Unknown

Name: _____
Address: _____
_____
☐Address Unknown

Name: _____
Address: _____
_____
☐Address Unknown

Name: _____
Address: _____
_____
☐Address Unknown

EXHIBIT B: Information Regarding the Proposed Protected Minor's Estate

Complete this page only if you are requesting guardianship over the estate.

1. The proposed protected minor **(☒ *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 minor 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*)**

   Child Support ☐ Yes ☐ No monthly: $_____

   Social Security ☐ Yes ☐ No monthly: $_____

   Veterans Affairs ☐ Yes ☐ No monthly: $_____

   a. _____ monthly: $_____

   b. _____ monthly: $_____

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

4. The proposed protected minor 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.