

**PETITION TO RELEASE
FUNDS FROM BLOCKED
ACCOUNT**

GA-14

Self Help Center
1 South Sierra St., First Floor
Reno, NV 89501
775-325-6731
www.washoecourts.com

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**PETITION TO RELEASE FUNDS
FROM BLOCKED ACCOUNT**

PACKET GA-14

**USE THIS PETITION PACKET ONLY IF ALL
OF THE FOLLOWING REQUIREMENTS HAVE BEEN MET:**

- There is an open guardianship case in Washoe County.
- The protected person has a blocked trust over which you are the guardian.
- You wish to release funds from the blocked account.

INSTRUCTIONS FOR COMPLETING FORMS

**CAREFULLY READ ALL INSTRUCTIONS BEFORE STARTING TO FILL OUT
ANY OF THE FORMS.**

Use **black or blue ink only**. Neatly print the information requested.

Do not use correction fluid/tape on the forms.

This packet contains the following forms:

1. Petition to Release Funds from Blocked Account
2. Citation to Appear and Show Cause
3. Certificate of Mailing
4. Declaration of Service

The penalty for willfully making a false statement under penalty of perjury is a minimum of 1 year, and a maximum of 4 years in prison, in addition to a fine of not more than \$5,000.00. N.R.S. §199.145.

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INSTRUCTIONS: STEP 1

Complete the Petition as Shown:

If you have documents that support your petition, attach copies of the documents to your petition as exhibits (see INSTRUCTIONS: STEP 2). Explain in your petition how the documents support your petition. If you do not have any exhibits, please continue to INSTRUCTIONS: STEP 4.

1) Print your name, address, telephone number, and email.

2) Print the heading, Case No., and Dept. No. exactly as it appears on all other documents in this case.

3) Complete pages 1 - 4, following the instructions on each page.

COURT CODE: 3645
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:

Estate
 Person and Estate
of: _____

CASE NO.: _____
DEPT: _____

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

PETITION TO RELEASE FUNDS FROM BLOCKED ACCOUNT

Guardian(s) (name of first guardian) _____ and (name of second guardian or "n/a") _____ respectfully represent to the Court as follows:

1. This Court appointed Petitioner(s) as Guardian(s) of the above-named Protected Person and issued Letters of Guardianship, which are still in full effect.
2. The Protected Person is: (name) _____, born on (date of birth) _____, currently age _____.
3. The current address for the Protected Person is:

Address

City, State, Zip Code

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Page 1 of 4 – Petition to Release Funds from Blocked Account

COURT CODE: 3645

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:

Estate

Person and Estate

of:

CASE NO.: _____

DEPT: _____

(name of person who has a guardian)

A Protected Person.

PETITION TO RELEASE FUNDS FROM BLOCKED ACCOUNT

Guardian(s) *(name of first guardian)* _____ and *(name of second guardian or "n/a")* _____ respectfully represent to the Court as follows:

1. This Court appointed Petitioner(s) as Guardian(s) of the above-named Protected Person and issued Letters of Guardianship, which are still in full effect.

2. The Protected Person is: *(name)* _____,
born on *(date of birth)* _____, currently age _____.

3. The current address for the Protected Person is:

Address

City, State, Zip Code

4. The Monthly Budget was filed on (month) _____ (day) _____, 20____.
According to the Monthly Budget, the Protected Person's total monthly income is
\$ _____ and the total monthly expenses are \$ _____.

5. Inventory, Appraisal, and Record of Value. (check one)

The Inventory, Appraisal, and Record of Value has not been filed.

The Inventory, Appraisal, and Record of Value was filed on (month)
_____ (day) _____, 20____. According to the Inventory, the
value of the Protected Person's estate is (estate value) \$ _____.

6. Accounting. (check one)

An Annual Accounting has not yet been filed.

An Annual Accounting was filed on (month) _____
(day) _____, 20____. According to the Annual Accounting, the total value of the
Protected Person's estate is (estate value) \$ _____.

7. The Protected Person's money is in a blocked account. The account is held at (name of
the bank / financial institution where the blocked account is held)
_____ under Court Blocked Account No.
(provide last 4 digits of account number) _____. The current balance in the
account is \$ _____.

8. Guardian(s) need to access money in the blocked account because: (check one)

Guardian(s) need to pay the regular monthly expenses for the Protected Person
according to the Monthly Budget.

