

**SIX MONTH, INFORMAL
TEMPORARY GUARDIANSHIP
PACKET G-9**

This guardianship is an informal guardianship that is not filed with the Court.

This informal guardianship is not usually accepted by medical insurance companies as a full, legal guardianship for insurance purposes.

This guardianship may not be accepted by schools for enrollment purposes.

This guardianship does not cross state lines. Although it may be valid in Nevada, it may not be valid, or recognized, in other states.

This guardianship may be used for limited purposes and for a limited time. Either parent may withdraw it at any time and it must be renewed *in writing* every six (6) months.

This guardianship *cannot be used as a legal document* for one parent to keep custody away from the other parent or to keep a parent away from a child.

This guardianship does not take the place of a limited power of attorney.

This guardianship cannot be used for an adult temporary guardianship.

Guardianships are complicated legal proceedings and must be entered into with the full knowledge of every person's rights. It is advised that you seek the advice of an attorney or the guidance of the Family Division Self Help Center prior to entering into any kind of a guardianship.

SIX MONTH TEMPORARY GUARDIANSHIP

UNDER A.B. 319, 2017 Leg., 79th Sess. (Nev. 2017)

I, _____,
(Name)

of _____
(Address, City, State, Zip Code)

the _____ of the minor child, _____
(Mother, Father, Legal Guardian) (Name of minor child)

whose date of birth is _____, hereby desire to appoint
(Child's date of birth)

(Guardian's name)

of _____
(Address, City, State, Zip Code)

as short term guardian pursuant to A.B. 319, 2017 Leg., 79th Sess. (Nev. 2017).

Carefully read each of the following statements and initial all that are true in your circumstances.

- _____ 1. I am the legal custodian of the minor child.
- _____ 2. The other parent's parental rights have not been terminated by court order.
- _____ 3. The other parent's whereabouts are known.
- _____ 4. The other parent is willing and able to make and carry out daily child care decisions concerning the minor child.

WARNING: If paragraphs 2, 3, and 4 have all been initialed, a short-term guardian under NRS 159.205 cannot be appointed and this document is void unless the other parent also signs a consent of the guardianship.

Incident to the temporary guardianship of _____
(Name of minor child)

born on _____, I specifically consent that the named
(Child's date of birth)

guardian may make whatever decisions are necessary concerning the day-to-day care of _____, including educational decisions, legal
(Name of minor child)

decisions and health decisions.

The named guardian may authorize all routine medical and dental care, and in the event of any medical emergency, the named guardian may authorize operative care.

This guardianship shall expire six (6) months from the date that appears below unless it is renewed by an acknowledged writing prior to the expiration date.

This guardianship may be terminated by me, by the guardian or by an order of a court of competent jurisdiction that may appoint a guardian of the minor child, but such termination must be accomplished by a written instrument.

I am the legal custodian of the minor child and am competent to make this appointment.

Date: _____ Signature: _____

Print Your Name: _____

STATE OF NEVADA

COUNTY OF WASHOE

This instrument was acknowledged before me on

this _____ day of _____, _____ by _____

NOTARY PUBLIC

IMPORTANT: If the minor child is fourteen (14) years of age or older, the minor child's written consent to the temporary short term guardianship is required.

MINOR'S CONSENT

I hereby consent to the above-named person being appointed as my guardian.

Date: _____

Signature of Minor: _____

Print Your Name: _____

ACCEPTANCE OF APPOINTMENT

I, _____ hereby accept this
(Name of guardian)

appointment as temporary short term guardian for the minor child identified in this instrument and will accept responsibility for the care, custody, and control of said minor child, including all necessary authority and power to furnish and provide care and services to said minor child as may seem necessary, proper, or desirable in the child's best interest and welfare, including, but not limited to, food, clothing, shelter, education, and medical-surgical-dental care and treatment. I understand this guardianship shall become effective upon my execution of this document in the presence of a Notary Public for a period of six (6) months and may be terminated by an instrument

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in writing signed by either parent of the minor child if that parent has not had their rights legally terminated by an order of a court of competent jurisdiction.

Date: _____

Signature: _____

Print Your Name: _____

STATE OF NEVADA

COUNTY OF WASHOE

This instrument was acknowledged before me on

this _____ day of _____, _____ by _____

NOTARY PUBLIC