

COURT CODE: GRRI

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): _____

Does this guardian need an interpreter: Yes No
(If yes, which language?) _____

Identification Attached (check one and attach a copy):

- Social Security Number
- Birth Certificate
- Valid Driver's License Number
- Valid Identification Card Number
- Valid Passport Number
- Valid Permanent Resident Card Number
- Valid Tribal Identification Card Number

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

Does this guardian need an interpreter: Yes No
(If yes, which language?) _____

Identification Attached (check one and attach a copy):

- Social Security Number
- Birth Certificate
- Valid Driver's License Number
- Valid Identification Card Number
- Valid Passport Number
- Valid Permanent Resident Card Number
- Valid Tribal Identification Card Number

If you are unable to provide identification for the child now, you must provide it within 120 days after being appointed the guardian.

Child (*child's full legal name*): _____

Does the child need an interpreter: Yes No

(*If yes, which language?*) _____

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

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

Placement Of Child: <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 _____	Location Of Guardian(s): <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: <input type="checkbox"/> Male <input type="checkbox"/> Female	Child's Date Of Birth: 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)