
Guardianship Community Legal Education Class

Attendee Manual

Legal Aid Center of Southern Nevada
William S. Boyd School of Law
(Student Volunteers)

COMMUNITY LEGAL EDUCATION CLASSES

We are happy you have chosen to attend this legal education class and hope you will gain valuable information.

- ❖ This class is provided as a community service by the William S. Boyd School of Law and Legal Aid Center of Southern Nevada. The purpose of the class is to provide legal information to the public about court procedures, court rules and Nevada law, along with tips on how to present a case in court.
- ❖ This class is taught by law students. Law students are not attorneys and cannot offer legal advice. An attorney from the William S. Boyd School of Law or Legal Aid Center of Southern Nevada will be present during the class to assist the law students (the supervising attorney).
- ❖ Forms are provided to assist you with representing yourself in court. However, the judge assigned to hear your case may require changes to these forms before they will accept them. A judge is not required to grant any of the relief requested in a form or discussed in this class. The result in any case will be determined by the judge, based on the facts and law of that case.
- ❖ ***This class cannot take the place of a private attorney.*** We highly recommend that you consult with a private attorney prior to filing any documents in your case.
- ❖ This class is open to all members of the public. It is possible that both sides to a dispute may attend this class. You should not disclose any confidential personal information to the law students or the supervising attorney during class. Any confidential personal information you disclose in class is not privileged and could be discovered or used by another party in litigation.

<p>NOTE TO PARTICIPANTS: The William S. Boyd School of Law and Legal Aid Center of Southern Nevada will not provide you with legal advice specific to your case in this class and are not offering or agreeing to represent you in any legal matter by agreeing to your participation in this class.</p>

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PART 1: LEGAL RESOURCES

Family Law Self-Help Center

The Family Law Self-Help Center provides free legal forms and information on court process and procedures. You can find free forms at the website: www.familylawselfhelpcenter.org.

The Family Law Self-Help Center has an online guided interview to create all of the forms to file for an adult guardianship. The interview will create the forms based on your answers to specific questions. It will also create either the regular guardianship forms or the temporary guardianship forms depending on what you request.

You can also print and handwrite the forms, or you can type them on the computer before printing. The forms in this book are from the Self-Help Center. Only the most commonly used forms are included, but there are many others available at the Self-Help Center and on the website. There are many versions of each form, so make sure you choose the ones most applicable to your situation.

The Self-Help staff can answer basic questions about the forms and the legal process. The Self-Help Center is located in the Family Court at 601 N. Pecos Road, Las Vegas, Nevada, 89101, and is open 8:00 a.m. to 4:00 p.m. Monday-Friday.

Legal Aid Center of Southern Nevada

Legal Aid Center of Southern Nevada attorneys are appointed to represent the protected person in almost all adult guardianships and are appointed by the court to represent most children in a minor guardianship. They do not represent petitioners (people seeking to become guardians) in guardianship cases.

Legal Aid Center offers a free “Ask-A-Lawyer” program where you can meet with a lawyer for free on Thursday afternoons. You must sign up ahead of time online at www.lacsn.org or by calling (702) 386-1070 x1731 on Mondays from 8:30 a.m. to 9:30 a.m.

Lawyer Referral Information Service (“LRIS”)

The Lawyer Referral Information Service is offered by the State Bar of Nevada. LRIS can provide you with a name and number of an attorney, and you can schedule a 30-minute consultation with the attorney for \$45. If you want additional legal representation, the attorney will negotiate fees with you. Contact the LRIS at (702) 382-0504.

Foster Kinship

Foster Kinship is a non-profit organization providing assistance to relatives who are raising their relative’s children. They provide free assistance regarding the legal process, applying for financial support, emergency resources, and they connect families to community resources and emotional support. You can learn more at <http://www.fosterkinship.org/> or at (702) 546-9988.

Guardianship Compliance Office

The Eighth Judicial District Court seeks to develop and foster a culture of accountability in guardianship cases. The Guardianship Compliance hotline and email are resources available to the public to ask questions or register complaints. The hotline is (702) 671-4614. The email is: guardianshipcompliance@clarkcountycourts.us.

Rules & Laws

The laws about guardianship are in the Nevada Revised Statutes Chapter 159 (adults) and 159A (children). Guardianship cases are subject to the Nevada Rules of Civil Procedure. In addition, the Eighth Judicial District Court (in Clark County) has its own Local Rules, the EDCR, which should be referred to for specific requirements.

DOCUMENT PREPARATION SERVICES

What is a Document Preparation Service?

A document preparation service is a person who, for compensation and at the direction of a client, provides assistance in a legal matter, including:

- Preparing or completing any pleading, application or other document for the client,
- Translating the client's answer to a question posed in such a document,
- Securing any supporting document, such as a birth certificate, required in connection with the legal matter,
- Submitting a completed document on behalf of the client to a court or administrative agency.

Document preparation services include preparing documents for any will or trust; any proceeding, filing or action affecting the immigration or citizenship status of a person; or any proceeding filing or action otherwise affecting the legal rights, duties, obligations or liabilities of a person. (NRS 240A.040)

What Consumers Can Expect

The law provides some protections for customers that utilize preparation services.

- Evidence that a document preparation service is registered with the State of Nevada,
- Public posted notices including Certificate of Registration, business licenses and disclosure notices,
- Disclosure of specific information such as that the person serving as a document preparation service is not an attorney prior to the customer contracting or making a payment for service,

- A written contract in English and if different, the language in which the document preparation services transacts the business with the client for the services to be provided,
- Explanation of the fees to be charged for services and a receipt for payment,
- A complaint process for violations,
- Restitution if the client suffers a pecuniary loss as result of a violation,
- Award of damages against the bond by a court,
- A private right of action,
- A public search function on the Secretary of State's website, www.NVSOS.gov, to verify that a document preparation service is registered with the state.

***REMEMBER:** Before doing business with this type of business please do the following: Check their registration and disclosures. Make sure their fees are disclosed and they provide you with a written contract. Always read before you sign.*

Complaints

You can file a complaint against a document preparer with the Secretary of State by phone at (800) 450-8594, option 6, by email at docprep@sos.nv.gov, or by visiting the Secretary of State's website at www.NVSOS.gov.

