COURT CODE: 1395	
Your Name:	
Address:	
City, State, Zip:	
Telephone:	
Email Address:	
Self-Represented	
	CT COURT OF THE STATE OF NEVADA COUNTY OF WASHOE
In the Matter of the Guardianship of the:	
□ Person	CASE NO.:
Estate	DEPT:
☐ Person and Estate	
of:	
(name of person who has a guardian) A Protected Person	1.
TO: (protected person's name)	
(guardian's names)	
ALL KNOWN RELATIVES OF THE PR	
(write each retaitive's name on a separate	line)
	-
	-
ANY PERSON HAVING THE CAR	RE, CUSTODY, AND CONTROL OF THE
PROTECTED PERSON	the control of the
INOILCILDILIBON	

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	and (second petitioner's name, or "n/a"
<i>if none</i>)	have filed a petition asking the
court to $(\boxtimes check one)$	
☐ Remove Guardian	n(s);
☐ Other: (name of the	ne petition filed)
DATE	AND TIME OF COURT APPEARANCE (the court clerk will fill this out)
YOU ARE DIRECT	ED TO APPEAR AND SHOW CAUSE why the court should no
grant the relief requested on t	he:
day of	, 20, at a.m. p.m., at the courthouse of
the Second Judicial District C	Court, located at 75 Court Street, Reno, Nevada 89501.
IMPORTANT NOTICE: due	e to the ongoing COVID-19 pandemic, this hearing will occur
using Zoom. The Zoom link	will be posted on
https://www.washoecourts.co	om/OnlineHearings/GeneralJurisdiction and may also be
obtained by contacting Adult	tGuardianship@washoecourts.us.
This document does no	ot contain the personal information of any person as defined by
NRS 603A.040.	
DATED this da	ay of, 20
	ALICIA L. LERUD CLERK OF COURT
	BY:
	DEPUTY CLERK

NOTE: The guardian(s) and the petitioner(s) must attend the scheduled hearing; all other interested parties do not need to attend unless they want to oppose the relief requested.