Other: (explain why you need to access the blocked account, and attach any
documents that show the costs related to the amount you are requesting):

9. Guardian(s) must apply the estate of the Protected Person for the proper care and maintenance of the Protected Person. The Guardian(s) cannot pay the necessary expenses above since the money is in a blocked account.

10. Amount Requested. Guardian(s) request the court order the release of funds from the above blocked account as follows: (*check one*)

Monthly amount of (*monthly amount*) \$_____ per month to pay the Protected Person's regular monthly expenses. Funds should be released on the (*day*) _____ of every month.

One-time amount of \$_____ to pay the expense detailed above.

11. If granted, the funds should be released as followed: (*check one*)

Directly to the guardians.

Transferred to an unblocked account held at (*name of financial institution where the unblocked account is held*) _____
under Account No. (*provide last 4 digits of account number*) _____,
which is owned by (*name of account owner*) _____.

Based on the above, Guardian(s) request that the Court approve the release of funds as described above.

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

Date: _____

Date: _____

▶ _____
(*First Guardian's signature*)

▶ _____
(*Second Guardian's signature*)

(*First Guardian's printed name*)

(*Second Guardian's printed name*)

VERIFICATION OF FIRST GUARDIAN

I, (*name of first guardian*) _____,
declare that I am the petitioner in the within action; that I have read the foregoing Petition for Release of Funds from Blocked Account and know the contents thereof; that the same is true of my knowledge except as to those matters therein stated upon information and belief and as to 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.

FIRST GUARDIAN

VERIFICATION OF SECOND GUARDIAN

I, (*name of second guardian*) _____
declare that I am the petitioner in the within action; that I have read the foregoing Petition for Release of Funds from Blocked Account and know the contents thereof; that the same is true of my knowledge except as to those matters therein stated upon information and belief and as to 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.

SECOND GUARDIAN

Do Not File Or Copy This Page

INSTRUCTIONS: STEP 2

Complete the Index of Exhibits and the Exhibit Cover Page as Shown:

To attach documents in support of your Petition to Release Funds from Blocked Account you will need an Exhibit Index and Exhibit Cover Page(s). If you do not have any exhibits skip this step and continue with INSTRUCTIONS: STEP 3.

1) For each exhibit you are attaching you must print:

- a) An exhibit number, starting with 1,
- b) The number of pages in the exhibit, and
- c) A description of the exhibit.

2) For each exhibit, you must fill out an Exhibit Cover Page with the exhibit number listed on the Index of Exhibits.

3) The documents should be in the following order:

- The Petition to Release Funds from Blocked Account
- The Index of Exhibits
- The Exhibit Cover Page
- The exhibit
- The Exhibit Cover Page
- The exhibit, and so on.

INDEX OF EXHIBITS

Exhibit Number _____	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	

Exhibit Cover Page

EXHIBIT NUMBER _____

INDEX OF EXHIBITS

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

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Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Cover Page

EXHIBIT NUMBER _____

Do Not File Or Copy This Page

INSTRUCTIONS: STEP 3

Electronically Filing the Documents

You will need to upload the original documents to eFlex. EFlex is available online at <https://wcefex.washoecourts.com/>, and at the Second Judicial District Court.

Sign into your eFlex account using the username and password you created and electronically file the:

- Petition;
- Any Exhibits.

Make sure to keep the original copy of any documents you file for your personal records. File-stamped copies of your documents are available through your eFlex account.

Scanners are available at the Second Judicial District Court.

Do Not File Or Copy This Page

INSTRUCTIONS: STEP 4

Complete the Citation to Appear and Show Cause as Shown:

Take the Citation to the third floor of 1 South Sierra Street, Reno, NV. Court staff will assist you with issuing the Citation. You must provide a copy of the Petition and Citation to Appear and Show Cause to the following protected person's family members if surviving:

- Mother
- Father
- Children (over the age of 14)
- Grandparents
- Siblings (over the age of 14)
- Spouse
- Grandchildren (over the age of 14)

You will also need to serve

- The Protected Person and their attorney.
- The Director of the Department of Health and Human Service if the Protected Person has received or is receiving benefits from Medicaid.
- The Department of Veteran Affairs if the Protected Person is receiving benefits from the VA.
- Anyone else who is listed under NRS 159.034.

