

**PETITION FOR
FULL GUARDIANSHIP
OF 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 full guardianship of a minor child or children.

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, Self Help Center, Filing Office, or online at www.washoecourts.com.

Do Not Copy Or File This Page

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. Petition For Full Guardianship of a Minor Child or Children
3. General Description of Estate
4. Citation to Appear and Show Cause
5. Proof of Service
6. Letters of Guardianship
7. Required Identification Sheet

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.

Do Not Copy Or File This Page

INSTRUCTIONS: STEP 1

Do Not Copy Or File This Page

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 each child you are requesting guardianship over.

5) Date and sign the form.

CIVIL (FAMILY/JUVENILE-RELATED) COVER SHEET	
WASHOE County, Nevada	
Case No. _____ <small>(Assigned by Clerk's Office)</small>	
I. Party Information <small>(provide both home and mailing addresses if different)</small>	
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 <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 <small>(Please check applicable bold category and applicable subcategory, if appropriate)</small>	
Family-Juvenile Related Cases	
Domestic Relations Case Filing Types <input type="checkbox"/> Marriage Dissolution Case <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)	Other Family Related Case Filing Types <input type="checkbox"/> Request for Temporary Protective Order (TP) <input type="checkbox"/> Request for Extended Temporary Protective Order <input type="checkbox"/> Other Domestic Relation Case Filings <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"/> Guardianship of a Minor (GB) <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
<small>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.</small>	
<small>Nevada AOC - Research Statistical Unit Permitted to NRS 3.275 (Rev 3.1 July 1, 2014)</small>	
<small>Form FA 101 Rev 3.1</small>	

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"/> Marriage Dissolution Case <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"/> Other Domestic Relation Case Filings <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)
	<h4 style="text-align: center;">Guardianship Case Filing Types</h4> <input type="checkbox"/> Guardianship of an Adult (GA) <input type="checkbox"/> Guardianship of a Minor (GB) <input type="checkbox"/> Guardianship Trust (OG) Estimated Estate Value: _____
	<h4 style="text-align: center;">Juvenile-Related Case Filing Types</h4> <input type="checkbox"/> Miscellaneous Juvenile Petition <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

Do Not Copy Or File This Page

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 are requesting guardianship over the proposed ward's estate, attach as an exhibit a description of the child's estate (see INSTRUCTIONS: STEP 3). If you do not have any exhibits, please continue to INSTRUCTIONS: STEP 5.

1) Print your name, address and telephone number.

2) Print the names of the minor child(ren). 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	Self-Represented Litigant
6	
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 the Person
12	the Estate, or the Person and Estate of:
13	_____ Case No. _____
14	_____ Dept. No. _____
15	_____
16	A Minor Child / Minor Children.
17	
18	<u>PETITION FOR FULL GUARDIANSHIP OF A MINOR CHILD OR CHILDREN</u>
19	
20	Petitioner(s) _____ and
21	(Name of proposed guardian)
22	_____, petition this Court for an
23	(If two people are to be guardians, the second name is filled in here)
24	Order appointing _____ as general guardian(s) of <input type="checkbox"/> <u>THE PERSON</u> -OR- <input type="checkbox"/> <u>THE</u>
25	<u>ESTATE</u> -OR- <input type="checkbox"/> <u>THE PERSON AND THE ESTATE</u> of the minor child(ren) above named. If
26	guardianship includes the estate, a general description of the estate is attached as Exhibit _____.
27	(Exhibit No.)
28	This Petition is based on the following facts:
	REV 07/2015 1 G2 PETITION

1 Code: 3450
2 Name: _____
3 Address: _____
4 Telephone: _____
5 Self-Represented Litigant

6
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 the Person
12 the Estate, or the Person and Estate of:

13 _____ Case No. _____
14 _____ Dept. No. _____
15 _____,
16 A Minor Child / Minor Children.
17 _____/

18 PETITION FOR FULL GUARDIANSHIP OF A MINOR CHILD OR CHILDREN
19

20 Petitioner(s) _____ and
21 (Name of proposed guardian)

22 _____, petition this Court for an
23 (If two people are to be guardians, the second name is filled in here)

24 Order appointing _____ as general guardian(s) of ☐ THE PERSON -OR- ☐ THE
(him, her, them)

25 ESTATE -OR- ☐ THE PERSON AND THE ESTATE of the minor child(ren) above named. If
26 guardianship includes the estate, a general description of the estate is attached as Exhibit _____.
27 (Exhibit No.)

