

\*NOTE: A separate petition must be filed for each minor.

# **PETITION FOR GUARDIANSHIP OF A MINOR**

## **G-2**

The District Court Filing Office  
is located on the first floor at:  
75 Court Street  
Reno, NV 89501

**PETITION FOR GUARDIANSHIP OF  
A MINOR**

**PACKET G-2**

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

- You are filing for guardianship of a minor.

You will need additional packets to complete your Petition for Guardianship of a Minor if:

- The child is 14 years old or older (see packet G-5).
- The natural parent(s) consent to the guardianship (see packet G-6).
- You do not know the location or identity of a parent (see packet G-7).

The packets are available at the Law Library, Family Division Self Help Center, Filing Office, or online at [www.washoecourts.com](http://www.washoecourts.com).

All information you would like the Judge or Court to know should be included in the Petition.

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.

## **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. Civil Cover Sheet
2. Required Identification Sheet
3. Petition For Guardianship of a Minor Child
4. Index of Exhibits and Exhibit Cover Sheet
5. Citation to Appear and Show Cause
6. Proof of Service
7. Letters of Guardianship

The forms are set up for two petitioners. If there is only one person petitioning for guardianship, please print "n/a" wherever the form asks for information about the second petitioner.

**INSTRUCTIONS: STEP 1**

**Complete the Civil (Family/Juvenile-Related) Cover Sheet as Shown:**

1) Print the name, address, telephone number, and date of birth of the first petitioner.

Print the name, address, telephone number, and date of birth of the second petitioner, if any.

2) If an Interpreter is needed, check the box labeled "Yes", and write the language needed. If no Interpreter is needed, check the box "No".

3) Check the box labeled "Guardianship of a Minor (GB)."

4) Print the name and date of birth of the minor you are requesting guardianship over.

5) Date and sign the form.

**CIVIL (FAMILY / JUVENILE-RELATED) COVER SHEET**

WASHOE County, Nevada  
Case No. \_\_\_\_\_  
*(Assigned by Clerk's Office)*

---

**I. Party Information** *(provide both home and mailing addresses if different)*

Plaintiff/Petitioner (name/address/phone): _____ _____ _____ D.O.B. _____	Defendant/Respondent/Co-petitioner (name/address/phone): _____ _____ _____ D.O.B. _____
Attorney (name/address/phone): _____ _____	Attorney (name/address/phone): _____ _____

Will an Interpreter be required for court hearings? Yes  No   
If yes, what language will need to be interpreted? \_\_\_\_\_

Contact court clerk for further information about interpreters

---

**II. Nature of Controversy** *(Please check applicable bold category and applicable subcategory, if appropriate)*

Family-Juvenile Related Cases	
Domestic Relations Case Filing Types	Other Family Related Case Filing Types
<input type="checkbox"/> <b>Marriage Dissolution Case</b> <input type="checkbox"/> Annulment (AN) <input type="checkbox"/> Divorce - With Children (DC) <input type="checkbox"/> Divorce - Without Children (DO) <input type="checkbox"/> Foreign Decree (FD) <input type="checkbox"/> Joint Petition - With Children (JC) <input type="checkbox"/> Joint Petition - Without Children (JN) <input type="checkbox"/> Separate Maintenance (LS) <input type="checkbox"/> Paternity - (PY) <input type="checkbox"/> Custody (Non-Divorce) (CU) <input type="checkbox"/> Support (Non-Divorce) <input type="checkbox"/> Intrastate (Title IV-D) (UF) <input type="checkbox"/> Other Support (Non-Title IV-D) (UO) <input type="checkbox"/> Visitation (Non-Divorce) (VS) <input type="checkbox"/> Termination of Parental Rights (TPR) <input type="checkbox"/> State-Initiated TPR Petition (District Attorney filing only) (TS) <input type="checkbox"/> Other TPR Petition (Private Request) (TV) <input type="checkbox"/> Adoptions <input type="checkbox"/> Adult (AA) <input type="checkbox"/> Minor (AM)	<input type="checkbox"/> Request for Temporary Protective Order (TP) <input type="checkbox"/> Request for Extended Temporary Protective Order <input type="checkbox"/> <b>Other Domestic Relation Case Filings</b> <input type="checkbox"/> Name Change-Minor (NM) <input type="checkbox"/> Permission to Marry (MM) <input type="checkbox"/> Other Domestic Relation Filings (OF) <input type="checkbox"/> Mental Health (IC)
Guardianship Case Filing Types	
<input type="checkbox"/> Guardianship of an Adult (GA) <input type="checkbox"/> <b>Guardianship of a Minor (GB)</b> <input type="checkbox"/> Guardianship Trust (OG)	
Estimated Estate Value: _____	
Juvenile-Related Case Filing Types	
<input type="checkbox"/> Miscellaneous Juvenile Petition <input type="checkbox"/> Emancipation Petition (EM)	

Children involved in this case:

Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of initiating party or representative

For Clark and Washoe Counties, please use their Family Court Cover Sheet for family-related case filings. Please see the Family Court Clerk in those counties for copies of their forms.

Nevada AOC - Research Statistical Unit  
Permitted to NRS 3.275.1 Rev 3.1 July 1, 2014

Form FA 201  
Rev 3.1

# CIVIL (FAMILY/JUVENILE-RELATED) COVER SHEET

..... **WASHOE** ..... County, Nevada  
 Case No. ....  
*(Assigned by Clerk's Office)*

## I. Party Information *(provide both home and mailing addresses if different)*

Plaintiff/Petitioner (name/address/phone):	Defendant/Respondent/Co-petitioner (name/address/phone):
D.O.B.:	D.O.B.:
Attorney (name/address/phone):	Attorney (name/address/phone):
Will an Interpreter be required for court hearings? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what language will need to be interpreted? _____	Will an Interpreter be required for court hearings? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what language will need to be interpreted? _____