PART 2: GUARDIANSHIP & GUARDIANS

Definitions of Common Terms

Adult: A person who is over the age of eighteen (18) years old.

Guardian: A person who is court-appointed to be legally responsible for another person.

Guardian over the Person: The guardian is responsible for the well-being and care of the protected person. The guardian makes decisions about healthcare, education, and day-to-day matters.

Guardian over the Estate: The guardian is responsible for the protected person's assets and finances.

Guardian over the Person & Estate: The guardian is responsible for financial, medical, and personal decisions about the protected person,

Petitioner/Proposed Guardian: The person(s) asking the court to appoint a guardian.

Protected Person/Protected Minor: The adult or child who has had a guardian appointed over them. Before a guardian is appointed, they are referred to as the “*proposed* protected person/minor.”

WHAT IS GUARDIANSHIP?

Guardianship means obtaining the legal authority from the court to make decisions for another person. Generally, parents have the legal right to make decisions for their children, and adults have the legal right to make decisions for themselves. Sometimes this is not possible, and someone else needs to step in to take care of a child or an adult.

Minor Guardianships

A child may need a guardian if there is no suitable parent available to care for the child. The reasons children may be in need of guardianship vary widely. A child may be in need of a guardian because both parents are deceased, terminally ill, or incarcerated. There may also be a need for a guardian if both parents struggle with severe substance abuse, suffer from untreated mental illness, or if there is domestic violence in the home. An adult seeking to become guardian of a child bears the initial burden to prove to the judge why a guardianship over that child is necessary.

A guardian over a minor has the same responsibilities and powers of a parent, but the child’s parents retain their parental rights. The guardian is responsible for enrolling the child in school, providing medical care (including providing health insurance), and providing for all the child’s basic needs. The guardian is also responsible for keeping the child safe and allowing reasonable visitation between the child and their parent, depending on the specific needs of the family.

A child may need a guardian over the child’s estate if the child inherited assets (for instance, life insurance or cash accounts). The guardian is responsible to safeguard the assets

until the child is an adult. Once a guardian is appointed over a child's estate, the court will require all assets to be placed in a court blocked account that no one can access without special permission from the court.

Guardianships over children last until further order of the court or until the minor turns 18. A parent may petition to terminate a guardianship at any time. If the parent seeking to terminate a guardianship consented to the guardianship when it started, when they seek to terminate the guardianship, they must prove to the court that they have corrected the reason for the need for guardianship and that they can provide for their child's basic needs. If they did not consent at the start of the guardianship, they will have to also prove that terminating the guardianship would substantially improve the child's well-being. If the guardian and parent disagree about whether the guardianship should be terminated, the court will generally schedule an evidentiary hearing to get more information before making a decision. Parents and guardians may also privately agree to end a guardianship by filing a Stipulation and Order with the court indicating the child is no longer in need of a guardian.

Adult Guardianships

An adult might need a guardianship if the adult is incapacitated, which generally means that the adult is unable to make or communicate decisions. This incapacity must be to the level that the adult is not able to meet their essential health, safety, or self-care needs. If appointed, the guardian can manage the adult's ongoing needs, living environment, finances, and/or health care, depending on the type of guardianship approved.

The Court requires a doctor's certificate indicating the adult's condition and ability to care for themselves.

A guardianship will not be granted over an adult without proof of the adult's incapacity.

Adult guardianships last until the adult regains the ability to manage their own affairs. If the adult does not regain that ability, the guardianship lasts until the adult dies.

Types of Guardianship

There are different kinds of guardianship depending on what the issues are. Within these categories, a person can be appointed the guardian over the person, over the estate, or over the person and estate.

The court can award three different types of guardianship:

- **General Guardianship:** this is an indefinite appointment that lasts for as long as needed.
- **Temporary Guardianship:** this is a short-term guardianship that lasts for as long as is needed to handle immediate, emergency issues (such as making immediate medical decisions).
- **Special Guardianship:** this kind of guardianship gives the guardian only limited powers to do certain things concerning the protected adult or child under the guardianship.

ALTERNATIVES TO GUARDIANSHIP

Guardianship may not always be the best solution. There are many alternatives to a guardianship that you may wish to consider and discuss with an attorney.

For Children:

- 1) **Six Month, Informal Temporary Guardianship Over Children:** This may be used by parents of a minor child who want to appoint a temporary guardian for the child. It is a form with all parties' notarized signatures. This does not require court approval, and automatically expires after 6 months.
- 2) **Termination of Parental Rights and Adoption:** An adoption creates a new legal parent for a child. It means the biological parents are no longer the legal parents of the child.
- 3) **Third Party Custody:** In rare cases, a non-parent may be awarded third party custody rights over a child if they prove to the court that such an arrangement is *required* to serve the child's best interests.
- 4) **Third Party Visitation:** If a parent is unreasonably restricting access to a child for purposes of visitation with an adult with whom the child has a close relationship the court, in rare situation, will award third-party visitation rights to a non-parent.

For Adults:

- 1) **Supported Decision Making Agreement:** This is commonly used by adults with cognitive or intellectual disabilities. The person selects trusted people (friends, family members, and professionals) to help them with decision making. The selected

“supporters” help the person understand situations and choices the person faces, answer questions, explore options, and offer recommendations. This allows the disabled person to make their own decisions. The supporters are then legally empowered to help the person carry out their wishes when necessary.

2) **Power of Attorney for Finances:** This is a legal document that gives a person the power

to make financial decisions for another. It can take effect immediately or when a certain condition happens (such as a medical emergency) depending on the wishes of the person giving the power. It must have been signed when the person giving the power had capacity to understand what they were signing.

You can download forms to create a financial or healthcare power of attorney at the Family Law Self Help Center Website www.familylawselfhelpcenter.org

Click on “Guardianship” then select “Guardianship Alternatives” to find the forms.