28 This Petition is based on the following facts:

A. PETITIONER'S INFORMATION

The following questions must be answered by each person petitioning for the guardianship.
If only one person is petitioning, fill in the information under Petitioner Number One and
print "n/a" in the spaces for Petitioner Number Two.

PETITIONER NUMBER ONE

1. I currently reside at: _____
(Street Address, City, State and Zip Code)

2. My mailing address is: _____
(Street Address, City, State and Zip Code)

3. My telephone number is _____.
4. My relationship to the minor child(ren) is as follows: _____

(How are you related to the child(ren) or if you are not related, how do you know the child(ren)?)
5. My date of birth is _____.
6. Have you filed or received bankruptcy protection in the last 7 years? ☐ **YES** –OR– ☐ **NO**
7. Are you a party to a pending civil or criminal action? ☐ **YES** –OR– ☐ **NO**
8. Have you ever been judicially determined to have committed abuse, neglect, exploitation,
isolation, or abandonment of a child, spouse, parent, or other person? ☐ **YES** –OR– ☐ **NO**
9. Have you ever been suspended for misconduct or disbarred from the practice of law, the
practice of accounting, or any other profession which involves or may involve the management
of or sale of money, investments, securities or real property and requires a license in Nevada
or any other state? ☐ **YES** –OR– ☐ **NO**
10. Are you a private professional guardian? ☐ **YES** –OR– ☐ **NO**

If your answer to question 10 is “NO”, are you currently receiving compensation for services as a guardian to more than one ward who is not related to you by blood or marriage?

☐ **YES** –OR– ☐ **NO**

11. Have you ever been convicted of a felony? ☐ **YES** –OR– ☐ **NO**

If your answer to question 11 is “YES”, complete the following information:

a. The charge for which I was convicted was: _____

b. The County and State in which I was convicted was: _____

c. The date of my conviction was: _____

d. Were you incarcerated for the conviction? ☐ **YES** –OR– ☐ **NO**

If your answer to d is “YES”, complete the following information:

The prison/jail in which I was incarcerated was: _____

I was incarcerated for _____ (months, years).

e. Did you receive parole or probation on the conviction? ☐ **YES** –OR– ☐ **NO**

If your answer to e is “YES”, complete the following:

My **PAROLE** ☐ –OR– ☐ **PROBATION**: ☐ **HAS** –OR– ☐ **HAS NOT** been

completed. Date of discharge or anticipated discharge: _____

My discharge was: ☐ **HONORABLE** –OR– ☐ **DISHONORABLE**.

If your discharge from parole or probation was dishonorable, please explain:

If more room is needed, attach additional sheets.

PETITIONER NUMBER TWO

1. I currently reside at: _____
(Street Address, City, State and Zip Code)

2. My mailing address is: _____
(Street Address, City, State and Zip Code)

3. My telephone number is _____.

4. My relationship to the minor child(ren) is as follows: _____
(How are you related to the child(ren) or if you are not related, how do you know the child(ren)?)

5. My date of birth is _____.

6. Have you filed or received bankruptcy protection in the last 7 years? ☐ **YES** –OR– ☐ **NO**

7. Are you a party to a pending civil or criminal action? ☐ **YES** –OR– ☐ **NO**

8. Have you ever been judicially determined to have committed abuse, neglect, exploitation, isolation, or abandonment of a child, spouse, parent, or other person? ☐ **YES** –OR– ☐ **NO**

9. Have you ever been suspended for misconduct or disbarred from the practice of law, the practice of accounting, or any other profession which involves or may involve the management of or sale of money, investments, securities or real property and requires a license in Nevada or any other state? ☐ **YES** –OR– ☐ **NO**

10. Are you a private professional guardian? ☐ **YES** –OR– ☐ **NO**

If your answer to question 10 is “NO”, are you currently receiving compensation for services as a guardian to more than one ward who is not related to you by blood or marriage?