Contact court clerk for further information about interpreters

## II. Nature of Controversy *(Please check applicable bold category and applicable subcategory, if appropriate)*

### Family-Juvenile Related Cases

Domestic Relations Case Filing Types	Other Family Related Case Filing Types
<input type="checkbox"/> <b>Marriage Dissolution Case</b> <input type="checkbox"/> Annulment (AN) <input type="checkbox"/> Divorce - With Children (DC) <input type="checkbox"/> Divorce - Without Children (DO) <input type="checkbox"/> Foreign Decree (FD) <input type="checkbox"/> Joint Petition - With Children (JC) <input type="checkbox"/> Joint Petition - Without Children (JN) <input type="checkbox"/> Separate Maintenance (LS) <input type="checkbox"/> <b>Paternity - (PY)</b> <input type="checkbox"/> <b>Custody (Non-Divorce) (CU)</b> <input type="checkbox"/> <b>Support (Non-Divorce)</b> <input type="checkbox"/> Intrastate (Title IV-D) (UF) <input type="checkbox"/> Other Support (Non-Title IV-D) (UO) <input type="checkbox"/> <b>Visitation (Non-Divorce) (VS)</b> <input type="checkbox"/> <b>Termination of Parental Rights (TPR)</b> <input type="checkbox"/> State-Initiated TPR Petition (District Attorney filing only) (TS) <input type="checkbox"/> Other TPR Petition (Private Request) (TV) <input type="checkbox"/> <b>Adoptions</b> <input type="checkbox"/> Adult (AA) <input type="checkbox"/> Minor (AM)	<input type="checkbox"/> <b>Request for Temporary Protective Order (TP)</b> <input type="checkbox"/> Request for Extended Temporary Protective Order <input type="checkbox"/> <b>Other Domestic Relation Case Filings</b> <input type="checkbox"/> Name Change-Minor (NM) <input type="checkbox"/> Permission to Marry (MM) <input type="checkbox"/> Other Domestic Relation Filings (OF) <input type="checkbox"/> <b>Mental Health (IC)</b>
	<b>Guardianship Case Filing Types</b>
	<input type="checkbox"/> <b>Guardianship of an Adult (GA)</b> <input type="checkbox"/> <b>Guardianship of a Minor (GB)</b> <input type="checkbox"/> <b>Guardianship Trust (OG)</b>  Estimated Estate Value: _____
	<b>Juvenile-Related Case Filing Types</b>
	<input type="checkbox"/> <b>Miscellaneous Juvenile Petition</b> <input type="checkbox"/> Emancipation Petition (EM)

**Children involved in this case:**

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

DOB: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 DOB: \_\_\_\_\_

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of initiating party or representative

*For Clark and Washoe Counties, please use their Family Court Cover Sheet for family-related case filings.  
 Please see the Family Court Clerk in those counties for copies of their forms.*

**INSTRUCTIONS: STEP 2**

**Complete the Required Identification Sheet as Shown:**

For both the minor and proposed guardian, you must attach a copy of one of the following documents: Social Security number, taxpayer identification number, valid driver's license, valid identification card, valid passport, or birth certificate (for minor only). This document is confidential. Once it is filed, copies will not be available at the Filing Office. If you are unable to obtain a copy of the minor's identification before the Order Appointing Guardian, please attach the proposed guardian(s)' identification and fill out as much information as possible for the minor. After the Order Appointing Guardian is entered, please file an amended required information sheet with the minor's information.

1) Check one of the three boxes depending on the type of guardianship you are requesting. Print the name of the minor. You will be assigned a Case No. and Department No. when you file the Petition with the court.

2) Complete the remaining information as requested, following the instructions on the page.

1	IN THE FAMILY DIVISION	
2	OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA	
3	IN AND FOR THE COUNTY OF WASHOE	
4		
5		
6	In the Matter of the Guardianship of	
7	<input type="checkbox"/> The Person only <input type="checkbox"/> The Estate only <input type="checkbox"/> The Person and the Estate	
8		Case No. _____
9	(Print Name of Minor) _____	Dept. No. _____
10	A Minor.	
11	<b>REQUIRED IDENTIFICATION SHEET</b>	
12	I. You must attach a copy of <u>ONE</u> of the following forms of identification for each of the guardian(s) and the minor subject to guardianship proceedings.	
13	Check the correct box for the identification filed.	
14	<u>Guardian:</u>	<input type="checkbox"/> Social Security No. / <input type="checkbox"/> Taxpayer Identification No. / <input type="checkbox"/> Valid Passport No. / <input type="checkbox"/> Valid Driver's License No. / <input type="checkbox"/> Valid ID Card No.
15	<u>Second</u>	<input type="checkbox"/> Social Security No. / <input type="checkbox"/> Taxpayer Identification No. / <input type="checkbox"/> Valid Passport No. / <input type="checkbox"/> Valid Driver's License No. / <input type="checkbox"/> Valid ID Card No.
16	<u>Guardian:</u>	<input type="checkbox"/> Social Security No. / <input type="checkbox"/> Taxpayer Identification No. / <input type="checkbox"/> Valid Passport No. / <input type="checkbox"/> Valid Driver's License No. / <input type="checkbox"/> Valid ID Card No.
17	<u>Minor subject to</u>	<input type="checkbox"/> Social Security No. / <input type="checkbox"/> Taxpayer Identification No. / <input type="checkbox"/> Valid Passport No. / <input type="checkbox"/> Valid Driver's License No. / <input type="checkbox"/> Valid ID Card No. / <input type="checkbox"/> Copy Birth Certificate.
18	<u>Guardianship</u>	
19	<u>Proceedings:</u>	
20	II. Please fill out the information requested for the Minor Subject to the Guardianship Proceedings:	
21	<u>Placement of Minor:</u>	<u>Location of Guardian(s):</u>
22	<input type="checkbox"/> Group Home <input type="checkbox"/> Out of State <input type="checkbox"/> Secured Facility <input type="checkbox"/> Guardian <input type="checkbox"/> Host Family <input type="checkbox"/> Family/Friends <input type="checkbox"/> Other _____	<input type="checkbox"/> Nevada <input type="checkbox"/> Other State (please provide): _____ <u>Type Of Guardian(s):</u> <input type="checkbox"/> Relative <input type="checkbox"/> Private: License Number: _____ <input type="checkbox"/> Other _____
23		
24		
25	<u>Type of Guardianship You have:</u>	<u>Gender and date of birth of Minor:</u>
26	<input type="checkbox"/> Person <input type="checkbox"/> Person and Estate <input type="checkbox"/> Estate	<input type="checkbox"/> Male <input type="checkbox"/> Female   Date of Birth: _____ Date of Majority: _____
27	This document <input type="checkbox"/> <b>DOES –OR–</b> <input type="checkbox"/> <b>DOES NOT</b> contain the social security number of a	
28	person as required by NRS 159.044.	
	REV 08/2016 GS/SSS	1
		Required Identification – Minor

IN THE FAMILY DIVISION  
OF 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 Minor)

Dept. No. \_\_\_\_\_

A Minor.

REQUIRED IDENTIFICATION SHEET

I. You must attach a copy of ONE of the following forms of identification for each of the guardian(s) and the minor subject to guardianship proceedings.