1) Print your name, address, telephone number, and email.

2) Print the heading, Case No., and Dept. No. exactly as it appears on all other documents in this case.

3) Print the names of all the people you are required to serve.

4) On page 2 (not shown) print the names of the Petitioners and mark the box for "Petition to Release Funds from Blocked Account". Leave the rest of the second page blank. A court employee will fill this out.

COURT CODE: 1395
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

CASE NO.: _____
DEPT.: _____

of:

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

CITATION TO APPEAR AND SHOW CAUSE

TO: (protected person's name) _____
(protected person's attorney's name) _____
(guardian's names) _____

ALL KNOWN RELATIVES OF THE PROTECTED PERSON:
(Write each relative's name on a separate line) _____

ANY PERSON HAVING THE CARE, CUSTODY, AND CONTROL OF THE PROTECTED PERSON

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Page 1 of 2 - Citation to Appear and Show Cause (Generic)

COURT CODE: 1395

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: _____

CITATION TO APPEAR AND SHOW CAUSE

TO: *(protected person's name)* _____

(protected person's attorney's name) _____

(guardian's names) _____

ALL KNOWN RELATIVES OF THE PROTECTED PERSON:

(Write each relative's name on a separate line) _____

ANY PERSON HAVING THE CARE, CUSTODY, AND CONTROL OF THE PROTECTED PERSON

PLEASE TAKE NOTICE that the following person(s) (*first petitioner's name*) _____ and (*second petitioner's name, or "n/a" if none*) _____ have filed a petition asking the court to (*check one*)

Petition to Release Funds from Blocked Account

Other: (*name of the petition filed*) _____

DATE AND TIME OF COURT APPEARANCE
(*the court clerk will fill this out*)

YOU ARE DIRECTED TO APPEAR AND SHOW CAUSE why the court should not grant the relief requested on the:

_____ day of _____, 20____, at _____ a.m. p.m., at the courthouse of the Second Judicial District Court, located at 1 South Sierra Street, -or- 75 Court Street, Courtroom number _____.

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

DATED this _____ day of _____, 20____.

JAQUELINE L. BRYANT
CLERK OF COURT

BY: _____
DEPUTY CLERK

NOTE: The guardian(s) and the petitioner(s) must attend the scheduled hearing; all other interested parties do not need to attend unless they want to oppose the relief requested.

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INSTRUCTIONS: STEP 5

Serving the Documents

Everyone listed on the citation must be served by certified mail, with return receipt requested, at least 20 calendar days before the hearing, or by personal service at least 10 judicial days before the date set for the hearing. **PERSONAL SERVICE CANNOT BE COMPLETED BY YOU.**

If you serve by certified mail, keep the white slips and green cards to attach to your Certificate of Service (*see INSTRUCTIONS: STEP 6*).

If you serve by personal service, service may be completed by:

- The Civil Division of the Sheriff's Office in the County in which the person you are serving resides or works; or
- A responsible adult over the age of 18 years (such as a friend or relative); or
- A private process service.

The Declaration of Service must be completed by the person who served the documents (*see INSTRUCTIONS: STEP 7*).

Do Not File Or Copy This Page

INSTRUCTIONS: STEP 6

Complete the Certificate of Service for all Persons Served by Mail as Shown:

1) Print your name, address, telephone number, and email address.

2) Print the heading, Case No., and Dept. No. just as they appear on all your other documents in this case.

3) Complete the information on pages 1-2, following the instructions on each page.

4) List the names and addresses of the people served by mail, if any, in these spaces. If more room is needed, attach additional sheets.

COURT CODE: 1360
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: _____

CASE NO.: _____
DEPT.: _____

(name of person who has a guardian)
A Protected Person _____

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that I am over the age of 18 and I served the (☑ check all that apply)

Petition to Release Funds from Blocked Account
 Citation to Appear and Show Cause
 Other _____

in the following manner:

BY MAIL
I certify that I deposited copies the foregoing documents in the U.S. mail in (city) _____, Nevada, addressed to the persons listed below on (date) _____ by (☑ check one) Regular, Certified or Registered, return receipt requested:

Name: _____ Address: _____
Name: _____ Address: _____

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Page 1 of 2 - Certificate of Service (Generic Guardianship)

Name: _____ Address: _____
Name: _____ Address: _____
Name: _____ Address: _____
Name: _____ Address: _____

ELECTRONIC
I served the following persons pursuant to the court's electronic service rules on (date) _____:

Name: _____ Email Address: _____
Name: _____ Email Address: _____
Name: _____ Email Address: _____
Name: _____ Email Address: _____

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

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

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

(Your Signature)

(Printed Name)

Page 2 of 2 - Certificate of Service (Generic Guardianship)

5) Date, sign, and print your name.