☐ **YES** –OR– ☐ **NO**

11. Have you ever been convicted of a felony? ☐ **YES** –OR– ☐ **NO**

If your answer to question 11 is “YES”, complete the following information:

1 a. The charge for which I was convicted was: _____

2 _____.

3 b. The County and State in which I was convicted was: _____

4 _____.

5 c. The date of my conviction was: _____.

6 d. Were you incarcerated for the conviction? ☐ **YES** –OR– ☐ **NO**

7 **If your answer to d is “YES”, complete the following information:**

8 The prison/jail in which I was incarcerated was: _____

9 _____.

10 I was incarcerated for _____ (months, years).

11 e. Did you receive parole or probation on the conviction? ☐ **YES** –OR– ☐ **NO**

12 **If your answer to e is “YES”, complete the following:**

13 My **PAROLE** ☐ –OR– ☐ **PROBATION**: ☐ **HAS** –OR– ☐ **HAS NOT** been

14 completed. Date of discharge or anticipated discharge: _____.

15 My discharge was: ☐ **HONORABLE** –OR– ☐ **DISHONORABLE**.

16 **If your discharge from parole or probation was dishonorable, please explain:**

17 _____

18 _____

19 _____

20
21 If more room is needed, attach additional sheets.

22
23 **B. CHILDREN’S INFORMATION**

24 All of the following information regarding the child(ren) must be completed for the last five
25 (5) years. If there is more than one child, and the information is the same for each child,
26 please write “same as above” in the space provided. You must still provide information
27 regarding each child’s name, date of birth, and gender.
28

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

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

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

Please answer each question below.

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 child(ren) listed above.

Name(s) of child(ren) involved: _____

Court: _____

Case number: _____ Date of custody determination: _____

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

Name(s) of child(ren) involved: _____

Court: _____ Type of case: _____

Case number: _____ Date of last order: _____

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

Name(s) of child(ren) involved: _____

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

If more room is needed, attach additional sheets.

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

If your answer is “YES” to question 4, complete the following:

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

5. Will the child, or any of the children need an ongoing guardianship after they reach the age of eighteen years? ☐ **YES** –OR– ☐ **NO**

If your answer to question 5 is “YES”, please explain why.

1
2 If more room is needed, attach additional sheets.

- 3 6. Is the child or children entitled to any income or property including, but not limited, to child
4 support, welfare benefits, and/or Social Security benefits? ☐ **YES** –OR– ☐ **NO**

5 **If your answer to question 6 is “YES”,** what kind of benefits is the child receiving or entitled
6 to, what amount per month is the child receiving and who is receiving the benefits on behalf
7 of the child at this time?
8

9
10
11
12 If more room is needed, attach additional sheets.

- 13 7. Are there any other cases filed in which the child(ren) are involved, such as a criminal case,
14 a juvenile case, a child support case, a divorce case or any other kind of civil case?
15

16 ☐ **YES** –OR– ☐ **NO**

17 **If your answer to question 7 is “YES”,** describe the kind of case (civil, criminal, juvenile,
18 child support, etc.), the name of the court in which the case is filed and, if you know, the
19 case number and department in which the case is filed.
20

21
22
23 If more room is needed, attach additional sheets.

- 24 8. Are you filing this guardianship case so you can file some kind of criminal or civil litigation on
25 behalf of the child(ren)? ☐ **YES** –OR– ☐ **NO**

26 **If your answer to question 10 is “YES”,** please describe the kind of case you are planning
27
28

1 to file (civil, criminal), what the case is about and where you are planning to file the case.