**Check the correct box for the identification filed.**

- |   |  |  |
|---|--|--|
| <u>Guardian:</u>                                  | <input type="checkbox"/> Social Security No. / | <input type="checkbox"/> Taxpayer Identification No. / |
|   | <input type="checkbox"/> Valid Passport No. /  | <input type="checkbox"/> Valid Driver's License No. /  |
|   | <input type="checkbox"/> Valid ID Card No.     |  |
| <u>Second Guardian:</u>                           | <input type="checkbox"/> Social Security No. / | <input type="checkbox"/> Taxpayer Identification No. / |
|   | <input type="checkbox"/> Valid Passport No. /  | <input type="checkbox"/> Valid Driver's License No. /  |
|   | <input type="checkbox"/> Valid ID Card No.     |  |
| <u>Minor subject to Guardianship Proceedings:</u> | <input type="checkbox"/> Social Security No. / | <input type="checkbox"/> Taxpayer Identification No. / |
|   | <input type="checkbox"/> Valid Passport No. /  | <input type="checkbox"/> Valid Driver's License No. /  |
|   | <input type="checkbox"/> Valid ID Card No. /   | <input type="checkbox"/> Copy Birth Certificate.       |

II. Please fill out the information requested for the Minor Subject to the Guardianship Proceedings:

<b>Placement of Minor:</b>	<b>Location of Guardian(s):</b>
<input type="checkbox"/> Group Home <input type="checkbox"/> Out of State <input type="checkbox"/> Secured Facility <input type="checkbox"/> Guardian <input type="checkbox"/> Host Family <input type="checkbox"/> Family/Friends <input type="checkbox"/> Other _____	<input type="checkbox"/> Nevada <input type="checkbox"/> Other State (please provide): _____ <b>Type Of Guardian(s):</b> <input type="checkbox"/> Relative <input type="checkbox"/> Private: License Number: _____ <input type="checkbox"/> Other _____
<b>Type of Guardianship You have:</b>	<b>Gender and date of birth of Minor:</b>
<input type="checkbox"/> Person <input type="checkbox"/> Person and Estate <input type="checkbox"/> Estate	<input type="checkbox"/> Male <input type="checkbox"/> Female   Date of Birth: _____ Date of Majority: _____

This document  **DOES** –OR–  **DOES NOT** contain the social security number of a person as required by NRS 159.044.

**INSTRUCTIONS: STEP 3**

**Complete the Petition as Shown:**

If you have documents that support your Petition for Guardianship, attach copies of the documents to your Petition as exhibits (see INSTRUCTIONS: STEP 4). Explain in your Petition how the documents support your Petition. If you do not have any exhibits, after completing your Petition, continue to INSTRUCTIONS: STEP 5.

1) Print your name, address and telephone number.

2) Check one of the three boxes depending on the type of guardianship you are requesting. Print the name of the minor. You will be assigned a Case No. and Department No. when you file the Petition with the court.

3) Complete pages 1 - 12, following the instructions on each page.

1	Code: 3450
2	Name: _____
3	Address: _____
4	Telephone: _____
5	Email: _____
6	Self-Represented Litigant
7	
8	IN THE FAMILY DIVISION
9	OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
10	IN AND FOR THE COUNTY OF WASHOE
11	In the Matter of the Guardianship of
12	<input type="checkbox"/> The Person only
13	<input type="checkbox"/> The Estate only
14	<input type="checkbox"/> The Person and the Estate
15	Case No. _____
16	(Print Name of Minor) _____ Dept. No. _____
17	A Minor.
18	<b><u>PETITION FOR GUARDIANSHIP OF A MINOR</u></b>
19	Petitioner(s) _____ and
20	(Name of proposed guardian)
21	_____ petition this Court for an
22	(If two people are to be guardians, the second name is filled in here)
23	Order appointing _____ as guardian(s). The Petitioner(s) are seeking Guardianship of
24	(him, her, them)
25	<input type="checkbox"/> The Person only
26	<input type="checkbox"/> The Estate only
27	<input type="checkbox"/> The Person and the Estate
28	



1 Code: 3450

2 Name: \_\_\_\_\_

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

4 Telephone: \_\_\_\_\_

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

6 Self-Represented Litigant

7 IN THE FAMILY DIVISION  
8 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
9 IN AND FOR THE COUNTY OF WASHOE  
10

11 In the Matter of the Guardianship of

12  The Person only

13  The Estate only

14  The Person and the Estate

Case No. \_\_\_\_\_

15 \_\_\_\_\_,  
(Print Name of Minor)

Dept. No. \_\_\_\_\_

A Minor.

16 \_\_\_\_\_/  
17 **PETITION FOR GUARDIANSHIP OF A MINOR**

18  
19 Petitioner(s) \_\_\_\_\_ and  
(Name of proposed guardian)

20 \_\_\_\_\_, petition this Court for an  
21 (If two people are to be guardians, the second name is filled in here)

22 Order appointing \_\_\_\_\_ as guardian(s). The Petitioner(s) are seeking Guardianship of  
23 (him, her, them)

24  The Person only

25  The Estate only

26  The Person and the Estate  
27  
28

**Preliminary Information**

Provide the information requested in each question below. If more room is needed, attach additional sheets.

**A. MINOR'S INFORMATION**

- 1. Minor's Name: \_\_\_\_\_ AKA: \_\_\_\_\_
- 2. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
- 3. Physical Address / Location: \_\_\_\_\_
- 4. Who is currently caring for the Minor? \_\_\_\_\_
- 5. State of Residence: \_\_\_\_\_ For How Long: \_\_\_\_\_
- 6. Is the Minor a member of a federally recognized tribe: \_\_\_\_\_
- 7. Is the Minor a citizen of another country: \_\_\_\_\_
- 8. In the chart below list where the Minor currently lives, where the Minor has lived for the past 5 years, and the names and current addresses of the persons with whom the Minor lived at each address.

Minor's Name:		Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date Minor Moved Here	Minor's Address (Street Address, City, State)	Person(s) With Whom Minor Lived (Name and Current Address)	Relationship to Minor

**B. INFORMATION ON THE PARENTS OF THE MINOR**

All of the following information regarding the Minor's parents must be completed.

1. Name of Minor's Mother: \_\_\_\_\_

2. Mother's present address or last known address: \_\_\_\_\_

\_\_\_\_\_

3. The last date Mother had contact with the Minor (please explain the date, whether it was in person or by telephone, who was present, etc:

\_\_\_\_\_

\_\_\_\_\_

4. Name of Minor's Father: \_\_\_\_\_

5. Father's present address or last known address: \_\_\_\_\_

\_\_\_\_\_

6. The last date Father had contact with the Minor (please explain the date, whether it was in person or by telephone, who was present, etc.):

\_\_\_\_\_

\_\_\_\_\_

///

///

///

///

///

///

**C. INFORMATION ON OTHER RELATIVES OF THE MINOR**

If you do not know some of the information, print "unknown" on the line.