COURT CODE: 1360

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: _____

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that I am over the age of 18 and I served the (*check all that apply*)

- Petition to Release Funds from Blocked Account
- Citation to Appear and Show Cause
- Other: _____

in the following manner:

BY MAIL

I certify that I deposited copies the foregoing documents in the U.S. mail in (*city*) _____, Nevada, addressed to the persons listed below on (*date*) _____ by (*check one*) Regular, Certified or Registered, return receipt requested:

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

ELECTRONIC

I served the following persons pursuant to the court's electronic service rules on (*date*) _____:

Name: _____
Email Address: _____

Name: _____
Email Address: _____

Name: _____
Email Address: _____

Name: _____
Email Address: _____

Name: _____
Email Address: _____

Name: _____
Email Address: _____

Name: _____
Email Address: _____

Name: _____
Email Address: _____

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

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

DATED (*month*) _____ (*day*) _____, 20__.

(Your Signature)

(Printed Name)

Do Not File Or Copy This Page

INSTRUCTIONS: STEP 7

Complete the Declaration of Service for those Personally Served as Shown:

This form will be filled out by the person who completes service. One document will need to be filled out for each individual served. It is your responsibility to file a copy of the Declaration of Service once service is completed.

1) Print your name (the person who served the documents), address, telephone number, and email address.

2) Print the heading, Case No., and Dept. No. just as they appear on all other documents in this case.

3) Complete the information on pages 1 – 2, following the instructions on each page.

COURT CODE: 1520
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
 Estate
 Person and Estate

CASE NO: _____
DEPT: _____

of:

(name of person who has a guardian)
A Protected Person

DECLARATION OF SERVICE
A copy of the filed documents can be **personally served** on anyone who is required to receive service.
A neutral person, not involved in this case or related to the parties, can personally serve the documents directly to the person. If that is not possible, the server can personally serve the documents on someone of suitable age and discretion who lives with the person.
The proposed guardians or relatives cannot do this.
The person who serves the documents must complete this form.

I, (name of person who served the documents) _____, declare (complete EVERY SECTION below):

1. I am not a party to or interested in this action and I am over 18 years of age.
2. I am not a licensed process server, I am a natural person serving legal process without compensation, not more than three times per year, on behalf of a litigant who is a natural person, and therefore I am not required to be licensed pursuant to NRS 648.063(2) (2017 Nevada Laws Ch. 126 (A.B. 128)).
3. **Who You Served.** I served (name of person who is supposed to get the documents) _____.

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Page 1 of 2 – Declaration of Service (Generic)

4. **What Documents You Served.** I served a copy of the (☑ check all that apply)
 Petition to Release Funds from Blocked Account
 Citation to Appear and Show Cause / Notice of Hearing
 Other: _____

5. **Where You Served.** I personally delivered and left the documents with: (☑ check one)
 The Person Directly. I served the documents directly to the person at the location below. (complete the details below)
Name of Person Served _____
Address Where Served _____
City, State, Zip Code _____
 Someone Who Lives with the Person. This is a person of suitable age and discretion who lives with the person I needed to serve. (complete the details below)
Name of Person Served _____
Address Where Served _____
City, State, Zip Code _____

6. **When You Served.** I personally served the documents on (date you served the documents) (month) _____ (day) _____, 20____ at the hour of (time) _____: _____ a.m. p.m.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.
This document does not contain the personal information of any person as defined by NRS 603A.040.

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

Server's Signature: ▶ _____
Server's Printed Name: _____
Residential / Business Address: _____
City, State, Zip: _____
Server's Phone Number: _____

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Page 2 of 2 – Declaration of Service (Generic)

4) The person who served the documents will need to date, sign, print their name, address, and phone number.
PERSONAL SERVICE CANNOT BE COMPLETED BY YOU.

