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 only
☐ The Estate only
☐ The Person and the Estate

Case No. _____

_____,
(Print Name of Protected Person)

Dept. No. _____

DOB: _____,

A Protected Person.
_____/

REQUIRED IDENTIFICATION SHEET

You must attach a valid copy of **ONE** of the following forms of identification for each of the Guardian(s) and the Protected Person.

I. Check the correct box for the identification filed.

Guardian:	☐ Social Security Card ☐ Passport ☐ ID Card	☐ Taxpayer Identification Card ☐ Driver's License
Second Guardian:	☐ Social Security Card ☐ Passport ☐ ID Card	☐ Taxpayer Identification Card ☐ Driver's License
Protected Person:	☐ Social Security Card ☐ Passport ☐ ID Card	☐ Taxpayer Identification Card ☐ Driver's License ☐ Copy Birth Certificate

II. Check the correct box for the information requested.

Placement of Protected Person:	Location of Guardian(s):
☐ Group Home ☐ Out of State ☐ Secured Facility ☐ Family/Friends ☐ Guardian(s) ☐ Independently ☐ Host Family ☐ Other: _____ ☐ Supportive Adult Residence ☐ Skilled Nursing Home	☐ Nevada ☐ Other State (Name of State): _____ **Who is or are the Proposed Guardian(s):** ☐ Parent ☐ Spouse ☐ Public ☐ Other Relative ☐ Other: _____ ☐ Private: License Number: _____
Type of Guardianship you have:	**Gender of Protected Person:**
☐ Person ☐ Person/Estate ☐ Estate ☐ Special	☐ Male ☐ Female

This document ☐ **DOES – OR–** ☐ **DOES NOT** contain the personal information of a person as required by NRS 159.044.