1. Minor's Relatives: To the extent known by Petitioner(s), the names and addresses of the relatives of the Minor who are within the second degree of consanguinity are as follows:

a. Maternal Grandparents (Mother's parents):  **DECEASED** -OR-  **NAMED BELOW**

(Name and address of Grandmother): \_\_\_\_\_

\_\_\_\_\_

(Name and address of Grandfather): \_\_\_\_\_

\_\_\_\_\_

b. Paternal Grandparents (Father's parents):  **DECEASED** -OR-  **NAMED BELOW**

(Name and address of Grandmother): \_\_\_\_\_

\_\_\_\_\_

(Name and address of Grandfather): \_\_\_\_\_

\_\_\_\_\_

c. The sisters and brothers of the Minor are:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

**D. GUARDIANSHIP OF THE ESTATE OF THE MINOR**

1. Guardianship of the Estate Supporting Information: If a guardianship of the “estate” is sought by Petitioner(s), the following supporting information about the Minor’s income and assets shall be provided:

a. Income. Petitioner(s) believe the Minor receives monthly income in the following amounts:

i. Social Security .....\$ \_\_\_\_\_

ii. Other: \_\_\_\_\_ \$ \_\_\_\_\_

iii. Other: \_\_\_\_\_ \$ \_\_\_\_\_

Total monthly income .....\$ \_\_\_\_\_

b. Assets. Petitioner(s) believe the Minor owns (or has a community interest in) the following assets (print only the last four digits of bank account numbers):

i. Checking Acct # \_\_\_\_\_ \$ \_\_\_\_\_

ii. Savings Acct # \_\_\_\_\_ \$ \_\_\_\_\_

iii. Other: \_\_\_\_\_ \$ \_\_\_\_\_

iv. Other: \_\_\_\_\_ \$ \_\_\_\_\_

Asset Total .....\$ \_\_\_\_\_

c. Who is receiving the benefits on behalf of the Minor at this time?

\_\_\_\_\_

2. What are the estimated living expenses for the Minor during the next twelve (12) months?

\_\_\_\_\_

\_\_\_\_\_

3. Summary Administration: If Summary Administration should apply, place an “X” in the box to select the option below:

Summary Administration: The Minor’s assets are anticipated to be less than ten thousand dollars (\$10,000.00), it is believed to be in the Respondent’s best interests that the Court order this case to be treated as a “Summary Administration” and dispense with annual accountings and the final account at the termination of the guardianship.

1 **E. PETITIONER'S INFORMATION**

2 The following questions must be answered by each person petitioning for the guardianship.

3 1. Petitioner(s) Information:

4 a. Name: \_\_\_\_\_

5 Date of Birth: \_\_\_\_\_ Nevada Resident:  **YES -OR-**  **NO**

6 Physical Address: \_\_\_\_\_

7 Mailing Address: \_\_\_\_\_

8 Phone: ( ) \_\_\_\_\_

9 Relationship to Minor: \_\_\_\_\_

10 b. Petitioner  **IS NOT -OR-**  **IS** receiving compensation as guardian. If so, for  
11 how many minors is Petitioner receiving compensation: \_\_\_\_\_

12 c. Petitioner  **HAS NOT -OR-**  **HAS** been convicted of a felony or been  
13 suspended or disbarred from any organization involving investments, securities or  
14 property, or been found to have committed abuse, neglect, or exploitation of a child,  
15 spouse, parent or other adult.

16 If Petitioner has been involved in any of these activities, please explain the charge  
17 of conviction, the date of conviction and the County/State of conviction:  
18

19 \_\_\_\_\_  
20 \_\_\_\_\_  
21 \_\_\_\_\_  
22 \_\_\_\_\_  
23 \_\_\_\_\_  
24 \_\_\_\_\_

25 d. Petitioner  **IS NOT -OR-**  **IS** a party to a civil or criminal proceeding.

26 e. Petitioner has filed bankruptcy in the last seven (7) years:  **YES -OR-**  **NO**

2. Petitioner(s) Information (Write N/A in section 2(a) if there is only one petitioner):

a. Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nevada Resident:  **YES** -OR-  **NO**

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

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

Phone: (\_\_\_\_) \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

b. Petitioner  **IS NOT** -OR-  **IS** receiving compensation as guardian. If so, for how many minors is Petitioner receiving compensation: \_\_\_\_\_

c. Petitioner  **HAS NOT** -OR-  **HAS** been convicted of a felony or been suspended or disbarred from any organization involving investments, securities or property, or been found to have committed abuse, neglect, or exploitation of a child, spouse, parent or other adult.

If Petitioner has been involved in any of these activities, please explain the charge of conviction, the date of conviction and the County/State of conviction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Petitioner  **IS NOT** -OR-  **IS** a party to a civil or criminal proceeding.

e. Petitioner has filed bankruptcy in the last seven (7) years:  **YES** -OR-  **NO**

///

///

**F. REASONS FOR THIS PETITION**

1. Circumstances: What specific circumstances cause the present need for a guardianship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Documentation in support of this Petition  **IS** -OR-  **IS NOT** attached as Exhibit \_\_\_\_\_.  
(Exhibit No.)

2. Guardianship Goal: What do you hope to accomplish as a guardian that you cannot accomplish without a guardianship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Opposition to Guardianship: Who might oppose this request for guardianship and why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Your Suitability as a Guardian: Why should you be the Minor's guardian?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



1 5. Other Information: What other information would you like the Court to know?  
2  
3  
4  
5  
6

7 6. Additional Requests: The following additional requests are included in this Petition if the  
8 appropriate box is checked.

9  Authority to deal with personal property: Permission to sell, donate, distribute,  
10 dispose of, and/or abandon or distribute to family members, personal property deemed  
11 necessary and proper to maintain the integrity of the Minor's estate so long as such property  
12 is not named or included in any estate planning document.

13  Request for Court-Directed Mediation: The Court is requested to direct that any parties  
14 contesting this Petition enter into mediation prior to permanent hearing.

15  Request Regarding Guardian's Bond: In considering the amount of bond to be required  
16 of the Petitioner(s), or whether the Minor's accounts should be "Blocked" to access in lieu  
17 of requiring a bond, the please state your relationship to the Minor:  
18

19  **PARENT -OR-**  **RELATIVE -OR-**

20  **NO BOND SHOULD BE REQUIRED FOR THE FOLLOWING REASON:**  
21  
22  
23  
24  
25  
26  
27  
28

**G. RELATED CASE INFORMATION**

1. Please identify any other court case in which you have participated as a party, witness, or in any other way concerning the custody of or visitation with the Minor.

Court: \_\_\_\_\_ Case Number: \_\_\_\_\_

2. Please identify any court case that could affect this case, including any case relating to divorce, child custody, domestic violence, protective orders, termination of parental rights, adoptions, guardianships, dependency, and paternity actions.

