

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 has a guardian)*  
A Protected Minor.

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

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

**CERTIFICATE OF MAILING FOR THE  
PETITION TO TRANSFER MINOR GUARDIANSHIP TO NEVADA**

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

- Petition to Transfer Minor Guardianship to Nevada
- 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: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Address: \_\_\_\_\_  
\_\_\_\_\_

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

If the child receives or has received **Medicaid**, check the following box and mail to:

- Director of the Department of Health and Human Services  
400 W. King Street, Suite #300  
Carson City, Nevada 89703

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**