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 person who has or needs a guardian*) A (Proposed) Protected Person.	CASE NO.: _____ DEPT: _____

REQUEST FOR NOTICE PURSUANT TO NRS 159.034 AND 159A.034

1. My name: _____
2. My address: _____
   _____
3. My attorney's name (*if any*): _____
4. Why I am interested in these proceedings and want to be notified of the time and date of any future hearings: _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

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5. I request that the Petitioner notify me of the time and place of the hearing on any petition filed in this guardianship proceeding.
6. I understand that I must serve a copy of this Request for Notice upon the guardian or proposed guardian.
7. I understand that filing this Request for Notice will not automatically make me a party to this guardianship proceeding.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

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

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

Your signature: _____

Print your name: _____

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CERTIFICATE OF SERVICE

I certify that I am over the age of 18 and I served this Request upon the guardian or proposed guardian as follows:

I deposited copies of this Request in the U.S. Mail in (*city*) _____, Nevada, addressed to the person(s) listed below on (*date*) _____.

Name: _____

Address: _____

_____

Name: _____

Address: _____

_____

I served the following people pursuant to the court's electronic service rules on (*date*) _____:

Name: _____

Email address: _____

Name: _____

Email address: _____

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

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

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

Your signature: _____

Print your name: _____

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