

COURT CODE: 1457

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 person who has a guardian)*

A Protected Person.

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

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

**CONFIDENTIAL MEDICAL / EDUCATIONAL DOCUMENTS**

The following confidential, non-public documentation is attached for the Court's review:

- Physician's Certificate
- Medical Records
- Estate Planning Documents (power of attorney, will, trust, etc.)
- School Records / Report Card
- Other: *(describe)* \_\_\_\_\_

This information is to be filed as presumptively confidential as required by ADKT 410.

This document does not contain the personal information of any person as defined by NRS 603A.040.

DATED *(month)* \_\_\_\_\_ *(day)* \_\_\_\_\_, 20\_\_\_\_.

Submitted By: *(your signature)* ▶ \_\_\_\_\_

*(print your name)* \_\_\_\_\_