

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 adult alleged to need a guardian)  
A Proposed Protected Person.

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

**CONFIDENTIAL INFORMATION SHEET – GUARDIANSHIP**

First Guardian (full legal name): \_\_\_\_\_

Identification Attached (**check one and attach a copy**):

- Social Security Number
- Valid Driver's License Number
- Valid ID Card Number
- Valid Passport Number
- Taxpayer Identification Number
- Valid Tribal Identification Card Number

Second Guardian (full legal name, or "n/a" if none): \_\_\_\_\_

Identification Attached (**check one and attach a copy**):

- Social Security Number
- Valid Driver's License Number
- Valid ID Card Number
- Valid Passport Number
- Taxpayer Identification Number
- Valid Tribal Identification Card Number

Adult (name of adult who needs a guardian): \_\_\_\_\_

Identification Attached (**check one and attach a copy**):

- Social Security Number
- Valid Driver's License Number
- Valid ID Card Number
- Valid Passport Number
- Taxpayer Identification Number
- Valid Tribal Identification Card Number

Placement Of Adult:	Location Of Guardian(s):		
Independently With Guardian Family/Friends Host Family Supportive Adult Residence / Assisted Living Skilled Nursing Home Licensed Group Home Secured Facility Out of State Other _____	Nevada Other State ( <i>list</i> ): _____		
	<th data-bbox="813 403 1404 478">Proposed Guardian(s) Relationship to the Adult:</th>	Proposed Guardian(s) Relationship to the Adult:	
<th data-bbox="203 682 808 724">Adult's Gender:</th> <td data-bbox="813 682 1404 724"> <th data-bbox="813 682 1404 724">Adult's Date Of Birth:</th> </td>	Adult's Gender:	<th data-bbox="813 682 1404 724">Adult's Date Of Birth:</th>	Adult's Date Of Birth:
Male Female	Date of Birth: _____		

Submitted by:

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Printed Name)

**(Attach copies of the identification indicated for each guardian and the adult)**