

**PETITION TO TERMINATE  
GUARDIANSHIP OF AN  
ADULT**

**GA-17**

Self Help Center  
1 South Sierra St., First Floor  
Reno, NV 89501  
775-325-6731  
[www.washoecourts.com](http://www.washoecourts.com)

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**PETITION FOR TERMINATION OF  
GUARDIANSHIP OF AN ADULT**

**PACKET GA-17**

**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 is no longer in need of a guardian.
- You wish to terminate the guardianship.

**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 for Termination of Guardianship (Adult)
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.

# Do Not File Or Copy This Page

## INSTRUCTIONS: STEP 1

### Complete the Petition as Shown:

If you have documents that support your Petition to Terminate Guardianship, 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 are the guardian of the protected person's estate, you will need to file a final accounting. Final accountings are available online at [www.washoecourts.com](http://www.washoecourts.com) or at the Second Judicial District Court. If you do not have any exhibits, please continue to INSTRUCTIONS: STEP 3.

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 - 5, following the instructions on each page.

COURT CODE: 3635  
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.

**PETITION TO TERMINATE GUARDIANSHIP (ADULT)**

Petitioner(s), (first Petitioner's name) \_\_\_\_\_ and  
(second Petitioner's name or "n/a" if only one Petitioner) \_\_\_\_\_,  
respectfully represent the following to this Honorable Court:

1. This Court appointed (guardian's name) \_\_\_\_\_ and  
(co-guardian's name; or "N/A") \_\_\_\_\_ as Guardian(s)  
of the above named protected person and issued Letters of Guardianship, which are still  
in full effect.

2. **Relationship to Protected Person.** Petitioner(s) are the ( check one)  guardian(s)  
/  other (state your relationship to the protected person) \_\_\_\_\_  
of the protected person.

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Page 1 of 5 -Petition to Terminate Guardianship Over Adult

COURT CODE: 3635

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: \_\_\_\_\_

**PETITION TO TERMINATE GUARDIANSHIP (ADULT)**

Petitioner(s), (first Petitioner's name) \_\_\_\_\_ and  
(second Petitioner's name or "n/a" if only one Petitioner) \_\_\_\_\_,  
respectfully represent the following to this Honorable Court:

1. This Court appointed (guardian's name) \_\_\_\_\_ and  
(co-guardian's name; or "N/A") \_\_\_\_\_ as Guardian(s)  
of the above named protected person and issued Letters of Guardianship, which are still  
in full effect.
2. **Relationship to Protected Person.** Petitioner(s) are the ( *check one*)  guardian(s)  
/  other (state your relationship to the protected person) \_\_\_\_\_  
of the protected person.

3. **Guardian(s).** The names and addresses of the Guardian(s) are:

Guardian's Name: \_\_\_\_\_

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

\_\_\_\_\_

Co-Guardian's Name: \_\_\_\_\_

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

\_\_\_\_\_

4. **Petitioner(s).** The names and addresses of the Petitioner(s) are:

The same as the above (*if the guardian(s) are the petitioner(s)*).

Petitioner's Name: \_\_\_\_\_

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

\_\_\_\_\_

Co-Petitioner's Name: \_\_\_\_\_

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

\_\_\_\_\_

5. **Protected Person's Status.** ( *check one*)

The protected person died on (*date of death*) \_\_\_\_\_.

The protected person is currently (*age*) \_\_\_\_\_ years old. The protected person currently resides at:

Protected Person's Address:

\_\_\_\_\_

\_\_\_\_\_

6. **Reason for Termination.** The guardianship is no longer needed because:

*check all that apply*)

- Death.** The protected person died on *(date of death)* \_\_\_\_\_.
- Moved out of Nevada.** The court granted permission to move the protected person to the State of \_\_\_\_\_. Guardianship and/or conservatorship has been obtained in that state *(attach proof of the other state's case)*.
- Capacity regained.** The protected person has regained capacity to manage his/her own affairs *(attach documentation to support this if available)*.
- Other.** *(explain the reasons the guardianship is no longer needed)*

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7. **Attorney.**  *check one*)

- The protected person has an attorney: *(print the name of the attorney)*  
\_\_\_\_\_
- The protected person does not have an attorney at this time.

8. **Best Interests of the Protected Person.**

If the court finds that the petitioner(s) did not file a petition for termination in good faith or to further the best interest of the protected person, the court may *disallow* the petitioner(s) from petitioning the court for attorney's fees from the estate of the protected person, and *impose* sanctions on the petitioner(s) in the amount sufficient to reimburse the estate of the protected person for all or part of the expenses and for any other losses incurred by the estate of the protected person.

9. **Final Accounting.** ( *check one*)

- No Estate is Involved.** This is a guardianship over the person only, therefore, no accounting is required (*skip section 10 and sign and date the bottom*).
- An Estate is Involved.** (*check one*)
  - The Final Accounting Should Be Waived.**
  - The Guardian(s) Should File a Final Accounting.**
  - The Guardian(s) Provide The Following Final Accounting.** A Final Accounting is attached as an Exhibit to this Petition.

10. **Distribution of Assets.** The protected person’s assets are to be distributed as follows:

<u>Description</u>	<u>Distribution to</u>	<u>Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

11. **Bond/Blocked Account.** ( *check one*)

- There are no blocked accounts or bonds.
- Any blocked accounts should be unblocked.
- Any bonds should be exonerated.

Based on the above, Petitioner(s) request that the Court terminate the guardianship.

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

Date: \_\_\_\_\_ Date: \_\_\_\_\_

▶ \_\_\_\_\_  
(*First Petitioner’s signature*)

▶ \_\_\_\_\_  
(*Second Petitioner’s signature*)

\_\_\_\_\_  
(*First Petitioner’s printed name*)

\_\_\_\_\_  
(*Second Petitioner’s printed name*)

VERIFICATION

I, *(name of first Petitioner)* \_\_\_\_\_, under penalty of perjury, state that I am the Petitioner in the within action; that I have read the foregoing Petition to Terminate Guardianship 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.

\_\_\_\_\_  
PETITIONER’S SIGNATURE

VERIFICATION

I, *(name of Co-Petitioner; if none, write “N/A”)* \_\_\_\_\_, under penalty of perjury, state that I am the Co-Petitioner in the within action; that I have read the foregoing Petition to Terminate Guardianship 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.

\_\_\_\_\_  
CO-PETITIONER’S SIGNATURE

***(File any required exhibits, such as the Final Accounting (if you are the guardian over the estate), physician’s proof, or other court orders showing the guardianship has been filed in another state)***



# 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 Terminate Guardianship 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 4.

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 Terminate Guardianship
- 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** \_\_\_\_\_

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**Exhibit Description** \_\_\_\_\_

**Exhibit Number** \_\_\_\_\_ **Number of Pages** \_\_\_\_\_

**Exhibit Description** \_\_\_\_\_

# **Exhibit Cover Page**

**EXHIBIT NUMBER \_\_\_\_\_**

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## **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 for Termination of Guardianship;
- 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.

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## 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) Print the names of the Petitioners on the second page and mark the box for "Remove Guardian". 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*)

- Terminate the guardianship;
- Remove the current guardian;
- 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 for Termination of Guardianship  
 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 for Termination of Guardianship
- 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 for Termination of Guardianship  
 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 for Termination of Guardianship

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.

## **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, the current guardian(s), and the protected person. If the permanent guardianship is terminated, the Judge will issue an Order Terminating the Guardianship.

# Do Not File Or Copy This Page

## **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](http://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>