2 _____

3 _____

4 _____

5 _____

6 If more room is needed, attach additional sheets.

7 **C. INFORMATION ON THE PARENTS OF THE CHILD(REN)**

8 All of the following information regarding the child(ren)'s parents must be completed. If
9 there is more than one child involved in this matter and there are different mothers or
10 fathers for the children, information on each parent must be provided. Additional pages to
11 attach to this Petition may be obtained at the Self Help Center.

12 1. The Mother of the child(ren) is _____.

13 (Name of Mother)

14 2. Mother's present address or last known address is: _____

15 (Street Address)

16 _____

17 (City, State, and Zip Code)

18 3. The last time Mother saw or spoke to the child(ren) was: _____

19 (Date)

20 4. Describe in detail Mother's last contact with the child(ren), including the date, whether it was in
21 person or by telephone, who was present, etc.: _____

22 _____

23 _____

24 _____

25 If more room is needed, attach additional sheets.

26 5. The Father of the child(ren) is _____.

27 (Name of Father)

28 6. Father's present address or last known address is: _____

(Street Address)

(City, State, and Zip Code)

7. The last time Father saw or spoke to the child(ren) was: _____
(Date)

8. Describe in detail Father's last contact with the child(ren), including the date, whether it was in person or by telephone, who was present, etc.: _____

If more room is needed, attach additional sheets.

D. INFORMATION ON OTHER RELATIVES OF THE CHILD

If you do not know some of the information, print "unknown" on the line. If there are multiple children with more than one set of grandparents, information on each set of grandparents must be attached. Additional pages may be obtained at the Self Help Center.

1. The maternal grandparents (Mother's parents) of the child(ren) are:

(Name and address of Grandmother): _____

(Name and address of Grandfather): _____

2. The paternal grandparents (Father's parents) of the child(ren) are:

(Name and address of Grandmother): _____

(Name and address of Grandfather): _____

///
///

3. The sisters and brothers of the child(ren) are:

Name: _____ Age: _____

Address: _____

Name: _____ Age: _____

Address: _____

Name: _____ Age: _____

Address: _____

Name: _____ Age: _____

Address: _____

Name: _____ Age: _____

Address: _____

E. REASONS FOR THIS PETITION

1. This Petition is for a full guardianship and the reasons I/we need the guardianship are:

Documentation in support of this Petition ☐ **IS** –OR– ☐ **IS NOT** attached as Exhibit _____.
(Exhibit No.)

If more room is needed, attach additional sheets.

2. The reasons I/we feel that it is in the best interest of the child(ren) that I/we be
appointed as guardians are: _____

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____

If more room is needed, attach additional sheets.

WHEREFORE, Petitioner(s) pray as follows:

1. For this Court's order appointing Petitioner(s) guardian(s) of the minor child(ren).
2. For this Court's Order appointing the Petitioner(s) as the guardian(s) of the Person, the Estate, or Person and Estate of the minor child(ren) named in this Petition.
3. For all other relief found necessary by this Court.

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

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

Date: _____ Petitioner One Signature: _____

Print Your Name: _____

Date: _____ Petitioner Two Signature: _____

Print Your Name: _____

INSTRUCTIONS: STEP 3

Do Not Copy Or File This Page

Complete the General Description of Estate as Shown

If you are requesting a guardianship of the estate or person and estate, you must attach as an exhibit a completed copy of the General Description of Estate (see INSTRUCTIONS: STEP 4). A separate form must be filled out and attached for each minor child.

1) Print the name of the minor child.

