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	D EDE
☐ Person and Estate	DEPT:
of:	
(name of person who has a guardian) A Protected Person	n.
TO: (protected person's name)	AR AND SHOW CAUSE
(protected person's attorney's name)	
(guardian's names)	
ALL KNOWN RELATIVES OF THE PR	OTECTED PERSON:
(write each retailve's name on a separate	line)
	
ANY PERSON HAVING THE CARE, CU	USTODY, AND CONTROL OF THE
PROTECTED PERSON	

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PLEASE TAKE NOTION	CE that the follo	wing person	n(s) (first petitioner's name)
			and (second petitioner's name, or
"n/a" if none)			have filed a petition
asking the court to $(\boxtimes check$	one)		
☐ Petition for Perm	ission to Move c	out of State;	
\Box Other: (name of t	he petition filed)		
DATE	E AND TIME O (the court cle		APPEARANCE this out)
YOU ARE DIRECT	TED TO APPE	AR AND SI	HOW CAUSE why the court should no
grant the relief requested on	the:		
day of	, 20	, at	□ a.m. □ p.m., at the courthouse of
the Second Judicial District	Court, located at	75 Court S	treet, Reno, Nevada 89501.
IMPORTANT NOTICE: du	e to the ongoing	g COVID-1	9 pandemic, this hearing will occur
using Zoom. The Zoom link	will be posted o	on	
https://www.washoecourts.c	om/OnlineHear	ings/Gener	alJurisdiction and may also be
obtained by contacting Adul	ltGuardianship@	@washoeco	urts.us.
This document does n	ot contain the pe	ersonal info	rmation of any person as defined by
NRS 603A.040.			
DATED this	lay of		
			CIA L. LERUD ERK OF COURT
		BY:	PUTY 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.