

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:

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

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

\_\_\_\_\_  
*(name of adult alleged to need a guardian)*  
A Proposed Protected Person.

**PETITION FOR APPOINTMENT OF GUARDIAN(S) OVER ADULT**

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

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:

\_\_\_\_\_  
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. **Need for Guardianship.** The adult needs a guardian because (explain in detail):

8. **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:

9. **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.)

10. **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.

11. **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.

12. **Driving:** ( check one)

- The adult should be allowed to drive.
- The adult should not be allowed to drive.

13. 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:**

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

15. **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.

16. **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.**

17. **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**

18. Full legal name: \_\_\_\_\_.
19. Date of birth: \_\_\_\_\_; current age: \_\_\_\_\_.
20. Relationship to adult in need of a guardian: \_\_\_\_\_.
- If you are the spouse, the date of marriage was: (*date*) \_\_\_\_\_.

21. Residence address:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

22. 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 #31)*

23. **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.]

24. **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 #31*)

25. Full legal name: \_\_\_\_\_.

26. Date of birth: \_\_\_\_\_; current age: \_\_\_\_\_.

27. Relationship to adult in need of a guardian: \_\_\_\_\_.

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

28. Residence address:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

29. 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 #31*)

30. **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.]

31. 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

32. **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.

33. **Certificate of Incapacity** must be filed showing the need for a guardianship over the proposed protected person. 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
  - Signed by any other person whom the court finds qualified to execute a certificate.
34. **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.
35. **Plan of Care** must be completed and filed within 60 days of being appointed the guardian.
36. **Monthly Budget** must be completed and filed if you are requesting guardianship over the adult's estate.
37. **Exhibit A: List of All of the Adult's Relatives** must be completed and attached to petition.
38. **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.
39. Attach any other documentation that supports your request for guardianship.
40. **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) request 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.

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 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	monthly: \$ _____
Veterans Affairs	<input type="checkbox"/> Yes <input type="checkbox"/> 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.**