

COURT CODE: 1296

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: _____

MONTHLY BUDGET

The Proposed Guardian(s) submit the following monthly budget for the proposed protected person.

Protected Person's Monthly Income (write "0" for any income the person does not have)	
Wages from Employment (before taxes)	\$
Unemployment Benefits	\$
Social Security	\$
Veteran's Affairs	\$
Retirement / Pension	\$
Interest / Dividends	\$
Rental Income	\$
Mandatory Trust Distributions	\$
Discretionary Trust Distributions	\$
Other: _____	\$
TOTAL MONTHLY INCOME	\$

Monthly Expenses (write "0" for any expense the person does not have)	
Housing	
Rent / Mortgage	\$
Facility (room and board, patient liability)	\$
Homeowner's/Rental Insurance	\$
Property Taxes	\$
Home Maintenance (yard, pool, housecleaning, etc.)	\$
HOA Dues	\$
Utilities (electricity, gas, phone, sewer/water, other utilities)	\$
Transportation <i>Is the Protected Person Able to Drive?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, who is the primary driver?</i> _____	
Car Payment	\$
Insurance	\$
Gas	\$
Maintenance	\$
Public Transportation	\$
Groceries	\$
Dining Out	\$
Personal Hygiene (toiletries, haircuts, etc.)	\$
Household Supplies	\$
Medical Expenses (including health insurance)	\$
Dental Expenses	\$
Caregiving Services	\$
Travel / Entertainment	\$
Gifts	\$
Charitable Giving	\$
Taxes	\$
Accountant Fees	\$
Child Support / Alimony paid	\$

Bank Fees	\$
*Guardian / Attorney Fees (see worksheet below)	\$
Other: _____	\$
TOTAL MONTHLY EXPENSES	\$

Projected Monthly Guardianship Fees			
	Hourly Rate	Estimated Hours Per Month	Monthly Expense
Guardian's Fees:	\$_____ X	_____ =	\$
Attorney's Fees	\$_____ X	_____ =	\$
TOTAL MONTHLY GUARDIANSHIP EXPENSES			\$

TOTALS	
TOTAL MONTHLY INCOME	\$
TOTAL MONTHLY EXPENSES	- \$
DIFFERENCE (income – expenses)	= \$ *

If this is a positive (+) number, sign and date page 4.
If this is a negative (-) number, complete all of the remaining sections.

1. **If the monthly income is not enough to cover the monthly expenses**, explain how long the shortfall can be maintained in relation to the protected person's life expectancy:

2. Will assets need to be sold or liquidated to pay the proposed protected person's monthly expenses? Yes No (if no, skip to the bottom for the date and signature)

If yes, list the assets that may need to be sold or liquidated to pay the monthly expenses:

(COURT APPROVAL IS NEEDED TO SELL OR LIQUIDATE ANY ASSETS):

Asset Description	Value
	\$
	\$
	\$
	\$
TOTAL VALUE	\$

3. If these assets are sold / liquidated, how long will they cover the monthly budget expenses? (number) _____ Years Months

The foregoing monthly budget represents a true and accurate representation of the proposed protected person's ongoing monthly sources of income and monthly expenses.

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

DATED (month) _____ (day) _____, 20____.

(First Proposed Guardian's Signature)

(Second Proposed Guardian's Signature)

(Printed Name)

(Printed Name)