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

GENERAL DESCRIPTION OF MINOR CHILD'S ESTATE	
If you are requesting a guardianship over the estate or person and estate, please fill out the information as requested below. A separate General Description of Minor Child's Estate for <u>EACH</u> minor child must be attached to the Petition.	
1. Child's Name: _____	
2. Check all that apply:	
<input type="checkbox"/> The minor child has income in the amount of \$ _____ per <input type="checkbox"/> MONTH OR <input type="checkbox"/> YEAR	
<input type="checkbox"/> The minor child owns the following assets:	
List Assets Belonging to the Minor Child's Estate (include Social Security, any inheritances, bank accounts, investment accounts, real estate, etc.)	Value of Asset
If more room is needed, attach additional sheets.	
3. The minor child has not yet received, but should be receiving the following income and/or assets: _____	
If more room is needed, attach additional sheets.	
4. Please describe how the minor's assets and income will be safeguarded: _____	
If more room is needed, attach additional sheets.	
REV 07/2015	General Description of Estate

GENERAL DESCRIPTION OF MINOR CHILD'S ESTATE

If you are requesting a guardianship over the estate or person and estate, please fill out the information as requested below. A separate General Description of Minor Child's Estate for EACH minor child must be attached to the Petition.

1. Child's Name: _____

2. Check all that apply:

☐ The minor child has income in the amount of \$_____ per ☐ **MONTH** –OR– ☐ **YEAR**.

☐ The minor child owns the following assets:

List Assets Belonging to the Minor Child's Estate (include Social Security, any inheritances, bank accounts, investment accounts, real estate, etc.)	Value of Asset

If more room is needed, attach additional sheets.

3. The minor child has not yet received, but should be receiving the following income and/or assets: _____

If more room is needed, attach additional sheets.

4. Please describe how the minor's assets and income will be safeguarded: _____

If more room is needed, attach additional sheets.

Do Not Copy Or File This Page

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.

<u>INDEX OF EXHIBITS</u>	
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** _____

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EXHIBIT _____

EXHIBIT _____

EXHIBIT _____

INSTRUCTIONS: STEP 5

Do Not Copy Or File This Page

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: proposed ward(s) (age 14 or older), mother and father of the proposed ward(s), siblings of the proposed ward(s) (age 14 or older), maternal and paternal grandparents of the proposed ward(s), legal guardian (if any), and the Director of the Department of Health and Human Services if the proposed ward has received or is receiving benefits from Medicaid.

1) Print the names of the minor child(ren), the Case No. and Department No. just as they appear on all other documents in this case.

2) Print the names of each person who must be notified of the guardianship hearing (see above).

STOP HERE

1	Code: 1395
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 the Person,
9	the Estate, or the Person and the Estate of:
10	_____ Case No. _____
11	_____ Dept. No. _____
12	_____
13	A Minor Child / Minor Children.
14	_____
15	<u>CITATION TO APPEAR AND SHOW CAUSE</u>
16	
17	TO: _____
18	_____
19	_____
20	_____
21	_____
22	_____
23	and any person having the care, custody, and control of the above-named minor child(ren):
24	YOU ARE HEREBY CITED and required to appear before a Judge of this Court in
25	Department _____ of the Family Division of the Second Judicial District Court located at One
26	South Sierra Street, Reno, Nevada, on _____, at the hour of _____,
27	then and there to show cause why _____ and
28	(Name of Proposed Guardian)
	REV 06/2015 1 G2 CITATION TO APPEAR and SHOW CAUSE

1 Code: 1395

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 the Person,
9 the Estate, or the Person and the Estate of:

10 _____ Case No. _____

11 _____ Dept. No. _____
12 _____

13 _____
A Minor Child / Minor Children.
14 _____/

15 CITATION TO APPEAR AND SHOW CAUSE
16

17 TO: _____
18 _____
19 _____
20 _____
21 _____
22 _____

23 and any person having the care, custody, and control of the above-named minor child(ren):

24 **YOU ARE HEREBY CITED** and required to appear before a Judge of this Court in
25 Department _____ of the Family Division of the Second Judicial District Court located at One
26 South Sierra Street, Reno, Nevada, on _____, at the hour of _____,
27 then and there to show cause why _____ and
28 (Name of Proposed Guardian)

_____ should not be appointed at act as
(Name of Second Proposed Guardian, if any)

guardian(s) of the minor child(ren).

YOU ARE HERBY NOTIFIED that the above-named child(ren), shall appear at the hearing in accordance with N.R.S. 159.0535 and, if they are of a proper age, may consent or oppose the Petition and may be represented by an attorney, who may be appointed by the Court if the child(ren) is/are unable to retain counsel.