3) **Power of Attorney for Health Care Decisions:**

This is a legal document that authorizes someone to make health care decisions for another. It can take effect immediately or when a certain condition happens (such as a medical emergency) depending on the wishes of the person giving the power. It must have been signed when the person giving the power had capacity to understand what they were signing.

4) **Power of Attorney for Adult with Intellectual Disability:** This is a legal document that

authorizes someone to make health care decisions for another person who has an intellectual disability. It works just like the other power of attorney for health care decisions, but the language can be easier to understand. It must have been signed when the person giving the power had capacity to understand what they were signing.

5) **Power of Attorney for Adult with Dementia:** This is a legal document that authorizes

someone to make health care decisions for another person who has dementia. It works

just like the other power of attorney for health care decisions, but the language can be easier to understand. It must have been signed when the person giving the power had capacity to understand what they were signing.

6) **Living Will / Advance Directive:** This is a written document that tells doctors what to do if a person has a

Effective January 1, 2024, Nevada law does not require that a person residing in a hospital, skilled nursing facility, or group home include a Certificate of Competency to certify a Power of Attorney of any kind. See Assembly Bill 414.

terminal condition that will cause death relatively soon. It includes directives as to whether a person wants to be on life support and when to take a person off life support. It must have been signed when the person had the capacity to make those decisions.

- 7) **Advance Directive for Psychiatric Care:** This is a document that allows a person to declare information and preferences for psychiatric care in the event they become unable to make or communicate decisions. It can be paired with a power of attorney to allow a person to designate a person to make decisions for them, as well as document their wishes regarding medication and other care.
- 8) **Living Trust:** This is a legal document that states who a person wants to manage their property if they are unable to do so, and who receives the property at death. Assets must be titled in the trust's name. An attorney should be consulted for assistance in creating a trust.
- 9) **Special Needs Trust:** This is a special kind of trust that can be used to hold the assets of a disabled person to ensure they remain eligible for benefits such as Medicaid. An estate planning attorney should be consulted to ensure that the disabled person's assets are not counted when determining their eligibility for needs-based government benefits.
- 10) **Representative Payee:** A representative payee assists a person in managing their finances. The representative payee accepts money on behalf of another for the sole purpose of paying their expenses. The Clark County Public Guardian can provide this service for free for those 60 and older.

WHO CAN BE A GUARDIAN

Any adult that the court finds suitable can be a guardian. To determine who is most suitable to serve as a guardian, the court can consider (among any other relevant factors):

- The ability of the person to provide for the basic needs, including food, shelter, clothing, and medical care;
- Whether the person has engaged in the habitual use of alcohol or controlled substances in the previous 6 months (except the use of medical marijuana);

- Whether a court has found that the person committed abuse, neglect, exploitation, isolation, or abandonment of a child, spouse, parent, or other relative;
- Whether the person is incapacitated or has a disability;
- Whether the person has been convicted of a felony;
- Whether the person has engaged in one or more acts of domestic violence.
- The order of preference of appointment

A guardian does not have to be a Nevada resident. However, a non-resident guardian must show that the distance will not affect their ability to make decisions and respond to the needs of the person (for instance, if the protected person is in a long-term residential facility or under the care of a Nevada care provider). The guardian may also opt to move to Nevada or move the protected person to the state where the guardian lives (with court permission). If a non-Nevada resident is appointed as the guardian, they will have to secure a resident agent per NRS 159.0613(6).

What if Multiple People Want to be the Guardian

Two people can agree to be co-guardians. They can file paperwork together, and will be equally responsible for taking care of the protected person.

If there are competing petitions for guardianship among different people who cannot agree, the court appoints a person in the following order of preference:

<u>Adults:</u>	<u>Children:</u>
<ul style="list-style-type: none"> ○ A person the adult has requested or has nominated in writing to serve as guardian; ○ A person nominated by a relative; ○ A spouse or domestic partner; ○ A child; ○ A parent; ○ Any relative the adult has lived with for more than 6 months before filing the guardianship, or any relative who has power of attorney; ○ Any relative acting as agent; ○ A sibling; ○ A grandparent or grandchild; ○ An uncle, aunt, niece, nephew, or cousin; ○ Any other person recognized to be in a familial relationship; 	<ul style="list-style-type: none"> ○ A person that the child’s parents nominated to serve as guardian in a will or other writing; ○ If the child is 14 or older; the child’s preferred guardian; ○ Familial relationship in order of preference: A parent; an adult sibling; a grandparent; an uncle or aunt; ○ A recommendation by a court master; ○ A recommendation by CPS or a guardian ad litem/special advocate.

<ul style="list-style-type: none"> ○ A recommendation by a court master; ○ A request by any other person, including a power of attorney who is not a relative. 	
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SHOULD YOU BE A GUARDIAN?

Even if you are qualified to be a guardian, you should decide whether or not you want to be the guardian. Being a guardian is a big responsibility. Remember, guardianships over children can last until they turn 18, and guardianships over adults can begin at eighteen (18) and last until they regain capacity or until they die. This can be years or even decades.

There are many things a guardian must do to make sure the protected person is taken care of and many things that a guardian must report back to the court. There are also many things a guardian cannot do without court permission. Guardians may need multiple court hearings during the life of the guardianship case.

What Guardians Must Do

Guardians are given powers to do a lot of things. In general, guardians must:

- Provide proper care, maintenance, education, and support.
- Supply food, clothing, shelter, and necessities.
- Authorize medical, surgical, dental, psychiatric, and psychological care (although some medical treatments, such as experimental treatments, abortions, or sterilizations, require court approval).
- Make sure the protected person is properly trained and educated, and that the person has the opportunity to learn a trade, occupation, or profession.
- File an Annual Report of the Guardian each year letting the court know how the protected person is doing.
- **Guardians over adults:** you must notify relatives and interested people in advance each time you want to change the adult’s residence, and also notify them if it appears the adult’s death may happen in the next 30 days.

