

COURT CODE: 1356

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

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

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

Telephone: \_\_\_\_\_

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

Self-Represented

**IN THE FAMILY DIVISION  
OF 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 child who needs a guardian)  
A Proposed Protected Minor.

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

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

**CERTIFICATE OF MAILING FOR THE  
PETITION FOR APPOINTMENT OF GUARDIANS**

**I HEREBY CERTIFY** that I served the: (☒ *check all that apply*)

☐ Petition for Appointment of Guardian

☐ Citation to Appear and Show Cause

☐ Other: \_\_\_\_\_

on (month) \_\_\_\_\_ (day) \_\_\_\_\_, 20\_\_\_\_, by depositing a copy of the same in the

U.S. Mail, enclosed in sealed envelopes, prepaid Certified Mail, Return Receipt Requested,

addressed to:

**Relatives / Required Notices:**

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

If the child is in the care, custody, or control of a child welfare agency, you must serve the agency and complete this section:

Child Welfare Agency: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

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\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

**ATTACH THE SIGNATURE RECEIPTS (GREEN CARDS FROM THE  
POST OFFICE) TO THIS FORM WHEN RECEIVED**