

Code: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Self-Represented Litigant

IN 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 only  
 The Estate only  
 The Person and the Estate

Case No. \_\_\_\_\_

\_\_\_\_\_,  
(Print Name of Protected Person)

Dept. No. \_\_\_\_\_

DOB: \_\_\_\_\_,

A Protected Person.  
\_\_\_\_\_ /

COVER PAGE

Attached is \_\_\_\_\_  
(Print the name of document to be submitted to the Court)

This document does not contain the Social Security number of any person.

I declare, under penalty of perjury under the law of the State of Nevada, that the foregoing is true and correct.

Date: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

1 Code: 3860

2 Name: \_\_\_\_\_

3 Address: \_\_\_\_\_

4 Telephone: \_\_\_\_\_

5 Email: \_\_\_\_\_

6 Self-Represented Litigant

7 IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
8 IN AND FOR THE COUNTY OF WASHOE

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10 In the Matter of the Guardianship of

11  The Person only

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Case No. \_\_\_\_\_

14 \_\_\_\_\_,  
(Print Name of Protected Person)

Dept. No. \_\_\_\_\_

15 DOB: \_\_\_\_\_,

16 A Protected Person.

17 \_\_\_\_\_/

18 REQUEST FOR SUBMISSION

19 It is requested that the \_\_\_\_\_  
20 (Print the name of document to be submitted to the Court)

21 filed in this matter be submitted to the Court for consideration.

22 This document does not contain the Social Security number of any person.

23 I declare, under penalty of perjury under the law of the State of Nevada, that the foregoing is  
24 true and correct.

25 Date: \_\_\_\_\_

26 Your Signature: \_\_\_\_\_

27 Print Your Name: \_\_\_\_\_