- **Guardians over minors:** you must allow for reasonable visitation between a minor and their parents and other relatives. There may be situations where visitation is inappropriate or where you believe visitation must be supervised. If an issue relating to visitation arises, you may file a Petition for Instructions with the court or the party seeking visitation may file a Petition for Visitation.

Guardians over a person's estate also have to:

- Provide an Inventory of Assets within 60 days of being appointed the guardian.
- File Proof of Blocked Account if the court orders a blocked account.
- Keep track of all income and expenses from the estate, and file an Annual Accounting detailing the estate's income, assets, and expenses every year. Keep all receipts. You will have to provide the court with any requested receipts.
- Protect, preserve, manage, and dispose of the estate according to law and for the best interest of the protected person.
- Use the protected person's estate for the proper care, maintenance, education, and support of the protected person and anyone to whom the protected person owes a legal duty of support.
- Keep your accounts separate from the protected person's accounts. A separate account should be set up to handle all of the protected person's income and expenses.

BE SURE YOU ARE ABLE TO PERFORM ALL THESE DUTIES.

If you do not feel comfortable fulfilling these duties, you may want to re-think being a guardian. There may be someone else better able to handle the responsibilities who would be willing to petition for guardianship.

THERE ARE PENALTIES FOR IMPROPERLY PERFORMING THESE DUTIES.

What Guardians Cannot Do Without Court Approval

Being a guardian does not give a person total control. The protected person retains many rights, which must be upheld by the guardian. The judge has the power to make sure the guardian is doing things properly and in the best interest of the protected person. For that reason, there are many things a guardian cannot do without first petitioning the court for approval. Some of the most common are:

- The guardian cannot move the protected person out of the state of Nevada.
- The guardian cannot restrict family members or friends from seeing or talking to an adult protected person.
- The guardian cannot spend or invest the protected person's money. The money is usually kept in a blocked account and can only be accessed with a court order. The guardian can ask the court to approve a monthly budget to pay the protected person's monthly expenses, but payment of other expenses have to be requested as they arise.
- The guardian cannot sell the protected person's home or any real property.
- The guardian cannot place the protected person in a secured residential long-term care facility.
- The guardian cannot consent to sterilization of the protected person, abortion, or experimental medical treatment.
- The guardian cannot make or change the protected person's last will and testament, or change any beneficiaries.
- The guardian cannot unilaterally terminate the guardianship. The guardian usually cannot be released from their duties unless the protected person has died, regained capacity, or the guardianship is over a child who has turned 18 or whose parents have been restored to suitability.

These things require you to file a petition explaining what you want to do and why. You will get a court date, you will have to serve the protected person and all other required people with the papers, and you will have to go to court to see the judge.

RIGHTS OF THE ADULT PROTECTED PERSON

The focus of every guardianship case is the proposed protected person. Guardianship is a legal process that gives much decision making power to another person. This is a serious matter, especially for adult guardianships. The court's goal is to preserve the adult's ability to make their own decisions to the fullest extent possible.

Every adult protected person will be given a notice of their rights. It is a list of everything that they are entitled to as a protected person. The list is available at the Court and is in the Exhibit section of this manual. You should review the full list.

A guardian who violates any of the protected person's rights can be removed for failing in their duties, can be ordered to pay the protected person for any loss or damages, and can be ordered to pay the attorney's fees.

If you file to become the guardian over an adult, **the adult will have an attorney appointed** to represent them at all stages of the case. The attorney will consult with the adult and will represent their wishes to the judge. The adult and their attorney are entitled to receive copies of everything you file in the case, and will be able to attend every hearing.

The adult also has the right to participate in developing a plan for their care, including determining where to live and managing their own finances to the extent possible. Due consideration must be given to their preferences for medical care and personal wishes.¹ The adult must be able to make as many choices about their own life and remain as independent as possible.

The adult has the right to have a say in where they live. The guardian cannot move the protected person to a higher level of care (e.g. a private home to a group home or facility; a

¹ Recently, the Nevada Legislature passed a bill that may affect a protected person's rights. Assembly Bill 202 (AB 202) allows a patient or a patient's representative to request the installation and use of an electronic communication device (e.g., camera) in the living quarters of the patient under certain circumstances. AB 202 applies to a patient who resides in a medical facility for skilled nursing. A guardian may serve as the patient's representative if the power to make such decisions already exists in a guardianship or if the guardian separately petitions for and is granted such power by the court. Although AB 202 has not yet been codified and applies to changes in NRS Chapter 449, the developments do affect a protected person's rights.

group home to a locked residential facility) without providing written notice to the all interested parties, including the protected person and their attorney, at least 10 days before the move.

The adult also has the right to receive telephone calls and visitors from family members and other people close to them. Anyone who is denied access to the adult can petition the court to require the guardian to allow contact.

The adult has the right to ask that the guardian be removed. Any other person can also ask to have a guardian removed if the guardian is failing in their duties. The guardian can be ordered to pay penalties, restitution, and attorney's fees for any action brought against them.

PART 3: HOW TO BECOME A GUARDIAN

Required Documents

You can get forms for free at the Family Law Self-Help Center. Every document listed below is required for every kind of guardianship case. The documents you will need to file a case are:

- **Family Court Cover Sheet.** This form asks for basic information about you, any person who wants to be a co-guardian with you, and the person over whom you are asking to be the guardian.
- **Confidential Information Sheet.** Each proposed guardian must submit identification to the court. This can be a driver's license, a social security card, a passport, or other acceptable types of ID listed on the form. You must attach a copy of that ID to this form.

A form of ID is also required for the proposed protected person. If you have it, you can file it along with yours. If you do not have it, you can file it later within 120 days of being appointed.

- **Petition for Appointment of Guardian.** This is the longest and most detailed form. It includes specific information so the judge can understand why a guardianship is needed.
 - *Information about the Proposed Guardians.* You must give detailed information about anyone who wants to be a guardian and their relationship to the proposed protected person. You must disclose if you have ever been convicted of a felony

or other kinds of crimes, if you are involved in any litigation, and if you have filed for bankruptcy in the last 7 years.

