

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 |

Placement Of Child:	Location Of Guardian(s):
<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>): _____
	Proposed Guardian(s) Relationship to the Child:
	<input type="checkbox"/> Relative <input type="checkbox"/> Private: License Number: _____ <input type="checkbox"/> Other _____
Child's Gender:	Child's Date Of Birth:
<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)