Court: \_\_\_\_\_ Type of Case: \_\_\_\_\_

Case Number: \_\_\_\_\_ Date of Last Order: \_\_\_\_\_

3. Please identify any court case in which the Minor is involved, including any case relating to a criminal matter, a juvenile matter, a child support case, a divorce or custody case or any other kind of civil case?

Court: \_\_\_\_\_ Type of Case: \_\_\_\_\_

Case Number: \_\_\_\_\_ Date of Last Order: \_\_\_\_\_

Court: \_\_\_\_\_ Type of Case: \_\_\_\_\_

Case Number: \_\_\_\_\_ Date of Last Order: \_\_\_\_\_

Court: \_\_\_\_\_ Type of Case: \_\_\_\_\_

Case Number: \_\_\_\_\_ Date of Last Order: \_\_\_\_\_

4. Please identify the names and addresses of any person(s) not a party to this court case who has physical custody of the Minor or claims rights of legal custody, physical custody, or visitation with the Minor.

Name and address of person(s) claiming custody or visitation rights: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Are you filing this guardianship case as a response to an investigation of a report of abuse, neglect, exploitation, isolation or abandonment of the Minor?  **YES** -OR-  **NO**

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**If your answer is “YES” to question 5, complete the following:**

The name of the law enforcement, state or county agency that investigated the report is:

\_\_\_\_\_

6. Will the Minor need an ongoing guardianship after they reach the age of eighteen years?

**YES** –OR–  **NO**

**If your answer to question 6 is “YES”, please explain why.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Are you filing this guardianship case so you can file some kind of criminal or civil litigation on behalf of the Minor?  **YES** –OR–  **NO**

**If your answer to question 7 is “YES”, please describe the kind of case you are planning to file (civil, criminal), what the case is about and where you are planning to file the case.**

Court: \_\_\_\_\_ Type of Case: \_\_\_\_\_

Court: \_\_\_\_\_ Type of Case: \_\_\_\_\_

///

///

///

///

///

1  
2 **H. REQUEST FOR RELIEF**

3 WHEREFORE, Petitioner(s) request that the Court enter its Order as follows:

- 4 1. The Petitioner(s) be appointed as the Guardian of the  **PERSON** -OR-  **ESTATE**  
5 **-OR-  PERSON AND ESTATE** of the Minor;  
6  
7 2. If Co-Guardians are appointed, that they be authorized to act unilaterally and  
8 independently of each other with respect to making decisions;  
9  
10 3. Letters of Guardianship be issued to Petitioner(s) upon the taking of the oath of office  
11 as required by law;  
12  
13 4. The Petitioner(s) be granted the authority requested in the Petition to act as needed to  
14 provide for the Minor;  
15  
16 5. The Court grant the relief requested in this Petition;  
17  
18 6. That Citations be issued;  
19  
20 7. For any additional Orders that the Court determines are appropriate and necessary in  
21 this case.

22 This document does not contain the Social Security number of any person.

23 I/We declare, under penalty of perjury under the law of the State of Nevada, that I/we have  
24 read the foregoing document and am/are competent to testify of its contents of my/our own  
25 knowledge and the contents are true of my/our own knowledge except for those matters stated  
26 therein on information and belief, and, as to those matters, I/we believe them to be true.

27 Date: \_\_\_\_\_ Petitioner One Signature: \_\_\_\_\_

28 Print Your Name: \_\_\_\_\_

Date: \_\_\_\_\_ Petitioner Two Signature: \_\_\_\_\_

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

## INSTRUCTIONS: STEP 4

### Complete the Index of Exhibits and Exhibit Cover Sheet(s) as Shown:

1) Write the exhibit number, number of pages (not including the Exhibit Cover Page), and a description for each exhibit.

If more space is needed, attach additional sheets.

2) Attach the Index of Exhibits to the document after the last page of the document, before any exhibits.

3) For each exhibit, create an Exhibit Cover Page.

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 Number _____	Number of Pages _____
Exhibit Description _____	

EXHIBIT \_\_\_\_\_

EXHIBIT \_\_\_\_\_

EXHIBIT \_\_\_\_\_

4) Write the exhibit number on the Exhibit Cover Page.

5) Attach the correct Exhibit Cover Page to the front of each exhibit.

6) Attach your exhibits in the order listed on the Index of Exhibits.

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

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

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

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

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

**INSTRUCTIONS: STEP 5**

**Complete the Citation to Appear and Show Cause as Shown:**

You must provide a copy of the Petition and Citation to Appear and Show Cause to the following people: minor (age 14 or older), mother and father of the minor, siblings of the minor (age 14 or older), maternal and paternal grandparents of the minor, legal guardian (if any), and the Director of the Department of Health and Human Services if the minor has received or is receiving benefits from Medicaid.

1) Print your name, address and telephone number.

2) Check the box for the type of guardianship and print the name of the minor. You will be assigned a Case No. and Department No. when you file the Petition with the court.

3) Complete pages 1 - 2, following the instructions on each page. Do not fill in the date and time of the hearing on page 2, or anything on page 3.

1	Code: 1395
2	Name: _____
3	Address: _____
4	Telephone: _____
5	Email: _____
6	Self-Represented Litigant
7	IN THE FAMILY DIVISION
8	OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
9	IN AND FOR THE COUNTY OF WASHOE
10	In the Matter of the Guardianship of
11	<input type="checkbox"/> The Person only
12	<input type="checkbox"/> The Estate only
13	<input type="checkbox"/> The Person and the Estate
14	Case No. _____
15	(Print Name of Minor) _____ Dept. No. _____
16	A Minor. _____
17	<u>CITATION</u>
18	Below print the name(s) of each person who must be notified of the guardianship hearing.
19	TO: _____
20	_____
21	_____
22	_____
23	_____
24	_____
25	_____
26	_____
27	_____
28	and any person having the care, custody and control of the above-named minor.



1 Code: 1395

2 Name: \_\_\_\_\_

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

4 Telephone: \_\_\_\_\_

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

6 Self-Represented Litigant

7 IN THE FAMILY DIVISION  
8 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
9 IN AND FOR THE COUNTY OF WASHOE

10 In the Matter of the Guardianship of

11  The Person only

12  The Estate only

13  The Person and the Estate

Case No. \_\_\_\_\_

14 \_\_\_\_\_,  
(Print Name of Minor)

Dept. No. \_\_\_\_\_

A Minor.

15 \_\_\_\_\_/

16 CITATION

17 Below print the name(s) of each person who must be notified of the guardianship hearing.

18 TO: \_\_\_\_\_,

19 \_\_\_\_\_,

20 \_\_\_\_\_,

21 \_\_\_\_\_,

22 \_\_\_\_\_,

23 \_\_\_\_\_,

24 \_\_\_\_\_,

25 and any person having the care, custody and control of the above-named minor.

