

COURT CODE: 1780

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

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Person and Estate

of:

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

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

\_\_\_\_\_  
*(name of person who has a guardian)*  
A Protected Person.

**GUARDIAN’S ACKNOWLEDGMENT OF DUTIES AND RESPONSIBILITIES  
OF THE PERSON (ADULT)**

I hereby declare that I understand there are certain duties and responsibilities required of me in the administration of the above guardianship. By initialing each item below, I understand my guardianship duties and responsibilities include, but are not limited to the following:

**A. Duties and Functions**

I acknowledge and understand that the duties and functions of a Guardian are as follows:

\_\_\_\_\_ To always act in the best interest of the Protected Person.

\_\_\_\_\_ To supply the Protected Person with proper care, including food, shelter, clothing, and all incidental necessities: appropriate residence, support, and education, including training for a profession, if applicable.

\_\_\_\_\_ To provide the Protected Person with medical, surgical, dental, psychiatric, psychological, hygienic, or other care and treatment as needed.

\_\_\_\_\_ To educate and mentor the Protected Person, when possible, on alternatives to guardianship and to assist in accessing supports that replace the need for guardianship.

\_\_\_\_\_ To notify all interested parties, the Court, the trustee, and named executor or appointed personal representative of the estate of the Protected Person within 30 days after the death of the Protected Person.

## **B. Court Authority**

1. I acknowledge and understand that court authority must be obtained prior to:

\_\_\_\_\_ Moving or placing the Protected Person in a residence outside of the State of Nevada.

\_\_\_\_\_ Moving or placing the Protected Person in a secured residential long-term care facility unless the Court specifically granted the authority when the guardian was appointed or the placement is pursuant to a written recommendation by a licensed physician, a licensed social worker, or employee of a county or state office for protective services.

\_\_\_\_\_ Restricting communication, visitation, or interactions between a Protected Person and a relative or person of natural affection.

2. I acknowledge and understand that court authority must be obtained prior to:

\_\_\_\_\_ Engaging the Protected Person in experimental medical, biomedical, or behavioral treatment.

\_\_\_\_\_ Engaging the Protected Person in any medical practice to sterilize them.

## **C. Notices and Reports**

I acknowledge and understand that in addition to the performance of the duties outlined above, the following will be required of me:

- \_\_\_\_\_ Within 5 days of being appointed guardian, a Notice of Entry of Order Appointing Guardian must be filed and mailed to the Protected Person and all individuals entitled to notice.
- \_\_\_\_\_ Annually, within 60 days of the anniversary of the appointment of guardianship, an Annual Report of Guardian must be filed to update the Court on the health and well-being of the Protected Person.
- \_\_\_\_\_ Within 10 days of moving the Protected Person to a secured residential long-term care facility, an written report on the condition of the Protected Person must be filed.
- \_\_\_\_\_ At any time the Court orders, an Annual Report of Guardian must be filed.
- \_\_\_\_\_ Within 30 days of filing an Annual Report of Guardian, a copy of the report must be given to the guardian of the estate, if any have been appointed.
- \_\_\_\_\_ 10 days prior to changing the Protected Person’s residence within Nevada, notice of the intended relocation must be provided to all persons entitled to notice, unless an emergency as defined by the statute is present. The report to the court may be filed after action has been taken.

**D. Miscellaneous**

I acknowledge and understand the following:

- \_\_\_\_\_ It is my responsibility to accurately keep all records and file all reports with the Court regarding the well-being of the Protected Person.
- \_\_\_\_\_ It is my responsibility to maintain all records and documents for the guardianship of the Protected Person for 7 years after the Court terminates the guardianship.
- \_\_\_\_\_ It is my responsibility to inform the Court if I am no longer qualified to serve as a guardian, and the Court will determine whether or not I can continue the guardianship.

The following can disqualify me from keeping my guardianship:

1. If I am convicted of a gross misdemeanor or felony in any state.
2. If I file or receive protection as an individual or as a principle of any entity under the federal bankruptcy laws.
3. If I have my driver's license suspended, revoked, or cancelled for nonpayment of child support.
4. If I am suspended for misconduct or disbarred from the practice of law, the practice of accounting, or any other profession which involves or may involve the management or sale of money, investments, securities or real property, or requires licensure in any state.
5. If I have a judgment entered against me for misappropriated funds or assets from any person or entity in any state.

\_\_\_\_\_ I shall, as a guardian, take possession of the following unless a guardian of the estate is granted and the guardian of the estate has taken possession of them:

The originals of any contracts executed by the Protected Person, Power of Attorney executed by the Protected Person, Estate planning documents prepared by the Protected Person (including but not limited to the last will and testament, durable power of attorney), and revocable trusts, revocable or irrevocable trusts the Protected Person is beneficiary to, and any written evidence of present or future vested interest in any real or intangible property.

\_\_\_\_\_ I should seek the advice and assistance of an attorney if I need legal advice, or if I do not fully understand my duties and responsibilities, to ensure that I remain in full compliance with the laws of the State of Nevada.

\_\_\_\_\_ I have read and reviewed the Guardian’s Acknowledgment of Duties and Responsibilities and I understand the terms and conditions under which the Guardianship is to be managed.

\_\_\_\_\_ I agree to comply with the rules and duties of a guardian as set forth in the laws of the State of Nevada.

\_\_\_\_\_ I fully understand that failure to comply with the Guardianship statutes, or with any Order made by the Court, may result in my removal as Guardian and that I may be subject to such penalties as the Court may impose.

\_\_\_\_\_ I have received the Protected Persons’ Bill of Rights and understand the rights stated.

I declare under penalty of perjury that I have read and understand my duties and responsibilities as outlined in the foregoing Guardian’s Acknowledgement of Duties and Responsibilities.

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*) \_\_\_\_\_

**VERIFICATION**

I state that I am the Guardian of the Person of the above-named protected person, have read the foregoing Acknowledgment of Duties and Responsibilities, know the contents thereof, and it is true to my own knowledge, except for those matters therein stated on information and belief, and as for those matters I believe them to be true.

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

\_\_\_\_\_  
GUARDIAN’S SIGNATURE