YOU ARE FURTHER NOTIFIED that _____
(Name of Proposed Guardian)
and _____, if appointed as guardian(s) of
(Name of Second Proposed Guardian, if any)

☐ **THE PERSON** -OR- ☐ **THE ESTATE** -OR- ☐ **THE PERSON AND THE ESTATE**,
may have full management, care, and control of the minor child(ren).

THIS CITATION is based upon the verified Petition for Appointment of Guardian(s) filed by the above-named guardian(s) on _____ and is issued
(Month, day and year Petition was filed)
pursuant to the Order of this Court.

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

Dated this _____ day of _____, 20____.

JACQUELINE L. BRYANT
CLERK OF THE COURT

By: _____
Deputy Clerk

INSTRUCTIONS: STEP 6

Do Not Copy Or File This Page

Copying and Filing Documents

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

1. Civil Cover Sheet (original and 1 copy)
2. Petition (original and 1 copy)
3. 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.

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.

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 calendar 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.

Proof of personal service must be completed by the person who served and filed in this case.

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 child(ren)) entitled to notice of a hearing can after due diligence, be served, you may need packet G-7.

Due Diligence is a serious attempt to find the person in the State of Nevada. A serious attempt includes, but is not limited to: a check with the utility companies to see if the party has utilities in their name, a check with the Department of Motor Vehicles to see if the other party has a license or registration address, a check with the telephone company, 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.

Do Not Copy Or File This Page

INSTRUCTIONS: STEP 10

Complete the Proof of Service as Shown:

Page 1 of 2:

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

2) Print the names of the minor child(ren), 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	Name of Person Served:	Address (Street, City, State, Zip Code):
2		
3		
4	Date of Service:	<input type="checkbox"/> Certified mail, return receipt requested –OR– <input type="checkbox"/> Personal Service
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		
18	This document does not contain the Social Security number of any person.	
19	I declare, under penalty of perjury under the law of the State of Nevada, that I have read the	
20	foregoing document and am competent to testify of its contents of my own knowledge and the	
21	contents are true of my own knowledge except for those matters stated therein on information and	
22	belief, and, as to those matters, I believe them to be true.	
23		
24	Date: _____	Your Signature: _____
25		Print Your Name: _____
26		
27		
28		

REV 06/2015 2 G2 PROOF OF SERVICE

1	Code: 3720
2	Name: _____
3	Address: _____
4	Telephone: _____
5	Self-Represented Litigant
6	
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 the Person
11	the Estate, or the Person and Estate of:
12	Case No. _____
13	Dept. No. _____
14	A Minor Child / Minor Children.
15	
16	PROOF OF SERVICE
17	I, _____, state as follows:
18	(Print name of person making service)
19	1. I am eighteen years of age or older.
20	2. I served a true and correct copy of the documents entitled PETITION FOR FULL
21	GUARDIANSHIP OF A MINOR CHILD OR CHILDREN and CITATION TO
22	APPEAR AND SHOW CAUSE in the following way:
23	
24	Check the appropriate box, and fill in all requested information. If more space is
25	needed, you may attach additional pages to this document. If you served by
26	certified mail, return receipt requested, attach a copy of the certification receipts to
27	this document.
28	

REV 06/2015 1 G2 PROOF OF SERVICE

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.

