

COURT CODE: 1520

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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 adult alleged to need a guardian)  
A Proposed Protected Person.

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

**DECLARATION OF SERVICE ON ADULT PROPOSED PROTECTED PERSON**

*A copy of the Petition for Appointment of Guardian and the Citation to Appear and Show Cause must be **personally served to the adult** who allegedly needs a guardian.*

*A neutral person, not involved in this case or related to the parties, must personally serve the documents directly to the adult. If that is not possible, the server can personally serve the documents on someone of suitable age and discretion who lives with the adult.*

*The proposed guardians or relatives cannot do this.*

*The person who serves the documents must complete this form.*

I, (name of person who served the documents) \_\_\_\_\_,  
declare (**complete EVERY SECTION below**):

1. I am not a party to or interested in this action and I am over 18 years of age.
2. I am not a licensed process server; I am a natural person serving legal process without compensation, not more than three times per year, on behalf of a litigant who is a natural person, and therefore I am not required to be licensed pursuant to NRS 648.063(2).

3. **What Documents You Served.** I served a copy of the ( *check all that apply*)

Petition for Appointment of Guardian

Order Appointing Temporary Guardian(s)

Other: \_\_\_\_\_

4. **Who & Where You Served.** I personally delivered and left the documents with:  
( *check one*)

**The Adult Who Is the Subject of This Case.** I served the documents on the adult at the location below. (*complete the details below*)

\_\_\_\_\_  
Name of Person Served

\_\_\_\_\_  
Address Where Served

\_\_\_\_\_  
City, State, Zip Code

**A Person Who Lives with the Adult.** This is a person of suitable age and discretion who lives with the adult. (*complete the details below*)

\_\_\_\_\_  
Name of Person Served

\_\_\_\_\_  
Address Where Served

\_\_\_\_\_  
City, State, Zip Code

5. **When You Served.** I personally served the documents on (*date you served the documents*) (*month*) \_\_\_\_\_ (*day*) \_\_\_\_\_, 20\_\_\_\_ at the hour of (*time*) \_\_\_\_:\_\_\_\_  a.m.  p.m.

**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\_\_\_\_.

Server's Signature: ▶ \_\_\_\_\_

Server's Printed Name: \_\_\_\_\_

Residential / Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Server's Phone Number: \_\_\_\_\_