- *Information about the Proposed Protected Person.* You must give detailed information about the proposed protected person, such as where they are living, who is caring for them, whether they have signed any estate planning documents, etc. You must also give a reason for why you are seeking a guardianship. If the guardianship is over a child, you must also explain why the child’s parents cannot provide for the child. For minor guardianships, you will also have to disclose if there are any other custody orders or if CPS is involved.
- *List of Relatives (“Exhibit A”).* This lists all of the proposed protected person’s relatives, including spouses, parents, grandparents, children, grandchildren, and siblings. Addresses must be provided for each relative. **Any relative age 14 or older must be listed even if you do not know where they live.** Provide as much information as you can.
- *List of Assets (“Exhibit B”).* If you want to be the guardian over the estate, this page is required. You have to disclose any income the protected person receives and any assets they own.
- **Citation.** This sets a hearing in front of a judge. The Clerk of Court fills in a court date on this form when you turn it in. It includes the date, time, and location of the hearing, a notice that anyone interested in the case should attend the hearing, and includes notices that the proposed protected person’s rights may be affected by the case. It also includes a notice that the court can appoint an attorney, advocate, or investigator at any time.

Other Documents You May Need

- **Consents.** Any relative age 14 and older can give their written consent to the guardianship if they agree to have you appointed the guardian. There is one consent form for parents of minor children, and another consent form for any other relative. Look at the list of relatives on “Exhibit A” from the petition; get a consent form for any of those people that you believe would be willing to sign one. **The form must be signed in front of a notary.**

- **REQUIRED FOR CHILD GUARDIANSHIPS: Child’s Consent (if 14 or Older).** If you are applying to be the guardian over a child who is age 14 or older, the child must sign a consent form.
- **REQUIRED FOR ADULT GUARDIANSHIPS: Physician’s Certificate.** This is a form filled out by a doctor that details the adult’s medical condition. The doctor uses this form to give their opinion as to whether the adult needs a guardian. This form must be completed and filed before the hearing.

WHERE AND HOW TO FILE THE GUARDIANSHIP PAPERS

Jurisdiction

Generally, the proposed protected person must have lived in Nevada for the past 6 months for this state to have the authority to make legal decisions-also known as jurisdiction. If you are filing to be the guardian over minor children who have been in Nevada less than 6 months, the judge can still order a guardianship if the children are physically present in Nevada and their welfare requires the appointment of a guardian.

A guardianship over the estate can be ordered if the proposed protected person does not live in Nevada but owns property here.

There are exceptions to these general rules. If you are not sure about whether Nevada has jurisdiction, you should speak with an attorney.

Where to File

The guardianship should be filed in the county where the proposed protected person lives. In Clark County, guardianship papers can be filed either at Family Court (601 N. Pecos Rd.) or at the Regional Justice Center (200 Lewis Avenue).

Fees

There is no fee if the proposed protected person has assets worth less than \$2,500. There is a \$5 fee if the person has more than \$2,500 in assets.

HOW TO SERVE THE GUARDIANSHIP PAPERS

The most common mistake people make in guardianships is not serving all of the right people!

Read this section very carefully and make sure you follow all of the directions. If you do not, your hearing will likely be cancelled and your case could be dismissed!

People You Must Serve

There are a lot of people you will have to notify after you file for guardianship. The judge needs to be sure that all of the proposed protected person's relatives are aware that you want to be the guardian, and that they all have a chance to have their opinions heard.

The people who are entitled to be served with the guardianship papers are:

- The proposed protected person, if the person is age 14 or older. This is required even if you think the person would not understand the contents of the papers. **The proposed protected person must be personally served with the papers (no exceptions!).**
- Their spouse (if applicable)
- Their parents
- Their siblings (age 14 and older)
- Their grandparents (on both parents' sides)
- Their children (age 14 and older)
- Their grandchildren (age 14 and older)
- Their legal guardian (if applicable)
- Any person or facility who is providing care for the proposed protected person (such as a hospital, nursing home, etc.)
- The Director of the Department of Health and Human Services if the proposed protected person has received or is receiving any benefits from Medicaid

- The Department of Veterans Affairs if the adult is receiving money from the United States through the Department of Veterans Affairs.

Anyone else can request to be notified of the guardianship proceedings by filing a “Request for Notice” indicating that they want to receive notices in the case.

The most common mistake people make in guardianships is not serving all of the right people!

You MUST serve all of the relatives listed regardless of where they live or how much contact they have had with the proposed protected person.

If any one of these people is not properly served, your hearing may be cancelled and you will have to set up a new hearing date.

If there are people you do not know where to find, you may fill out forms to ask permission to publish a notice in a newspaper or you may request a waiver of service on that person. This is discussed more fully in a few pages.

What to Serve

You must give everyone listed above a copy of the **Petition for Appointment of Guardian** and the **Citation**.

How to Serve


There are many ways to serve. You can use different methods for different people.

- **Certified Mail, Return Receipt**

Requested. You can send the documents by certified mail, return receipt requested, at least 20 days before the hearing. This requires the recipient to sign for the mail. Mail the documents with the "green cards" (pictured

below) at the post office. You will get the “green receipts” with the signature of the person who got the mail back from the post office after people sign for the mail.

When you get the signature cards back, fill out a Certificate of Mailing form, tape the green signature cards to a sheet of paper, attach them to the Certificate of Mailing, and file it at the court.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
SAMPLE	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
 9590 9401 0000 5191 0000 12	3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500) <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
2. Article Number (Transfer from service label)	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

- **Personal Service.** You can have a neutral person (someone 18 or older who is not a party to the case) hand-deliver the documents to any of the required people.

The proposed protected person must be personally served with the papers- no exceptions!

You cannot serve the documents yourself. Anyone served in person must be served at least 10 days before the hearing. Whoever serves the documents should fill out a

*What if the adult is not able to understand what's happening?
 Someone still has to hand-deliver a copy of the court documents to them. This is required by law, even if you believe the person would not understand.*

Have someone who is not related to any of you personally hand the documents to the adult. The person who hands the documents over must fill out an "Affidavit of Service." File this at the court.

separate Affidavit of Service for each person who is personally served. File the Affidavits of Service at the court.