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

G2 VISUAL INSTRUCTIONS

1 Code: 3720
2 Name: _____
3 Address: _____
4 Telephone: _____
5 Self-Represented Litigant

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

10 In the Matter of the Guardianship of the Person
11 the Estate, or the Person and Estate of:

12 _____ Case No. _____
13 _____ Dept. No. _____
14 _____,
15 A Minor Child / Minor Children.
16 _____/

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 documents entitled PETITION FOR FULL
22 GUARDIANSHIP OF A MINOR CHILD OR CHILDREN and CITATION TO
23 APPEAR AND SHOW CAUSE in the following way:

24 Check the appropriate box, and fill in all requested information. If more space is
25 needed, you may attach additional pages to this document. If you served by
26 certified mail, return receipt requested, attach a copy of the certification receipts to
27 this document.
28

Name of Person Served:	Address (Street, City, State, Zip Code):
Date of Service:	<input type="checkbox"/> Certified mail, return receipt requested –OR– <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 –OR– <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 –OR– <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 –OR– <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 I have read the foregoing document and am competent to testify of its contents of my own knowledge and the contents are true of my own knowledge except for those matters stated therein on information and belief, and, as to those matters, I believe them to be true.

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** _____

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Exhibit Number _____ **Number of Pages** _____

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Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

Exhibit Number _____ **Number of Pages** _____

Exhibit Description _____

EXHIBIT _____

EXHIBIT _____

EXHIBIT _____

INSTRUCTIONS: STEP 11

Do Not Copy Or File This Page

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. 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 child 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 and Required Identification Sheet.

Do Not Copy Or File This Page

INSTRUCTIONS: STEP 13

Complete the Letters of Guardianship as Shown

Page 1 of 2:

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

2) Print the names of the minor child(ren), the Case No. and Department No. just as they appear on all other documents in this case.

3) Print the name of the guardian(s). Leave the rest of page 1 blank.

1 Code: 1910
2 Name: _____
3 Address: _____
4 Telephone: _____
5 Self-Represented Litigant

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

9 In the Matter of the Guardianship of the Person,
10 the Estate, or the Person and Estate of:

11 Case No. _____
12 Dept. No. _____

13 A Minor Child / Minor Children: _____

14 LETTERS OF FULL 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)

General Guardian(s) of the minor child(ren). The named guardian(s), having duly qualified,
legally authorized to act and have the legal authority and shall perform the duties of such
Guardians.

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

Date: _____

JACQUELINE L. BRYANT
CLERK OF THE COURT
By: _____
Deputy Clerk

G2015

1

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.

OATH

1 I, _____, residing at _____
2 (Name of Guardian) (Street Address, City, State, and Zip Code)

3 _____ and whose mailing address is _____

4 _____ solemnly affirm that I will well and
5 (If mailing address is the same as street address, print "same")

6 faithfully perform the duties of Guardian of ☐ THE PERSON -OR- ☐ THE ESTATE -OR-
7 ☐ THE PERSON AND THE ESTATE according to law, and that any matters stated in any
8 Petition or paper filed with the Court are true of my own knowledge, except as to matters stated on
9 information and belief, and, as to those matters, I believe them to be true to the best of my ability.

10 I, _____, residing at _____
11 (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, and that any matters stated in any
17 Petition or paper filed with the Court are true of my own knowledge, except as to matters stated on
18 information and belief, and, as to those matters, I believe them to be true to the best of my ability.

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

20 _____
21 (Guardian's signature)

22 _____
23 (Second Guardian's signature)

24 Subscribed and Sworn to before me

25 Subscribed and Sworn to before me

26 this _____ day of _____, 20 _____

27 this _____ day of _____, 20 _____

28 Deputy Clerk/Notary Public

Deputy Clerk/Notary Public

REV 06/2015

2

G2 LETTERS OF FULL GUARDIANSHIP

Code: 1910

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,
the Estate, or the Person and Estate of:

Case No. _____

Dept. No. _____

A Minor Child / Minor Children.

LETTERS OF FULL GUARDIANSHIP

On _____, an Order of the Court was entered appointing
(Date)

(Name of Guardian)

and _____
(Name of Second Guardian, if applicable)

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

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

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)

Subscribed and Sworn to before me

Subscribed and Sworn to before me

this ____ day of _____, 20____

this ____ day of _____, 20____

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. 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.

Do Not Copy Or File This Page

INSTRUCTIONS: STEP 15

Do Not Copy Or File This Page

Complete the Required Identification Sheet as Shown

For each ward and 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, or valid passport.

