

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):
<input type="checkbox"/> Independently <input type="checkbox"/> With Guardian <input type="checkbox"/> Family/Friends <input type="checkbox"/> Host Family <input type="checkbox"/> Supportive Adult Residence / Assisted Living <input type="checkbox"/> Skilled Nursing Home <input type="checkbox"/> Licensed Group Home <input type="checkbox"/> Secured Facility <input type="checkbox"/> Out of State <input type="checkbox"/> Other _____	<input type="checkbox"/> Nevada <input type="checkbox"/> Other State (<i>list</i>): _____
	Proposed Guardian(s) Relationship to the Adult:
	<input type="checkbox"/> Relative <input type="checkbox"/> Public Guardian <input type="checkbox"/> Private: License Number: _____ <input type="checkbox"/> Other _____
Adult's Gender:	Adult's Date Of Birth:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____

Submitted by:

(Signature)

(Printed Name)

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