- **Consent and Waiver of Service.** If a person (other than the proposed protected person) agrees to you being the guardian and they will accept a copy of the Petition and the Citation without being formally served, the person can sign a "Consent and Waiver of Service." All consents must be filed with the court.

What if I Don't Know Who Some of the People Are?

You might not know the names of some of the relatives. If this is the case, you should first try to find out their name from any other person who might know. If you still can't find out the name, you can list them as "John Doe" or "Jane Doe" on the court papers.

What if I Don't Know Where to Find Some People?

You must do everything you can to find any missing relatives. Contact friends, family members, employers, coworkers, or anyone who might know where to find the missing relative. You should also check for them through email or social media sites. There are some websites where you can search for people that might lead you to a current address:

- familytreenow.com
- intelius.com
- spokeo.com
- peoplefinders.com

If you find the person through any of these methods, have them served. If you still cannot find the person, you can ask the judge to either waive service on those individuals, or for permission to publish the Citation in a newspaper instead.

To do this, you will have to take some additional steps and fill out some other forms:

1. **Mail a copy of the Petition and Citation to the last known address.** You can do this by regular mail.
2. **Fill out an Affidavit for Service by Publication.** This form lets the judge know which relatives you cannot find, the last time you saw them, and the last place they lived.
3. **Fill out an Affidavit of Due Diligence.** One of these forms must be completed for every relative that you have not been able to find. It provides details about all the efforts that were made to try and locate the missing relative.
4. **Fill out an Order to Waive Service AND an Order for Publication.** The judge has the power to either waive service, or allow you to publish a notice in a newspaper if the judge believes the relative cannot be found. It will be up to the judge whether to sign either of these orders.

File the affidavits at the court and turn the proposed orders in to the judge. The judge will review the papers and decide whether to grant your request.

If the judge signs the Order to Serve by Publication, you will need to contact a Clark County newspaper to have the Citation published for 4 weeks (Nevada Legal News: 702-382-2747, Las Vegas Review-Journal: 702-383-0320). The Citation must include the names of the missing relatives who are intended to be notified through the publication. The last date of publication must be at least 20 days before the hearing date; you may need to change your court date if there is not enough time to finish the publication.

The newspaper will prepare an “Affidavit of Publication” listing the dates that the Citation was printed in the paper. File the affidavit before the court date.

Can I Just Talk to the Judge at Court and Explain Why I Didn’t Serve Some of the Relatives?

No. The judge requires proof of service on every single relative – and if you do not show that every single relative was served, the judge might cancel your hearing and will likely deny your request for guardianship.

The most common mistake people make in guardianships is not serving all of the right people!

EMERGENCY GUARDIANSHIPS

When you file your papers, you will get a court date. The court date is usually at least 30 days away. If there is an urgent issue you need to handle quickly, there are things you can do to get a decision faster.

Contact Child Protective Services / Adult Protective Services

If a child is in danger, you can make a report to the CPS Hotline at (702) 399-0081.

If an adult is in danger, you can make a report to Adult Protective Services at (702) 486-6930.

File for a Temporary Guardianship

You can fill out a “Petition for Appointment of Guardian Including Request for Temporary Guardianship,” which asks the judge to make you the temporary guardian now, and the permanent guardian later. **You would fill out this form instead of the regular Petition, but all other documents are the same.**

Judges do not grant temporary guardianships unless there is an urgent issue, a medical emergency, or a serious risk to the proposed protected person that you need to handle right away. For adult guardianships, you must provide a Physician’s Certificate detailing the adult’s medical and mental condition.

The powers of a temporary guardian are limited to those necessary to resolve the emergency.

You also have to show that you tried to contact as many family members as possible. If there are relatives you did not contact, you must list who you did not contact and why.

After you file your papers, the judge will review your paperwork and decide whether to make you the temporary guardian. It can take a few days to get a decision. If granted, the judge will give you an Order Appointing Temporary Guardian, and will also set a hearing within 10 days. You will have to serve all of the relatives with notice of that emergency hearing as well as the original petition.

At the hearing, the judge will ask if the emergency is resolved and whether you still need to be the temporary guardian. By that time, you must have begun the process to serve all of the relatives with the regular guardianship papers. The judge can extend the temporary guardianship for 30-60 days if it is still needed.

Request an Emergency Hearing

If the judge does not grant the temporary guardianship, you can request an emergency hearing instead. To do this, fill out a Motion for an Order Shortening Time that explains the emergency. The judge can set a quicker court date based on your written request.

If the judge grants an emergency hearing, the judge will sign an Order Shortening Time and give a new date. You will have to make sure all the required people are served with notice of the new court date.

PART 4: THE GUARDIANSHIP HEARING - PREPARATION

Make Sure Every Required Person is Served!

Remember: not serving all of the required people is the most common reason guardianships are not approved. Review the section about who must be served and how, and be absolutely certain you have served all the necessary people. File all of the proofs of service with the court (certificate of mailing, consents, affidavits of service, etc.) before your hearing.

Arrange to Have the Proposed Protected Person Attend the Hearing

The adult or child(ren) you want to be the guardian over must attend the court hearing. You will have to arrange to have them appear at court on the date and time of the hearing.

If you are filing to be the guardian over an adult who is physically unable to attend a hearing, the doctor can excuse their attendance by indicating so in the Physician's Certificate.

Pursuant to the Court's administrative order on January 6, 2022, all guardianship hearings are to be held by video unless otherwise ordered by the judge. You should arrange to have the protected person appear by video. If you plan to attend by video, they may appear in the video call with you.