1 **PLEASE BE ADVISED** that Petitioner(s) \_\_\_\_\_  
2 (Name of proposed guardian is filled in here)

3 and \_\_\_\_\_ filed a Petition on \_\_\_\_\_  
4 (Name of the second proposed guardian is filled in here) (Month, day, and year)

5 to appoint as guardian(s) of the  **PERSON -OR-**  **ESTATE -OR-**  **PERSON AND**

6 **ESTATE** of the Minor \_\_\_\_\_ who  
7 (Full name of minor is filled in here)

8 was born on \_\_\_\_\_. This Court will have a hearing on the Petition.  
9 (Date of birth)

10 The hearing is on \_\_\_\_\_, at \_\_\_\_\_  **A.M. -OR-**  **P.M.**  
11 in Department 2 of the Family Division, Second Judicial District Court, One South Sierra Street,  
12 3<sup>rd</sup> Floor, North Tower, Reno, Nevada.

13 You are receiving this Citation because you have been identified as an entity or individual  
14 who is entitled to notification of these proceedings pursuant to NRS 159.047(2) and/or  
15 NRS159.034(1).

16 **PLEASE BE ADVISED** that you have the right to appear at the hearing and show cause  
17 why a guardian(s) should not be appointed for the Minor.

18 **PLEASE BE FURTHER ADVISED** that:

- 19 1. The Minor may be adjudged to be incompetent or of limited capacity at the hearing;
- 20 2. A Guardian(s) may be appointed for the Minor;
- 21 3. The Minor's rights may be affected as further specified in the Petition;
- 22 4. The Minor has the right to appear at the hearing and oppose the Petition, and;
- 23 5. The Minor has the right to be represented by an attorney, who may be appointed by the

24 Court if the Minor is unable to retain one.

25  
26  
27 ///

28 ///

1 If you would like to request a copy of the Petition that has been filed in this matter, please  
2 contact the Filing Office.

3 This document does not contain the Social Security Number of any person.

4 Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

6 JACQUELINE BRYANT  
7 CLERK OF THE COURT

9 By: \_\_\_\_\_  
10 Deputy Clerk

11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

## **INSTRUCTIONS: STEP 6**

### **Copying and Filing Documents:**

Take the following documents to the filing office (include attachments):

1. Civil Cover Sheet (original and 1 copy)
2. Required Identification Sheet (original and 1 copy)
3. Petition (original and 1 copy)
4. Citation to Appear and Show Cause (original only) (this does not get filed yet, but you should bring it to the Court with you so that you may set your hearing after filing your Petition)

Each document must be stapled. **The Filing Office will not accept documents that are not stapled.**

The Filing Office is located on the first floor of the courthouse at **75 Court Street, Reno, NV.**

A copy machine is available at the Law Library located on the first floor of the courthouse at 75 Court Street, Reno, NV (to the left of the Filing Office). There is a per page charge to use the copy machine.

The Filing Office will file and keep the original Civil Cover Sheet and Original Petition and return file-stamped copies to you. Please make sure to keep copies of all the documents you file for your personal records.

**–OR–**

**You may electronically file (E-File) the completed forms. You can do this by signing up for an E-Flex account at <https://wcefex.washoecourts.com>. You will need to upload the original documents to E-Flex. E-Flex is available online, in the Filing Office, Law Library, or Self Help Center.**

Scanners and copy machines are available at the Law Library. There is a per page charge to use the copy machine.

## **INSTRUCTIONS: STEP 7**

### **Setting the Hearing:**

Take the original Citation to Appear and Show Cause and a copy of the Petition to the front counter on the third floor of the Family Division at One South Sierra and request to set a guardianship hearing. A clerk or judicial assistant will come out to further assist you with setting the hearing and completing the Citation to Appear and Show Cause. A file stamped copy of the Citation to Appear and Show Cause will be returned to you.

## **INSTRUCTIONS: STEP 8**

### **Making Copies of the Petition and Citation to Appear and Show Cause:**

You will need one copy of the Petition and one copy of the Citation to Appear and Show Cause for each person listed on the front of the Citation. You must include any attachments. Don't forget to keep a copy for yourself.

## **INSTRUCTIONS: STEP 9**

### **Serving the Documents:**

Serve upon everyone listed on the front of the Citation one copy of the Petition and one copy of the Citation to Appear and Show Cause. **DO NOT SERVE** a copy of the Required Identification.

Service may be made by certified mail, with a return receipt requested at least 20 calendar days before the hearing, or 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 return cards to attach to your proof of service (see INSTRUCTIONS: STEP 10 and INSTRUCTIONS: STEP 11).

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 Proof of Service must be completed by the person who served the documents and the Proof of Service must be filed in this case (see INSTRUCTIONS: STEP 10).

### **Service by Publication:**

You must make a serious attempt to locate everyone listed on the front of the Citation. If none of the persons (excluding the Director of the Department of Health and Human Services and the minor) entitled to notice of a hearing can after due diligence, be served, you may need packet G-7.

A serious attempt includes, but is not limited to: attempting to locate the other person at their last known residential and employment addresses, attempting to locate them through a real property search through the Washoe County Assessor's website, attempting to contact them at their last known email address or telephone number, checking with friends, relatives, and past landlords and employers, a check on the internet locators, etc. If you request the Court's permission to provide notice via publication, you must list all of your attempts to find each person in your request. Contact the Family Division Self Help Center for further information.

**INSTRUCTIONS: STEP 10**

Page 1 of 2:

**Complete the Proof of Service as Shown:**

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

2) Check the box for the type of guardianship, print the name of the minor, the Case No. and Department No. just as they appear in all other documents in this case.

3) Print the name of the person who served the documents.

4) The person who serves the documents must complete the remainder of the Proof of Service, following the instructions on the Proof of Service.

1 Code: 3720  
 2 Name: \_\_\_\_\_  
 3 Address: \_\_\_\_\_  
 4 Telephone: \_\_\_\_\_  
 5 Email: \_\_\_\_\_  
 6 Self-Represented Litigant

7 IN THE FAMILY DIVISION  
 8 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
 9 IN AND FOR THE COUNTY OF WASHOE

10  
 11 In the Matter of the Guardianship of  
 12  The Person only  
 13  The Estate only  
 14  The Person and the Estate

15 Case No. \_\_\_\_\_  
 16 (Print Name of Minor) A Minor, Dept. No. \_\_\_\_\_

17 **PROOF OF SERVICE**

18 I, \_\_\_\_\_, state as follows:  
 19 (Print name of person making service)

20 1. I am eighteen years of age or older.  
 21 2. I served a true and correct copy of the document(s) entitled \_\_\_\_\_  
 22 (Name of document(s) served)

23 \_\_\_\_\_  
 24 \_\_\_\_\_  
 25 \_\_\_\_\_  
 26 \_\_\_\_\_  
 27 \_\_\_\_\_  
 28 in the following way:

REV 07/2016 GS 1 Proof of Service - Minor

1 Check the appropriate box, and fill in all requested information. If more space is needed, you may attach additional pages to this document. If you served by certified mail, receipt requested, attach a copy of the certification receipts to this document.

