



Administrative Form 5055
APPOINTMENT OF SHORT-TERM GUARDIAN BY A PARENT
(NRS 159A.205)

Complete One Form per Child:

I, _____, a parent of _____, a minor child, whose date of birth is _____, hereby desires to appoint _____ and _____ as temporary short-term guardian(s) of said minor child pursuant to Nevada Revised Statutes (NRS) 159A.205.

ELIGIBILITY: Please read the following five (5) questions and check the answer where applicable.

1. Is the minor child age 14 or older? ___ Yes ___ No
 If the answer to Question No. 1 is YES, consent of the minor is required.
2. Does the minor age 14 or older consent to this guardianship? ___ Yes ___ No
 If the answer to Question No. 2 is YES, the minor must sign on page 2. If the answer to Question No. 1 is YES and the answer to Question No. 2 is NO, **you may not appoint a short-term guardian for this minor child** pursuant to NRS 159A.205.
3. Does the minor child have another parent who is living? ___ Yes ___ No
 If the answer to Question No. 3 is NO, skip all further questions and go immediately to the signature line on the bottom of page 1 of this form and sign in the presence of a notary public.
4. Does the other parent consent to the appointment of a short-term guardian? ___ Yes ___ No
 If the answer to Question No. 4 is YES, skip all further questions and both parents' notarized signatures are required on the bottom of page 1 and on the top of page 2.
5. Have the rights of the other parent been terminated? ___ Yes ___ No
 If the answer to Question No. 5 is YES, skip all further questions and go immediately to the signature line on the bottom of page 1 of this form and sign in the presence of a notary public.
 If the answer to Question 5 is NO, answer the following questions:
 - A. Do you know the whereabouts of the other parent? ___ Yes ___ No
 - B. Is the other parent willing and able to make and carry out daily child care decisions instead of the parent notarizing the short-term guardianship form? ___ Yes ___ No

If the answers to questions 5A and 5B are both **YES**, **you may not appoint a short-term guardian for this minor child** pursuant to NRS 159A.205.

SIGNATURE OF PARENT/APPLICANT: I hereby declare under penalty that I am a parent who has legal custody of the minor child identified above and that the answers on this form are true and correct. I understand this short-term guardianship shall become effective upon my execution of this document in the presence of a notary public for a period of six (6) months and may be terminated by an instrument in writing signed by either parent of the minor child, if that parent has not been deprived of the legal custody of said minor, or by any order of a court of competent jurisdiction.

 Signature of Parent

STATE OF _____

COUNTY OF _____

On this _____ day of _____, _____, personally appeared before me, a notary public, _____, who acknowledged he/she executed the foregoing document for the purposes stated therein.

 Notary Public

Administrative Procedure 5055
Appointment of Short-Term Guardian By a Parent

SIGNATURE OF PARENT/APPLICANT: I hereby declare under penalty that I am a parent who has legal custody of the minor child identified above and that the answers on this form are true and correct. I understand this short-term guardianship shall become effective upon my execution of this document in the presence of a notary public for a period of six (6) months and may be terminated by an instrument in writing signed by either parent of the minor child, if that parent has not been deprived of the legal custody of said minor, or by any order of a court of competent jurisdiction.

Signature of Parent

STATE OF _____

COUNTY OF _____

On this ____ day of _____, _____, personally appeared before me, a notary public,
_____, who acknowledged he/she executed the foregoing document for the purposes stated therein.

Notary Public

CONSENT OF MINOR CHILD: If the minor child is fourteen (14) years of age or older, the minor child's written consent to the short-term guardianship is required.

Signature of Minor Child

Date of Birth

Date

ACCEPTANCE OF APPOINTMENT OF GUARDIANSHIP: I/We _____

and _____, hereby accept this appointment as short-term guardian for the minor child identified in this instrument and will accept responsibility for the care, custody, and control of said minor child, including all necessary authority and power to furnish and provide care and services to said minor child as may seem necessary, proper, or desirable in the child's best interest and welfare, including but not limited to food, clothing, shelter, education, and medical-surgical-dental care and treatment. I/We agree to abide by all federal, state and local laws including rules and regulations of the Washoe County School District. I/We understand this short-term guardianship shall become effective upon my/our execution of this document in the presence of a notary public for a period of six (6) months and may be terminated by an instrument in writing signed by either parent of the minor child, if that parent has not been deprived of the legal custody of said minor, or by any order of a court of competent jurisdiction.

Address: _____

Signature of Guardian

Phone number: _____

Address: _____

Signature of Guardian

Phone number: _____

STATE OF _____

COUNTY OF _____

On this ____ day of _____, _____, personally appeared before me, a notary public,
_____ and _____, who acknowledged he/she/they executed the foregoing document for the purposes stated therein.

Notary Public

Note: In accordance with the policies of the Nevada Interscholastic Activities Association (NIAA) (NAC 386.782(5) and 386.784), any student who transfers to another school is presumed ineligible to participate in any sanctioned sport at the school to which he/she transfers for 180 school days. Additionally, the NIAA will not recognize a guardianship that is granted without the approval of a court pursuant to NRS 159A.205 or 159A.215.