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:<br>☐ Person<br>☐ Estate<br>☐ Person and Estate<br>of:<br><br>_____<br>(*name of child who needs a guardian*)<br>A Proposed Protected Minor. | CASE NO.: _____<br>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<br>☐ Secured Facility<br>☐ Group Home<br>☐ Host Family<br>☐ Family/Friends<br>☐ Out of State<br>☐ Other _____ | ☐ Nevada<br>☐ Other State (*list*): _____ |
| | Proposed Guardian(s) Relationship to the Child: |
| | ☐ Relative<br>☐ Private: License Number: _____<br>☐ Other _____ |
| Child's Gender: | Child's Date Of Birth: |
| ☐ Male<br>☐ Female | Date of Birth: _____<br>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:

_____
(Signature)

_____
(Printed Name)

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

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