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: ☐ Estate ☐ Person and Estate of: _____ (*name of person who has a guardian*) A Protected Person.	CASE NO.: _____ DEPT: _____

PETITION TO RELEASE FUNDS FROM BLOCKED ACCOUNT

Guardian(s) (*name of first guardian*) _____ and (*name of second guardian or "n/a"*) _____ respectfully represent to the Court as follows:

1. This Court appointed Petitioner(s) as Guardian(s) of the above-named Protected Person and issued Letters of Guardianship, which are still in full effect.

2. The Protected Person is (*name*): _____, born on (*date of birth*) _____, currently age _____.

3. The current address for the Protected Person is:

_____
Address

_____
City, State, Zip Code

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4. The Monthly Budget was filed on (*month*) _____ (*day*) _____, 20___. According to the Monthly Budget, the Protected Person's total monthly income is $_____ and the total monthly expenses are $_____.

5. Inventory, Appraisal, and Record of Value. (☒ *check one*)
   - ☐ The Inventory, Appraisal, and Record of Value has not been filed.
   - ☐ The Inventory, Appraisal, and Record of Value was filed on (*month*) _____ (*day*) _____, 20___. According to the Inventory, the value of the Protected Person's estate is (*estate value*) $_____.

6. Accounting. (☒ *check one*)
   - ☐ An Annual Accounting has not yet been filed.
   - ☐ An Annual Accounting was filed on (*month*) _____ (*day*) _____, 20___. According to the Annual Accounting, the total value of the Protected Person's estate is (*estate value*) $_____.

7. The Protected Person's money is in a blocked account. The account is held at (*name of the bank / financial institution where the blocked account is held*) _____ under Court Blocked Account No. (*provide last 4 digits of account number*) _____. The current balance in the account is $_____.

8. Guardian(s) need to access money in the blocked account because: (☒ *check one*)
   - ☐ Guardian(s) need to pay the regular monthly expenses for the Protected Person according to the Monthly Budget.
   - ☐ Other (*explain why you need to access the blocked account, and attach any documents that show the costs related to the amount you are requesting*):

     _____

     _____

     _____

     _____

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9. **For Adult Guardianships:** Guardian(s) must apply the estate of the Protected Person for the proper care and maintenance of the Protected Person. The Guardian(s) cannot pay the necessary expenses above since the money is in a blocked account. **For Child Guardianships:** Upon approval of the court, Guardian(s) may expend money from the estate of the Protected Minor if it is necessary to meet any extraordinary needs of the Protected Minor, considering the routines and needs of the Protected Minor before the establishment of the guardianship of the estate and the expenditures prescribed in an annual budget approved by the court. The Guardian(s) cannot pay these extraordinary needs of the Protected Minor since the money is in a blocked account.

10. Amount Requested. Guardian(s) request the court order the release of funds from the above blocked account as follows (☒ *check one*):
    - ☐ Monthly amount of (*monthly amount*) $_____ per month to pay the Protected Person's regular monthly expenses. Funds should be released on the (*day*) _____ of every month.
    - ☐ One-time amount of $_____ to pay the expense detailed above.

11. If granted, the funds should be released as follows (☒ *check one*):
    - ☐ Directly to the guardians.
    - ☐ Transferred to an unblocked account held at (*name of financial institution where the unblocked account is held*) _____ under Account No. (*provide last 4 digits of account number*) _____, which is owned by (*name of account owner*) _____.

Based on the above, Guardian(s) request(s) that the Court approve the release of funds as described above.

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

Date: _____ Date: _____

▸ _____ ▸ _____
(*First Guardian's signature*) (*Second Guardian's signature*)

_____ _____
(*First Guardian's printed name*) (*Second Guardian's printed name*)

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VERIFICATION OF FIRST GUARDIAN

I, (*name of first guardian*) _____, declare that I am the petitioner in the within action; that I have read the foregoing Petition for Release of Funds from Blocked Account 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 GUARDIAN

VERIFICATION OF SECOND GUARDIAN

I, (*name of second guardian*) _____ declare that I am the petitioner in the within action; that I have read the foregoing Petition for Release of Funds from Blocked Account 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 GUARDIAN

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