COURT CODE: 1520

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
- Estate
- Person and Estate

of:

(name of person who has a guardian)

A Protected Person.

CASE NO.: _____

DEPT: _____

DECLARATION OF SERVICE

*A copy of the filed documents can be **personally served** on anyone who is required to receive service.*

A neutral person, not involved in this case or related to the parties, can personally serve the documents directly to the person. If that is not possible, the server can personally serve the documents on someone of suitable age and discretion who lives with the person.

The proposed guardians or relatives cannot do this.

The person who serves the documents must complete this form.

I, *(name of person who served the documents)* _____,

declare (**complete EVERY SECTION below**):

1. I am not a party to or interested in this action and I am over 18 years of age.
2. I am not a licensed process server; I am a natural person serving legal process without compensation, not more than three times per year, on behalf of a litigant who is a natural person, and therefore I am not required to be licensed pursuant to NRS 648.063(2) (2017 Nevada Laws Ch. 126 (A.B. 128)).
3. **Who You Served.** I served *(name of person who is supposed to get the documents)*
_____.

4. **What Documents You Served.** I served a copy of the (*check all that apply*)

Petition to Release Funds from Blocked Account

Citation to Appear and Show Cause / Notice of Hearing

Other: _____

5. **Where You Served.** I personally delivered and left the documents with: (*check one*)

The Person Directly. I served the documents directly to the person at the location below. (*complete the details below*)

Name of Person Served

Address Where Served

City, State, Zip Code

Someone Who Lives with the Person. This is a person of suitable age and discretion who lives with the person I needed to serve. (*complete the details below*)

Name of Person Served

Address Where Served

City, State, Zip Code

6. **When You Served.** I personally served the documents on (*date you served the documents*) (*month*) _____ (*day*) _____, 20____ at the hour of (*time*) ____:____ a.m. p.m.

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

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

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

Server's Signature: ▶ _____

Server's Printed Name: _____

Residential / Business Address: _____

City, State, Zip: _____

Server's Phone Number: _____

Do Not File Or Copy This Page

INSTRUCTIONS: STEP 8

Electronically Filing the Documents

You will need to upload the original documents to eFlex. EFlex is available online at <https://wceflex.washoecourts.com/>, and at the Second Judicial District Court.

Sign into your eFlex account using the username and password you created and electronically file the:

- Certificate of Mailing
- Declaration of Service

Make sure to keep the original copy of any documents you file for your personal records. File-stamped copies of your documents are available through your eFlex account.

Scanners are available at the Second Judicial District Court.

Once the Certificate of Mailing and the Declaration of Service have been filed, you will need to mail a file-stamped copy to all of the parties served if they are not electronic filers. If they are electronic filers, they will receive an electronic copy.

INSTRUCTIONS: STEP 9

The Hearing

Arrive approximately 15 minutes prior to your scheduled time for the hearing. Go to the location listed on the Citation to Appear and Show Cause.

Bring copies of your documents to the hearing.

When your case is called, enter the courtroom and follow the directions given by the bailiff on where to sit.

The Judge will have questions for you and the protected person.

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Legal Assistance

The information in this packet is provided as a courtesy only. This packet is not a substitute for the advice of an attorney. Counsel is always recommended for legal matters.

If you do not have an attorney, you are encouraged to seek the advice of a licensed attorney or visit the Family Division Self Help Center which is located at One South Sierra Street, Reno, NV. The Self Help Center cannot give legal advice but can give information regarding court procedures.

You may also wish to speak with a family law lawyer at no cost through the Law Library's "Lawyer in the Library" program, or to seek assistance from other free or reduced-cost legal resources in the area, to include:

LAWYER IN THE LIBRARY

First Floor (to the left of the filing office) of the courthouse located at:
75 Court Street, Reno, NV.
(775) 328-3250

www.washoecourts.com/lawlib

Tuesday Evenings - Arrive by 4:25 p.m.

Please Note The program is limited to 10 participants each evening.

NEVADA LEGAL SERVICES

204 Marsh Avenue Reno, NV 89509
(775) 284-3491– leave message if necessary

<http://nlslaw.net>

WASHOE LEGAL SERVICES

299 S. Arlington Avenue Reno, NV 89501
(775) 329-2727– leave message if necessary

<http://www.washoelegalservices.org>