

COURT CODE: GRII

Your Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email Address: _____

Self-Represented

**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
- Estate
- Person and Estate

of:

(name of adult alleged to need a guardian)

A Proposed Protected Person.

CASE NO.: _____

DEPT: _____

CONFIDENTIAL INFORMATION SHEET – GUARDIANSHIP

First Guardian *(full legal name)*: _____

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

- Social Security Number
- Valid Driver’s License Number
- Valid ID Card Number
- Valid Passport Number
- Taxpayer Identification Number
- Valid Tribal Identification Card Number

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

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

- Social Security Number
- Valid Driver’s License Number
- Valid ID Card Number
- Valid Passport Number
- Taxpayer Identification Number
- Valid Tribal Identification Card Number

Adult *(name of adult who needs a guardian)*: _____

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

- Social Security Number
- Valid Driver’s License Number
- Valid ID Card Number
- Valid Passport Number
- Taxpayer Identification Number
- Valid Tribal Identification Card Number

Placement Of Adult:	Location Of Guardian(s):
<input type="checkbox"/> Independently <input type="checkbox"/> With Guardian <input type="checkbox"/> Family/Friends <input type="checkbox"/> Host Family <input type="checkbox"/> Supportive Adult Residence / Assisted Living <input type="checkbox"/> Skilled Nursing Home <input type="checkbox"/> Licensed Group Home <input type="checkbox"/> Secured Facility <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 Adult: <input type="checkbox"/> Relative <input type="checkbox"/> Public Guardian <input type="checkbox"/> Private: License Number: _____ <input type="checkbox"/> Other _____
Adult's Gender:	Adult's Date Of Birth:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____

This document **DOES – OR–** **DOES NOT** contain the personal information of a person as required by NRS 159.044.

Submitted by:

(Signature)

(Printed Name)

(Attach copies of the identification indicated for each guardian and the adult)