2  
3  
4

5 Name of Person Served:	Address (Street, City, State, Zip Code):
6	
7	
8 Date of Service:	<input type="checkbox"/> Certified mail, return receipt requested -OR- <input type="checkbox"/> Personal Service
9 Name of Person Served:	Address (Street, City, State, Zip Code):
10	
11	
12 Date of Service:	<input type="checkbox"/> Certified mail, return receipt requested -OR- <input type="checkbox"/> Personal Service
13 Name of Person Served:	Address (Street, City, State, Zip Code):
14	
15	
16 Date of Service:	<input type="checkbox"/> Certified mail, return receipt requested -OR- <input type="checkbox"/> Personal Service
17 Name of Person Served:	Address (Street, City, State, Zip Code):
18	
19	
20 Date of Service:	<input type="checkbox"/> Certified mail, return receipt requested -OR- <input type="checkbox"/> Personal Service
21	
22	
23	This document does not contain the Social Security number of any person.
24	I declare, under penalty of perjury under the law of the State of Nevada, that the foregoing
25	statements are true and correct.
26	Date: _____ Your Signature: _____
27	Print Your Name: _____
28	

REV 07/2016 GS 2 Proof of Service - Minor

5) Print the name of each document served.

Page 2 of 2:

If you serve more than 4 people, additional pages may be attached and are available at the Self Help Center or online at [www.washoecourts.com](http://www.washoecourts.com).

5) The person who serves the document(s) must sign and date page 2 of the Proof of Service.

1 Code: 3720

2 Name: \_\_\_\_\_

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

4 Telephone: \_\_\_\_\_

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

6 Self-Represented Litigant

7 IN THE FAMILY DIVISION  
8 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
9 IN AND FOR THE COUNTY OF WASHOE

10 In the Matter of the Guardianship of

11  The Person only

12  The Estate only

13  The Person and the Estate

14 Case No. \_\_\_\_\_

15 \_\_\_\_\_,  
16 (Print Name of Minor)

17 Dept. No. \_\_\_\_\_

18 A Minor.

19 PROOF OF SERVICE

20 I, \_\_\_\_\_, state as follows:  
21 (Print name of person making service)

22 1. I am eighteen years of age or older.

23 2. I served a true and correct copy of the document(s) entitled \_\_\_\_\_  
24 (Name of document(s) served)

25 \_\_\_\_\_  
26 \_\_\_\_\_  
27 \_\_\_\_\_

28 in the following way:

Check the appropriate box, and fill in all requested information. If more space is needed, you may attach additional pages to this document. If you served by certified mail, return receipt requested, attach a copy of the certification receipts to this document.

Name of Person Served:	Address (Street, City, State, Zip Code):
Date of Service:	<input type="checkbox"/> Certified mail, return receipt requested <b>-OR-</b> <input type="checkbox"/> Personal Service
Name of Person Served:	Address (Street, City, State, Zip Code):
Date of Service:	<input type="checkbox"/> Certified mail, return receipt requested <b>-OR-</b> <input type="checkbox"/> Personal Service
Name of Person Served:	Address (Street, City, State, Zip Code):
Date of Service:	<input type="checkbox"/> Certified mail, return receipt requested <b>-OR-</b> <input type="checkbox"/> Personal Service
Name of Person Served:	Address (Street, City, State, Zip Code):
Date of Service:	<input type="checkbox"/> Certified mail, return receipt requested <b>-OR-</b> <input type="checkbox"/> Personal Service

This document does not contain the Social Security number of any person.

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

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

Your Signature: \_\_\_\_\_

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



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

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

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

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

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

## **INSTRUCTIONS: STEP 11**

### **Copying, Filing, and Mailing the Proof of Service:**

If you served some or all parties by certified mail, return receipt requested: as soon as you receive the green cards from the post office, attach the original green cards and the original post office receipt slips (white slips) to a plain piece of paper and make a copy. Attach the copy as an exhibit to the Proof of Service (see INSTRUCTIONS: STEP 4). Keep your original and bring it to the hearing.

If the certified letter is returned, unclaimed, make a copy of the envelope and attach a copy as an exhibit to the Proof of Service. Keep the envelope and bring it to the hearing.

Make one (1) copy of the Proof of Service and any attachments. Take the original and one (1) copy of the completed Proof of Service to the Filing Office to be filed or you may E-File the completed forms. Each document must be stapled. **The Filing Office will not accept documents that are not stapled.**

The Filing Office is located on the first floor of the courthouse at **75 Court Street, Reno, NV.**

A copy machine is available at the Law Library located on the first floor of the courthouse at 75 Court Street, Reno, NV (to the left of the Filing Office). There is a per page charge to use the copy machine.

A copy of the filed Proof of Service and any attachments must be served by mail or by personal service on the other party.

## **INSTRUCTIONS: STEP 12**

### **The Hearing:**

Arrive approximately 15 minutes prior to your scheduled time for the hearing. Go to the third floor and check in with the clerk at the front counter.

The minor should be with you for the hearing. When your case is called, enter the courtroom and take a seat at the table on your right.

The judge will have questions for you. If the guardianship is granted, the judge will issue an Order Granting Guardianship. You will be provided a copy of the order. After you have received your order, complete the Letters of Guardianship.

**INSTRUCTIONS: STEP 13**

Page 1 of 2:

**Complete the Letters of Guardianship as Shown:**

1) Check the box for the type of guardianship, print the name of the minor, the Case No. and Department No. just as they appear on all other documents in this case.

2) Fill in the requested information on the top half of the page.

3) Leave the date and signature line for the Deputy Clerk blank.

