COURT CODE: _____
Your Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____
Self-Represented

DISTRICT COURT
_____ COUNTY, NEVADA

In the Matter of the Guardianship of the: ☐ Person ☐ Person and Estate of: _____ (*name of child who has a guardian*) A Protected Minor.	CASE NO.: _____ DEPT: _____

GUARDIAN'S ACKNOWLEDGEMENT OF DUTIES AND RESPONSIBILITIES OF THE PERSON (MINOR)

I declare that I understand there are certain duties and responsibilities required of me in the administration of the above guardianship. By initialing each item below, I understand my guardianship duties and responsibilities include, but are not limited to the following:

A. Duties and Functions

I acknowledge and understand that the duties and functions of a Guardian are as follows:

_____ To always act in the best interest of the Protected Minor.

_____ To supply the Protected Minor with proper care, including food, shelter, clothing, and all incidental necessities; appropriate residence; support; and education, including training for employment, if applicable.

_____ To provide the Protected Minor with medical, surgical, dental, psychiatric, psychological, hygienic, or other care and treatment as needed.

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_____ To notify all interested parties, the Court, the trustee, and named executor or appointed personal representative of the estate of the Protected Minor within 30 days after the death of the Protected Minor.

_____ To facilitate appropriate contact between the Protected Minor and each parent of the Protected Minor if the contact: (1) is in the best interest of the Protected Minor; and (2) complies with an order for visitation, if applicable.

B. Court Authority

1. I acknowledge and understand court authority must be obtained prior to:

_____ Moving or placing the Protected Minor in a residence outside of the State of Nevada.

_____ Moving or placing the Protected Minor in a facility that provides residential treatment, including, without limitation, a secured residential long-term care facility.

_____ Engaging the Protected Minor in experimental medical, biomedical, or behavioral treatment.

_____ Engaging the Protected Minor in any medical practice to sterilize them.

C. Notices and Reports

I acknowledge and understand that that in addition to the performance of the duties outlined above, the following will be required of me:

_____ Within 5 days of being appointed guardian, a Notice of Entry of Order Appointing Guardian must be filed and mailed to the Protected Minor and all individuals entitled to notice.

_____ Annually, within 60 days of the anniversary of the appointment of guardianship, an Annual Report of Guardian must be filed to update the Court on the health and well-being of the Protected Minor.

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_____ Within 10 days of changing the residence of the Protected Minor, a written report on the condition of the Protected Minor must be filed.

_____ At any time, if the Court orders, an Annual Report of Guardian must be filed.

_____ Within 30 days of filing an Annual Report of Guardian, a copy of the report must be given to the guardian of the estate, if any have been appointed.

D. Miscellaneous

I acknowledge and understand the following:

_____ It is my responsibility to accurately keep all records and file all reports with the Court regarding the well-being of the Protected Minor.

_____ It is my responsibility to maintain all records and documents for the guardianship of the Protected Minor for 7 years after the Court terminates the guardianship.

_____ It is my responsibility to inform the Court if I am no longer qualified to serve as a guardian, and the Court will determine whether I can continue the guardianship.

The following can disqualify me from remaining guardian:

1. If I am convicted of a gross misdemeanor or felony in any state;
2. If I file or receive protection as an individual or as a principal of any entity under the federal bankruptcy laws and I am appointed guardian of the estate or guardian of the person and estate;
3. If I am suspended for misconduct or disbarred from any professional practice which may involve the management or sale of money, investments, securities or real property and I am appointed guardian of the estate or guardian of the person and estate; or

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4. If I am being investigated for child abuse or neglect by an agency which provides child welfare services.

_____ I should seek the advice and assistance of an attorney if I need legal advice, or if I do not fully understand my duties and responsibilities, to ensure that I remain in full compliance with the laws of the State of Nevada.

_____ I have read and reviewed the Guardian's Acknowledgment of Duties and Responsibilities and I understand the terms and conditions under which the Guardianship is to be managed.

_____ I agree to comply with the rules and duties of a guardian as set forth in the laws of the State of Nevada.

_____ I fully understand that failure to comply with the Guardianship statutes, or with any Order made by the Court, may result in my removal as Guardian and that I may be subject to such penalties as the Court may impose.

I declare under penalty of perjury that I have read and understood my duties and responsibilities as outlined in the foregoing Guardian's Acknowledgement of Duties and Responsibilities.

This document does not contain the personal information of any person as defined by NRS 603A.040.

DATED (*month*) _____ (*day*) _____, 20___.

Submitted By: (*your signature*) ▸ _____

(*print your name*) _____

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VERIFICATION

I state that I am the Guardian of the Person of the above-named protected minor, have read the foregoing Acknowledgment of Duties and Responsibilities, know the contents thereof, and it is true to my own knowledge, except for those matters therein stated on information and belief, and as for 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.

_____

GUARDIAN'S SIGNATURE

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