

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 has a guardian)
A Protected Minor.

CASE NO.: _____

DEPT: _____

PETITION TO TRANSFER CHILD GUARDIANSHIP TO NEVADA

Petitioner(s), (name of guardian/conservator) _____
and (name of co-guardian / conservator, or write "N/A" if only one)
_____, request this court accept jurisdiction over this
guardianship pursuant to Sen. B. 8, 2021 Leg., 81st Sess. (Nev. 2021).

1. The Petitioner(s) were appointed as guardians / conservators by the following court (*full name of the court, as noted on their pleadings, where guardianship and/or conservatorship was granted*):

Court Name: _____

Case/Cause No. _____

2. A certified copy of the provisional order of transfer from the original court is attached. (*this is mandatory*)

Child's Information

3. Child's full legal name: _____.
4. Child's date of birth: _____; current age: _____. The child will become 18 years old on *(date)* _____.

5. Petitioner(s) believe the child (**check one**) will / will not need a guardian when the child turns 18 years old. If yes, explain why a guardian will still be needed:
_____.

6. The child is under the care of *(name of person(s) taking care of the child)*

7. The child currently lives at the following address:

Address

City, State, Zip Code

The child has lived at the above address since *(date)* _____.

8. If the child does not currently live in Nevada, the child is expected to permanently move to Nevada on *(date)* _____.

9. **Current Custody Case:** Is there a custody order concerning the child? (**check one**)

No.

Yes, there is a current order concerning custody of the child. The order is from the State of _____ and was filed on *(date)* _____. If the order was not registered with this Court, a copy of the order will be filed with this Petition.

10. Is the child a member of a federally recognized tribe? (*check one*)

No

Yes, the tribe is (*write tribe's name*) _____

11. Is the child a party to any pending criminal or civil lawsuit? (*check one*)

No

Yes (*explain*) _____

12. Are you seeking guardianship in order to initiate litigation? (*check one*)

No

Yes (*explain*) _____

13. Abuse/Neglect Report: (*check one*)

The guardianship **IS NOT requested** because of an investigation of abuse or neglect conducted by Child Protective Services (CPS) or law enforcement.

The guardianship **IS requested** because of an investigation by Child Protective Services (CPS) or other similar agency. The investigating agency is (*name of agency*) _____. The caseworker's name is (*caseworker name*) _____. The investigating agency (**check one**) does / does not approve of this guardianship and the placement of the child with the proposed Guardians.

First Guardian/Conservator's Information

14. Full legal name: _____.

15. Date of birth: _____; current age: _____.

16. Relationship to child: _____.

17. Address:

Residence address:

Mailing address (*if different*):

Address

Address

City, State, Zip Code

City, State, Zip Code

18. Qualifications. (**Answer each item listed; “Has” answers must be explained**)

The Guardian:

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 not filed for bankruptcy within the past 7 years.

is is not a party to pending criminal or civil litigation.

Explain if Yes: _____

Second Guardian/Conservator’s Information

Not Applicable (*check if there is only one guardian, and go to #19*)

19. Full legal name: _____.

20. Date of birth: _____; current age: _____.

21. Relationship to child: _____.

22. Address:

Residence address:

Mailing address (*if different*):

Address

Address

City, State, Zip Code

City, State, Zip Code

23. Qualifications. (**Answer each item listed; “Has” answers must be explained**) The

Co-guardian:

- 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 not filed for bankruptcy within the past 7 years.

- is is not a party to pending criminal or civil litigation.

Explain if Yes: _____

24. **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.

25. **Reason for Guardianship.** Petitioners are seeking to transfer the existing guardianship to the State of Nevada to provide continuing care for the protected minor.

26. **Exhibit A: List of All of the Child’s Relatives** must be completed and attached to petition.

27. **Exhibit B: Information Regarding the Child’s Estate** must be completed and attached to petition if you are requesting guardianship over the estate.

28. **Exhibit C: Copy of Other State’s Provisional Order of Transfer to Nevada** must be attached.

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

DATED (*month*) _____ (*day*) _____, 20____.

(First Petitioner’s Signature)

(Second Petitioner’s Signature)

(Printed Name)

(Printed Name)

VERIFICATION

I, (*name of first petitioner*) _____, state that I am the Guardian / Conservator in the within action; that I have read the foregoing Petition 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.

PETITIONER'S SIGNATURE

VERIFICATION

I, (*name of second petitioner*) _____, state that I am the Co-Guardian / Conservator in the within action; that I have read the foregoing Petition 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.

CO-PETITIONER'S SIGNATURE

EXHIBIT A: List All of the Child's Relatives

Parent:

Name: _____

Address: _____

Address Unknown Deceased

Parent:

Name: _____

Address: _____

Address Unknown Deceased

Grandparents:

Name: _____

Address: _____

Address Unknown Deceased

Name: _____

Address: _____

Address Unknown Deceased

Name: _____

Address: _____

Address Unknown Deceased

Name: _____

Address: _____

Address Unknown Deceased

Brothers and Sisters:

Name: _____

Address: _____

Address Unknown

Name: _____

Address: _____

Address Unknown

Name: _____

Address: _____

Address Unknown

Name: _____

Address: _____

Address Unknown

Name: _____

Address: _____

Address Unknown

Name: _____

Address: _____

Address Unknown

EXHIBIT B: Information Regarding the Proposed Protected Minor’s Estate

Complete this page only if you are requesting guardianship over the estate.

- 1. The proposed protected minor (**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 minor 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**)

Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	monthly: \$ _____
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: \$ _____

- 3. Is there a Representative Payee receiving benefits on behalf of the proposed protected minor? No Yes, the person is (*name*) _____.

- 4. The proposed protected minor 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.