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: _____

CONFIDENTIAL INFORMATION SHEET – GUARDIANSHIP

First Guardian (*full legal name*): _____

Does this guardian need an interpreter: ☐ Yes ☐ No
(*If yes, which language?*) _____

Identification Attached **(*check one and attach a copy*)**:
- ☐ Social Security Number
- ☐ Birth Certificate
- ☐ Valid Driver's License Number
- ☐ Valid Identification Card Number
- ☐ Valid Passport Number
- ☐ Valid Permanent Resident Card Number
- ☐ Valid Tribal Identification Card Number

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

Does this guardian need an interpreter: ☐ Yes ☐ No
(*If yes, which language?*) _____

Identification Attached **(*check one and attach a copy*)**:
- ☐ Social Security Number
- ☐ Birth Certificate
- ☐ Valid Driver's License Number
- ☐ Valid Identification Card Number
- ☐ Valid Passport Number
- ☐ Valid Permanent Resident Card Number
- ☐ Valid Tribal Identification Card Number

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If you are unable to provide identification for the child now, you must provide it within 120 days after being appointed the guardian.

Child (*child's full legal name*): _____

Does the child need an interpreter: ☐ Yes ☐ No
(*If yes, which language?*) _____

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

- ☐ Social Security Number
- ☐ Birth Certificate
- ☐ Valid Driver's License Number
- ☐ Valid Identification Card Number
- ☐ Valid Passport Number
- ☐ Valid Permanent Resident Card Number
- ☐ Valid Tribal Identification Card Number

Placement Of Child:	Location Of Guardian(s):
☐ With Guardian ☐ Secured Facility ☐ Group Home ☐ Host Family ☐ Family/Friends ☐ Out of State ☐ Other _____	☐ Nevada ☐ Other State (*list*): _____
	Proposed Guardian(s) Relationship to the Child:
	☐ Relative ☐ Private: License Number: _____ ☐ Other _____
Child's Gender:	Child's Date Of Birth:
☐ Male ☐ Female	Date of Birth: _____ Date Child Turns 18: _____

This document ☐ **DOES – OR–** ☐ **DOES NOT** contain the personal information of a person as required by NRS 159A.044.

Submitted by:

/s/ _____
(Signature)

_____
(Printed Name)

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

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