Double Check That All Necessary Forms Have Been Filed

Make sure you have filed every form that is required. If anything is missing, the judge might cancel your hearing and dismiss your case. The list below is a short summary of all the forms usually required:

<u>Adults:</u>	<u>Children:</u>
<ul style="list-style-type: none">○ Family Court Cover Sheet○ Petition for Appointment of Guardian○ Citation○ Confidential Information Sheet (with the guardians' and adult's identification attached)	<ul style="list-style-type: none">○ Family Court Cover Sheet○ Petition for Appointment of Guardian○ Citation○ Confidential Information Sheet (with the guardians' and child's identification attached)

<ul style="list-style-type: none"> ○ Physician’s Certificate; ○ Certificate of Mailing (for any relatives served by certified mail); ○ Affidavit of Service (for anyone served in person) ○ Consents/Waivers (for any relatives agreeing to you being the guardian) 	<ul style="list-style-type: none"> ○ Certificate of Mailing (for any relatives served by certified mail); ○ Affidavit of Service (for anyone served in person) ○ Consents/Waivers (for any relatives agreeing to you being the guardian)
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THE HEARING

Due to ongoing health and safety precautions, the court prefers all parties to appear by video conference for guardianship hearings. If you have included an email address in your paperwork, judicial staff will then email you a link to join the video hearing about a week before the scheduled hearing date. If you do not have a computer or smart phone to use for a video hearing, you can contact the judge’s staff to make other arrangements.

On the day of the hearing, follow these tips:

- **Dress Appropriately.** Dress to give the judge a good first impression. Wear a dress, a suit, or dress slacks with a nice looking top and shoes. Sneakers, t-shirts, tank tops, shorts, and flip-flops are not recommended.
- **Be On Time.** *If you appear in person, your hearing will be at the Regional Justice Center, 200 Lewis Avenue, where you will have to pay for parking and spend extra time getting into the courthouse.* Plan to arrive at least 30 minutes early so you have time to park, get through security, and find the courtroom.
- **Check in with the Marshal.** The judge has a marshal posted outside the courtroom before the hearings begin. If you appear in person, let the marshal know who you are and what case you are there for. The marshal lets the judge know when everyone is present and ready.
- **Video Hearing Tips.** If you are appearing by video, try to find a quiet place where you will be able to hear and won’t be interrupted by other noise. Mute your microphone when you are not speaking to reduce background noise and feedback.
- **Video Hearing Time Out.** The court’s system for video hearings is called BlueJeans. The BlueJeans system will kick you out of the meeting if it is “inactive” (meaning the

court staff is not in the meeting) for more than 30 minutes. Log on to the hearing about 5 minutes before your scheduled time. If the system kicks you out before the hearing starts, log back on with the same link.

- **Who to Expect.** Any of the people that were served with the guardianship papers can attend the hearing. They will all be allowed to share their feelings about whether you should be the guardian. The proposed protected person will have an attorney there to represent their interests. The attorney may be a Legal Aid Center attorney or another attorney appointed by the judge prior to the hearing.
- **Where to Sit.** The proposed guardian sits at the table marked “Plaintiff” or “Petitioner” and any other interested parties to the guardianship will sit at the table marked “Defendant.” The proposed protected person will sit with their attorney at the “Defendant” table. Never leave the table. If you want to give the judge a copy of a document, give it to the marshal who will give it to the judge. You must give a copy to the other parties as well.
- **Order of Speaking.** The person who filed the Petition usually begins. That person should explain why the guardianship should be granted as briefly as possible. Start with the most important issues. Once the Petitioner finishes, the judge will allow anyone who opposes the guardianship to speak. The judge may ask the proposed protected person a few questions. *Always address the Judge; do not address the other side. Do not interrupt or argue with the opposing side.*
- **Concluding.** All parties should clearly state what they want and for what reasons at the end of their argument. Clearly stating what you want helps the judge make a decision.
- **Obey All Court Orders.** An order is lawful and must be followed even if you don’t agree with it. If you ignore or violate a court order, the judge could hold you in contempt of court.

What if Someone Does Not Agree to the Guardianship?

Anyone can oppose the guardianship. If someone disagrees with the guardianship, they can file a written objection and/or appear at the hearing to object in person.

The judge may set an “Evidentiary Hearing” if the judge needs more evidence to decide whether the guardianship is appropriate and, if so, who is the most suitable person to be the

guardian. If this happens, any person without a lawyer should consider hiring an attorney. An evidentiary hearing is a **TRIAL**. There are many technical court rules that you must follow to present your evidence so the judge can consider your side of the story.

If a guardianship is requested over a child and the child's parent is opposed the guardianship, the proposed guardian has to prove that the parent is "unsuitable" and that it would be in the child's best interest that the petitioner be appointed guardian.

A parent may be considered unsuitable if the parent cannot provide the child's basic needs (food, shelter, clothing, medical care, education), if the parent poses a significant safety risk to the child, or if the child has not been in the parent's care for the past 6 months.

At the end of the Evidentiary Hearing, the judge will either decide a guardianship is not needed and the case is over, or the judge will decide who to appoint as the guardian.

PART 5: RESPONSIBILITIES OF GUARDIANS AFTER THE HEARING

More Documents You Must File

Just because you were appointed the guardian does not mean you are finished! There are a number of forms you will have to fill out and file after becoming the guardian. These are all mandatory, and the judge will be checking your case to make sure they are filed.

Forms All Guardians Have to Complete:

- **Guardian's Acknowledgment of Duties and Responsibilities.** Guardians have many responsibilities. Once appointed, each guardian must complete a form acknowledging all of the duties and responsibilities they are accepting. You will have to initial every item on the form. You will need to get the form from the Self-Help Center, complete it, and file it at the Clerk's Office as soon as possible.
- **Order Appointing Guardian(s).** This is the form that says the judge has appointed you as the guardian. The judge usually completes this in court and gives you a copy right away.

- **Letters of Guardianship.** This document is the proof that you have the power to act as guardian. You will have to swear an oath to uphold your duties as guardian. You will need to get the form from the Self-Help Center, review the oath and sign, and file it at the Clerk’s Office as soon as possible.
- **Notice of Entry of Order Appointing Guardian.** After you are appointed the guardian, you must send a copy of the Order Appointing Guardian to all of the same people you had to notify of the original proceedings. Fill out the form, attach a copy of the Order Appointing Guardian, and file it with the Clerk's Office. After you file the form, mail a copy to every relative and agency you served before.