1 Code: 1910  
2  
3  
4 IN THE FAMILY DIVISION  
5 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
6 IN AND FOR THE COUNTY OF WASHOE  
7  
8 In the Matter of the Guardianship of  
9  The Person only  
10  The Estate only  
11  The Person and the Estate  
12 Case No. \_\_\_\_\_  
13 (Print Name of Minor) \_\_\_\_\_ Dept. No. \_\_\_\_\_  
14 A Minor.  
15 **LETTERS OF GUARDIANSHIP**  
On \_\_\_\_\_, an Order of the Court was entered appointing  
(Date)  
\_\_\_\_\_, and \_\_\_\_\_  
(Name of Guardian) (Name of Second Guardian, if applicable)  
General Guardian(s) of  **THE PERSON** -OR-  **THE ESTATE** -OR-  **THE PERSON AND THE ESTATE** of the minor child above named. The named guardian(s), being duly qualified, is/are legally authorized to act and have the legal authority and shall perform the duties of such guardian(s).  
In testimony of which, I have, this date, issued these Letters of Full Guardianship and affixed the Seal of the Court.  
Date: \_\_\_\_\_ JACQUELINE L. BRYANT  
CLERK OF THE COURT  
By: \_\_\_\_\_  
Deputy Clerk  
1  
08/20/16 G2 LETTERS OF FULL GUARDIANSHIP

1 **OATH**  
2 I, \_\_\_\_\_, residing at \_\_\_\_\_  
(Name of Guardian) (Street Address, City, State, and Zip Code)  
3 \_\_\_\_\_ and whose mailing address is \_\_\_\_\_  
4 \_\_\_\_\_ solemnly affirm that I will well and  
(If mailing address is the same as street address, print "same")  
5 faithfully perform the duties of Guardian of  **THE PERSON** -OR-  **THE ESTATE** -OR-  
6  **THE PERSON AND THE ESTATE** according to law, will file all reports, at least annually,  
7 and that any matters stated in any Petition or paper filed with the Court are true of my own  
8 knowledge, except as to matters stated on information and belief, and, as to those matters, I believe  
9 them to be true to the best of my ability.  
10  
11 I, \_\_\_\_\_, residing at \_\_\_\_\_  
(Name of Second Guardian, if applicable) (Street Address, City, State, and Zip Code)  
12 \_\_\_\_\_ and whose mailing address is \_\_\_\_\_  
13 \_\_\_\_\_ solemnly affirm that I will well and  
14 (If mailing address is the same as street address, print "same")  
15 faithfully perform the duties of Guardian of  **THE PERSON** -OR-  **THE ESTATE** -OR-  
16  **THE PERSON AND THE ESTATE** according to law, will file all reports, at least annually,  
17 and that any matters stated in any Petition or paper filed with the Court are true of my own  
18 knowledge, except as to matters stated on information and belief, and, as to those matters, I believe  
19 them to be true to the best of my ability.  
20  
21 This document does not contain the Social Security number of any person.  
22  
23 \_\_\_\_\_ (Guardian's signature) \_\_\_\_\_ (Second Guardian's signature)  
24 State of Nevada  
25 County of Washoe  
26 Signed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
27 by \_\_\_\_\_ Signed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
28 by \_\_\_\_\_ by \_\_\_\_\_  
Deputy Clerk/Notary Public Deputy Clerk/Notary Public  
REV 08/2016 2 G2 LETTERS OF FULL GUARDIANSHIP

Page 2 of 2:

4) Fill in the requested information for the guardian.

5) Fill in the requested information for the second guardian, if any.

Leave the rest of the document blank.

1 Code: 1910

2  
3  
4 IN THE FAMILY DIVISION  
5 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
6 IN AND FOR THE COUNTY OF WASHOE  
7

8 In the Matter of the Guardianship of

- 9  The Person only  
10  The Estate only  
 The Person and the Estate

Case No. \_\_\_\_\_

11 \_\_\_\_\_,  
(Print Name of Minor)

Dept. No. \_\_\_\_\_

A Minor.

12 \_\_\_\_\_/  
13  
14 LETTERS OF GUARDIANSHIP

15 On \_\_\_\_\_, an Order of the Court was entered appointing  
16 (Date)

17 \_\_\_\_\_ and \_\_\_\_\_  
18 (Name of Guardian) (Name of Second Guardian, if applicable)

19 as General Guardian(s) of  **THE PERSON** -OR-  **THE ESTATE** -OR-  **THE**  
20 **PERSON AND THE ESTATE** of the minor child above named. The named guardian(s),  
21 having duly qualified, is/are legally authorized to act and have the legal authority and shall  
22 perform the duties of such guardian(s).  
23

24 In testimony of which, I have, this date, issued these Letters of Full Guardianship and  
25 affixed the Seal of the Court.

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

JACQUELINE L. BRYANT  
CLERK OF THE COURT

27 By: \_\_\_\_\_  
28 Deputy Clerk

**OATH**

I, \_\_\_\_\_, residing at \_\_\_\_\_  
(Name of Guardian) (Street Address, City, State, and Zip Code)

\_\_\_\_\_ and whose mailing address is \_\_\_\_\_

\_\_\_\_\_ solemnly affirm that I will well and  
(If mailing address is the same as street address, print "same".)

faithfully perform the duties of Guardian of  **THE PERSON** -OR-  **THE ESTATE** -OR-

**THE PERSON AND THE ESTATE** according to law, will file all reports, at least annually,

and that any matters stated in any Petition or paper filed with the Court are true of my own

knowledge, except as to matters stated on information and belief, and, as to those matters, I believe

them to be true to the best of my ability.

I, \_\_\_\_\_, residing at \_\_\_\_\_  
(Name of Second Guardian, if applicable) (Street Address, City, State, and Zip Code)

\_\_\_\_\_ and whose mailing address is \_\_\_\_\_

\_\_\_\_\_ solemnly affirm that I will well and  
(If mailing address is the same as street address, print "same".)

faithfully perform the duties of Guardian of  **THE PERSON** -OR-  **THE ESTATE** -OR-

**THE PERSON AND THE ESTATE** according to law, will file all reports, at least annually,

and that any matters stated in any Petition or paper filed with the Court are true of my own

knowledge, except as to matters stated on information and belief, and, as to those matters, I believe

them to be true to the best of my ability.

This document does not contain the Social Security number of any person.

\_\_\_\_\_  
(Guardian's signature)

\_\_\_\_\_  
(Second Guardian's signature)

State of Nevada  
County of Washoe

Signed and sworn to before me on  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
by \_\_\_\_\_

Signed and sworn to before me on  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
by \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk/Notary Public

\_\_\_\_\_  
Deputy Clerk/Notary Public

## INSTRUCTIONS: STEP 14

### Filing the Letters of Guardianship and Oath:

Take the original and one (1) copy of the completed Letters of Guardianship and Oath to the Filing Office to be filed. The Filing Office will assist you with your Oath and issue the Letters. Each document must be stapled. **The Filing Office will not accept documents that are not stapled.**

The Filing Office is located on the first floor of the courthouse at **75 Court Street, Reno, NV.**

A copy machine is available at the Law Library located on the first floor of the courthouse at 75 Court Street, Reno, NV (to the left of the Filing Office). There is a per page charge to use the copy machine.

### 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 x214 or x237 – leave message  
if necessary

**<http://nslaw.net>**

#### **WASHOE LEGAL SERVICES**

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

**<http://www.washoelegalservices.org>**