

COURT CODE: GRII

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: \_\_\_\_\_

**CONFIDENTIAL INFORMATION SHEET – GUARDIANSHIP**

First Guardian (full legal name): \_\_\_\_\_

Identification Attached (**check one and attach a copy**):

- |  |  |
|--|--|
| <input type="checkbox"/> Social Security Number        | <input type="checkbox"/> Valid Identification Card |
| <input type="checkbox"/> Birth Certificate             | Number   |
| <input type="checkbox"/> Valid Driver's License Number | <input type="checkbox"/> Valid Passport Number     |

Second Guardian (full legal name, or "n/a" if none): \_\_\_\_\_

Identification Attached (**check one and attach a copy**):

- |  |  |
|--|--|
| <input type="checkbox"/> Social Security Number        | <input type="checkbox"/> Valid Identification Card |
| <input type="checkbox"/> Birth Certificate             | Number   |
| <input type="checkbox"/> Valid Driver's License Number | <input type="checkbox"/> Valid Passport Number     |

Child (child's full legal name): \_\_\_\_\_

Identification Attached (**check one and attach a copy**):

- |  |  |
|--|--|
| <input type="checkbox"/> Social Security Number        | <input type="checkbox"/> Valid Identification Card |
| <input type="checkbox"/> Birth Certificate             | Number   |
| <input type="checkbox"/> Valid Driver's License Number | <input type="checkbox"/> Valid Passport Number     |

<b>Placement Of Child:</b>	<b>Location Of Guardian(s):</b>
<input type="checkbox"/> With Guardian <input type="checkbox"/> Secured Facility <input type="checkbox"/> Group Home <input type="checkbox"/> Host Family <input type="checkbox"/> Family/Friends <input type="checkbox"/> Out of State <input type="checkbox"/> Other _____	<input type="checkbox"/> Nevada <input type="checkbox"/> Other State ( <i>list</i> ): _____
	<b>Proposed Guardian(s) Relationship to the Child:</b>
	<input type="checkbox"/> Relative <input type="checkbox"/> Private: License Number: _____ <input type="checkbox"/> Other _____
<b>Child's Gender:</b>	<b>Child's Date Of Birth:</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____ Date Child Turns 18: _____

This document  **DOES – OR–**  **DOES NOT** contain the personal information of a person as required by NRS 159A.044.

Submitted by:

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

**(Attach copies of the identification indicated for each guardian and the child)**