

**SIX MONTH, INFORMAL
TEMPORARY GUARDIANSHIP
PACKET GM-TEMP**

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. *(Attached is the Washoe County School District Appointment of Temporary Guardian by a Parent for use in Washoe County Schools only.)*

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, (parent name) _____,
of (address, city, state, zip code) _____
the parent of the minor child, (child's name) _____
whose date of birth is _____, hereby desire to appoint
(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.

- _____ 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, the other parent must sign page 2 of this form to make this short-term guardianship valid.

I specifically consent that the named guardian may make whatever decisions are necessary concerning the day-to-day care of (child's name) _____, including educational decisions, legal 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: _____ Parent's Signature: _____

Print Your Name: _____

STATE OF _____
COUNTY OF _____

This instrument was acknowledged before me on
this _____ day of _____, _____ by _____

NOTARY PUBLIC

IMPORTANT: If items 2, 3, and 4 on the prior page were all initialed, the other parent must sign below to consent to the temporary short term guardianship.

PARENT'S CONSENT

I hereby consent to the above-named person being appointed as my child's guardian. I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Date: _____ Parent's Signature: _____
Print Your Name: _____

IMPORTANT: If the minor child is fourteen (14) years of age or older, the minor child must sign below to consent to the temporary short term guardianship.

MINOR'S CONSENT

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

Date: _____ Minor's Signature: _____
Print Your Name: _____

GUARDIAN'S ACCEPTANCE OF APPOINTMENT

I, (*guardian's name*) _____ hereby accept this 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 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: _____ Guardian's Signature: _____
Print Your Name: _____

STATE OF _____
COUNTY OF _____

This instrument was acknowledged before me on
this _____ day of _____, _____ by _____

NOTARY PUBLIC



Administrative Form 5055
APPOINTMENT OF SHORT-TERM GUARDIAN BY A PARENT
(NRS 159A.205)

Complete One Form per Child:

I, _____, a parent of _____, a minor child, whose date of birth is _____, hereby desires to appoint _____ and _____ as temporary short-term guardian(s) of said minor child pursuant to Nevada Revised Statutes (NRS) 159A.205.

ELIGIBILITY: Please read the following five (5) questions and check the answer where applicable.

1. Is the minor child age 14 or older? ___ Yes ___ No
 If the answer to Question No. 1 is YES, consent of the minor is required.
2. Does the minor age 14 or older consent to this guardianship? ___ Yes ___ No
 If the answer to Question No. 2 is YES, the minor must sign on page 2. If the answer to Question No. 1 is YES and the answer to Question No. 2 is NO, **you may not appoint a short-term guardian for this minor child** pursuant to NRS 159A.205.
3. Does the minor child have another parent who is living? ___ Yes ___ No
 If the answer to Question No. 3 is NO, skip all further questions and go immediately to the signature line on the bottom of page 1 of this form and sign in the presence of a notary public.
4. Does the other parent consent to the appointment of a short-term guardian? ___ Yes ___ No
 If the answer to Question No. 4 is YES, skip all further questions and both parents' notarized signatures are required on the bottom of page 1 and on the top of page 2.
5. Have the rights of the other parent been terminated? ___ Yes ___ No
 If the answer to Question No. 5 is YES, skip all further questions and go immediately to the signature line on the bottom of page 1 of this form and sign in the presence of a notary public.
 If the answer to Question 5 is NO, answer the following questions:
 - A. Do you know the whereabouts of the other parent? ___ Yes ___ No
 - B. Is the other parent willing and able to make and carry out daily child care decisions instead of the parent notarizing the short-term guardianship form? ___ Yes ___ No

If the answers to questions 5A and 5B are both **YES**, **you may not appoint a short-term guardian for this minor child** pursuant to NRS 159A.205.

SIGNATURE OF PARENT/APPLICANT: I hereby declare under penalty that I am a parent who has legal custody of the minor child identified above and that the answers on this form are true and correct. I understand this short-term 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 in writing signed by either parent of the minor child, if that parent has not been deprived of the legal custody of said minor, or by any order of a court of competent jurisdiction.

 Signature of Parent

STATE OF _____

COUNTY OF _____

On this ____ day of _____, _____, personally appeared before me, a notary public, _____, who acknowledged he/she executed the foregoing document for the purposes stated therein.

 Notary Public

Administrative Procedure 5055
Appointment of Short-Term Guardian By a Parent

SIGNATURE OF PARENT/APPLICANT: I hereby declare under penalty that I am a parent who has legal custody of the minor child identified above and that the answers on this form are true and correct. I understand this short-term 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 in writing signed by either parent of the minor child, if that parent has not been deprived of the legal custody of said minor, or by any order of a court of competent jurisdiction.

Signature of Parent

STATE OF _____

COUNTY OF _____

On this ___ day of _____, _____, personally appeared before me, a notary public,
_____, who acknowledged he/she executed the foregoing document for the purposes stated therein.

Notary Public

CONSENT OF MINOR CHILD: If the minor child is fourteen (14) years of age or older, the minor child's written consent to the short-term guardianship is required.

Signature of Minor Child

Date of Birth

Date

ACCEPTANCE OF APPOINTMENT OF GUARDIANSHIP: I/We _____

and _____, hereby accept this appointment as 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/We agree to abide by all federal, state and local laws including rules and regulations of the Washoe County School District. I/We understand this short-term guardianship shall become effective upon my/our 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 in writing signed by either parent of the minor child, if that parent has not been deprived of the legal custody of said minor, or by any order of a court of competent jurisdiction.

Address: _____

Signature of Guardian

Phone number: _____

Address: _____

Signature of Guardian

Phone number: _____

STATE OF _____

COUNTY OF _____

On this ___ day of _____, _____, personally appeared before me, a notary public,
_____ and _____, who acknowledged he/she/they executed the foregoing document for the purposes stated therein.

Notary Public

Note: In accordance with the policies of the Nevada Interscholastic Activities Association (NIAA) (NAC 386.782(5) and 386.784), any student who transfers to another school is presumed ineligible to participate in any sanctioned sport at the school to which he/she transfers for 180 school days. Additionally, the NIAA will not recognize a guardianship that is granted without the approval of a court pursuant to NRS 159A.205 or 159A.215.