1) Print the names of the minor child(ren), the Case No. and Department No. just as they appear on all other documents in this case.

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

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, the Estate, or the Person and Estate of:	REQUIRED IDENTIFICATION SHEET MINOR GUARDIANSHIP
_____	Case No. _____
A Minor	Dept. No. _____
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. 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 Guardianship	
A. Placement Of Minor subject to Guardianship Proceedings	C. Location Of Guardian(s):
<input type="checkbox"/> Group Home <input type="checkbox"/> Out of State <input type="checkbox"/> Secured Facility <input type="checkbox"/> Family/Friends <input type="checkbox"/> Guardian <input type="checkbox"/> Independently <input type="checkbox"/> Host Family <input type="checkbox"/> Other _____ <input type="checkbox"/> Support Adult Residence <input type="checkbox"/> Skilled Nursing Home	<input type="checkbox"/> Nevada <input type="checkbox"/> Other State (please provide): _____
B. Type Of Guardianship:	D. Type Of Guardian(s):
<input type="checkbox"/> Person <input type="checkbox"/> Person and Estate <input type="checkbox"/> Estate <input type="checkbox"/> Limited	<input type="checkbox"/> Spouse <input type="checkbox"/> Other Relative <input type="checkbox"/> Public <input type="checkbox"/> Private: License Number: _____ <input type="checkbox"/> Other _____
	E. Gender And Date Of Birth Of Minor subject to Guardianship Proceedings:
	<input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: _____ Date of Majority: _____
III. Affirmation: This document <input type="checkbox"/> DOES –OR– <input type="checkbox"/> DOES NOT contain the social security number of a person as required by NRS 159.044.	
REVISED 8/2015	1 REQUIRED IDENTIFICATION

**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,
the Estate, or the Person and Estate of:

**REQUIRED IDENTIFICATION SHEET
MINOR GUARDIANSHIP**

_____ Case No. _____
A Minor _____
_____ / Dept. No. _____

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.

Guardian: ☐ Social Security No. / ☐ Taxpayer Identification No. /
 ☐ Valid Passport No. / ☐ Valid Driver's License No. /
 ☐ Valid ID Card No.

Second ☐ Social Security No. / ☐ Taxpayer Identification No. /
Guardian: ☐ Valid Passport No. / ☐ Valid Driver's License No. /
 ☐ Valid ID Card No.

Minor subject to ☐ Social Security No. / ☐ Taxpayer Identification No. /
Guardianship ☐ Valid Passport No. / ☐ Valid Driver's License No. /
Proceedings: ☐ Valid ID Card No. / ☐ Copy Birth Certificate.

II. Please fill out the information requested for the Guardianship

A. Placement Of Minor subject to Guardianship Proceedings <input type="checkbox"/> Group Home <input type="checkbox"/> Out of State <input type="checkbox"/> Secured Facility <input type="checkbox"/> Family/Friends <input type="checkbox"/> Guardian <input type="checkbox"/> Independently <input type="checkbox"/> Host Family <input type="checkbox"/> Other _____ <input type="checkbox"/> Support Adult Residence <input type="checkbox"/> Skilled Nursing Home	C. Location Of Guardian(s): <input type="checkbox"/> Nevada <input type="checkbox"/> Other State (please provide): _____ D. Type Of Guardian(s): <input type="checkbox"/> Spouse <input type="checkbox"/> Other Relative <input type="checkbox"/> Public <input type="checkbox"/> Private: License Number: _____ <input type="checkbox"/> Other _____
B. Type Of Guardianship: <input type="checkbox"/> Person <input type="checkbox"/> Person and Estate <input type="checkbox"/> Estate <input type="checkbox"/> Limited	E. Gender And Date Of Birth Of Minor subject to Guardianship Proceedings: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: _____ Date of Majority: _____

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

INSTRUCTIONS: STEP 16

Do Not Copy Or File This Page

Filing the Required Identification Sheet

Take the original and one (1) copy of the completed Required Identification Sheet and attachments to the Filing Office to be filed. 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

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 – 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>