COURT CODE: 3645
Your Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Email Address: _____
Self-Represented

**IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF WASHOE**

In the Matter of the Guardianship of the:

☐ Person
☐ Estate
☐ Person and Estate

of:

_____
(*name of person who has a guardian*)
                                        A Protected Person.

CASE NO.: _____

DEPT: _____

PETITION FOR VISITATION / CONTACT

Petitioner(s), (*first Petitioner's name*) _____ and

(*second Petitioner's name or "n/a" if only one Petitioner*) _____,

respectfully represent the following to this Honorable Court:

1. **Relationship to the Protected Person.**

   Petitioner(s) are the: (☒ *check and complete one of the following*)

   ☐ Parent(s).

   ☐ Grandparent(s) on the (☒ *check one*) ☐ mother's / ☐ father's side.

   ☐ Great-grandparent(s) on the (☒ *check one*) ☐ mother's / ☐ father's side.

   ☐ Child(ren).

   ☐ Other (*state your relationship to the protected person*)
   _____ of the protected person.

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2.   **Denial / Unreasonable Restriction of Visitation / Contact.** (☒ *check all that apply and explain*)

☐ The guardian(s) have denied me visitation and/or contact with the protected person. I have not had contact with the protected person since (*date you last had any contact with the protected person*) _____.

☐ The guardian(s) have unreasonably restricted my visitation and/or contact with the protected person. (*Explain the unreasonable restriction of visitation or contact*)

_____

_____

_____

_____

3.   **Visitation.** The petitioner(s) reasonably believe that a guardian has committed an abuse of discretion in restricting the relative or person of natural affection's access to the protected person. The petitioner(s) request the guardian to grant the relative or person of natural affection access to the protected person, pursuant to NRS 159.335.

4.   **Visitation Schedule / Contact Desired**. I would like the court to grant me visitation and/or contact with the protected person as follows (*describe in detail the visitation schedule or contact you would like to have with the protected person*):

_____

_____

_____

_____

_____

_____

_____

Based on the above, Petitioner(s) request that the above visitation and/or contact be granted, and for such other and further relief as the court may deem just and proper.

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

Date: _____   Date: _____

▶ _____   ▶ _____
(*First Petitioner's signature*)   (*Second Petitioner's signature*)

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

VERIFICATION

I, (*name of first Petitioner*) _____, under penalty of perjury, state that I am the Petitioner 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 Co-Petitioner; if none, write "N/A"*) _____, under penalty of perjury, state that I am the Co-Petitioner 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

INDEX OF EXHIBITS

Exhibit Number _____   **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____   **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____   **Number of Pages** _____

Exhibit Description _____

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