

COURT CODE: 3245

Your Name: _____

Address: _____

City, State, Zip: _____

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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 TO TRANSFER ADULT 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 NRS 159.2024.

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)*

Protected Person's Information

3. The Protected Person is: (*name*) _____,
born on (*date of birth*) _____, currently age _____.

4. The Protected Person's residence address is:

Address

City, State, Zip Code

The Protected Person's mailing address is (*if different than residence address*):

Address

City, State, Zip Code

5. If the Protected Person does not currently live in Nevada, the person is expected to permanently move to Nevada on (*date*) _____.

6. Could the Protected Person benefit from less restrictive supports than guardianship (such as a supported decision making agreement, durable power of attorney, etc.)?

- Yes
- No

Explain why or why not: _____

First Guardian/Conservator's Information

7. Full legal name: _____.

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

9. Relationship to protected person: _____.

10. Residence address:

Address

City, State, Zip Code

Mailing address (*if different than residence address*):

Address

City, State, Zip Code

11. **If you do not live in the State of Nevada:** (*check one*)

- A person or care provider in this State is providing continuing care and supervision for the adult;
- The adult is in a secured residential long-term care facility in this State;
- The guardian will move to the State of Nevada within 30 days of appointment; **or**
- The proposed protected person will move to the guardian’s state of residence within 30 days of appointment.

[NOTE: If a nonresident is appointed as guardian for an adult, the guardian must designate a registered agent in the State of Nevada in the same manner as a represented entity pursuant to Nevada Revised Statutes Chapter 77.]

12. 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 never been suspended for misconduct or disbarred from the practice of law, the practice of accounting or any other profession which involves the

management or sale of money, investments, securities or real property and requires licensure in Nevada or any other state.

Explain if Yes: _____

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*)

13. Full legal name: _____.

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

15. Relationship to protected person: _____.

16. Residence address:

Address

City, State, Zip Code

Mailing address (*if different than residence address*):

Address

City, State, Zip Code

17. **If you do not live in the State of Nevada:** (*check one*)

- A person or care provider in this State is providing continuing care and supervision for the adult;
- The adult is in a secured residential long-term care facility in this State;
- The guardian will move to the State of Nevada within 30 days of appointment; **or**
- The proposed protected person will move to the guardian’s state of residence within 30 days of appointment.

[NOTE: If a nonresident is appointed as guardian for an adult, the guardian must designate a registered agent in the State of Nevada in the same manner as a represented entity pursuant to Nevada Revised Statutes Chapter 77.]

18. 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 never been suspended for misconduct or disbarred from the practice of law, the practice of accounting or any other profession which involves the management or sale of money, investments, securities or real property and requires licensure in Nevada or any other state.

Explain if Yes: _____

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: _____

19. **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.

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

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

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

23. **Monthly Budget and Care Plan:** Please be aware that the court may require you to submit a monthly budget and/or a care plan for the protected person.

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

INDEX OF EXHIBITS

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

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