Forms Guardians Over Adults Have to Complete:

- **Plan of Care.** This form gives detailed information about the adult’s current living situation, medical needs, and your overall plan for taking care of the adult if you are appointed as the guardian.

Forms Guardians Over the Estate Have to Complete:

- **Inventory, Appraisal, and Record of Value (due within 60 days).** The inventory is a list of all the property, money, and any other assets that belong to the protected person, including any trusts in which the protected person is a beneficiary. The judge may order an appraisal in some cases. If so, an appraiser, CPA, or expert in valuations must complete the form. This form must be filed with the court.
- **Monthly Budget.** This is a detailed list of the protected person’s income and expenses. If there is not enough income to cover the expenses, you will have to explain how you plan to pay for the expenses.
- **Proof of Blocked Account.** The judge may have ordered that the protected person’s funds be put in a “blocked account.” This is a way to safeguard their assets, and ensures no one takes money out of the account without court approval. Check the Order Appointing Guardian to find out if the judge ordered a blocked account. If so, you must go to the financial institution, ask them to block the account, and have an officer at the

If the value of the estate is less than \$10,000, the Court can place the case into “summary administration,” which means many of these requirements are typically waived.

financial institution complete the "Proof of Blocked Account" form. Once completed, file it with the court.

A judge might ask you to get a bond, which is an amount of money determined by the Court that you must post in order to have control over the estate. Bonds can be difficult to obtain.

ONGOING REPORTING RESPONSIBILITIES

Yearly Documents You Must File

There are even more forms you have to fill out and file every year! This is to let the court know how things are going with the protected person. These forms are due within 60 days of the anniversary date of when you were appointed the guardian. For example, if you were appointed as guardian on January 1, 2023, these documents would be due between January 1 and March 2 in 2024 and every year after that. The Court will not send you the form a reminder to file these- you must remember to obtain and complete it every year.

DO NOT IGNORE THESE DEADLINES!

If you do not file these documents in a timely manner, you may receive notices from the Compliance Officer about your deficiencies. If you still do not file the required documents, the judge may set a hearing for you to come in and explain why you have not filed the required reports.

If you still do not file the reports, the judge may remove you as guardian.

- **Annual Report of Guardian.** The Guardian over the Person must fill out a yearly report to let the court know how the protected person is doing. The report includes information about their health, their living conditions, their activities, their schooling (if applicable), etc. No hearing is required; you simply need to fill out the report and file it at the court.

- **Annual Accounting.** The Guardian over the Estate must file a yearly report listing all of the income and expenses for the protected person. This form lists all of the protected

An Annual Accounting is not required for “summary administration” cases with estates valued less than \$10,000. If your case started as “general administration” but the value of the assets fall below \$10,000, you can request the court convert the case to summary administration.

person's assets, income, and expenses every year. A hearing is required for this so the judge can review the numbers and approve the annual accounting. The accounting must be served on the protected person and their attorney as well as all relatives who are within the second degree of consanguinity.

Notices You Must Provide the Court

The guardian must keep the court informed of things that happen that may affect the guardianship. The guardian must notify the court and the protected person’s attorney whenever the following things occur:

- The guardian moves;
- The protected person has been hospitalized or suffered some other kind of emergency;
- The guardian intends to move the protected person to a new residence;
- The guardian is convicted of a gross misdemeanor or felony;
- The guardian files for bankruptcy;
- The guardian’s driver’s license is suspended, revoked, or cancelled for nonpayment of child support;
- The guardian is suspended or disbarred from the practice of law, accounting, or any other profession that requires a state license or involved the management of money;
- The guardian has a judgment entered against them for misappropriating funds or assets.
- The protected person dies.

PART 6: HOW TO CHANGE OR END A GUARDIANSHIP

Changing Guardians

Only the judge can change the guardian after one is appointed; a hearing is always required so the judge can find out why the guardian needs to be changed.

There are different ways to ask the judge to change the guardian depending on reasons for the request.

Adding a Co-Guardian

A co-guardian is equally responsible for all of the guardianship duties. This is not a “backup” option; if appointed, the person will immediately be equally responsible to the court.

A guardian who is appointed as the sole guardian may later want to add a co-guardian to be equally responsible. If so, the proposed co-guardian can file a “Petition for Appointment of Co-Guardian.” The proposed co-guardian will have to complete all the same paperwork the original guardian completed, will have to set a hearing, and will have to notify the protected person,

their attorney, and all other required people with the court date. Anyone can attend the court hearing to let the judge know their feelings about whether the person should be appointed.

Resignation

If a guardian no longer wants to be the guardian, they can file a “Petition for Resignation.” This lets the court know that the guardian wishes to be released from their responsibilities. The judge will hold a hearing to decide whether to accept the resignation.

Another person could file a “Petition for Appointment of Successor Guardian” to voluntarily request to take their place. The court has to determine if the new petitioner is suitable and able to take over the responsibilities of guardian. If there is no one willing to take over guardianship of an adult, the judge has the option to appoint the Public Guardian.

If a guardian of a minor wants to resign but no parent is available to care for the child, the Court may be forced to involve Child Protective Services to assume custody of the minor. If a parent is available to care for the child, the resignation of a guardian means that the child is automatically returned to the parent's custody.

Removal

If someone feels like the guardian is not doing their job properly or is unable to continue on with the responsibilities, anyone can file a "Petition to Remove Guardian." They will have to show how the guardian is failing in their duties or is otherwise unable to continue serving. This includes cases where the guardian is mismanaging assets, is abusing their discretion, or where the guardian has passed away. The judge decides whether to remove the guardian at a hearing.

Another person could file a "Petition for Appointment of Successor Guardian" to voluntarily request to take their place. The court has to determine if the new petitioner is suitable and able to take over the responsibilities of guardian. If there is no one willing to take over guardianship of an adult, the judge has the option to appoint the Public Guardian.

TERMINATING A GUARDIANSHIP

There are different ways to end a guardianship depending on the circumstances that lead to the guardianship no longer being needed.

Automatic Terminations

A guardianship over a **child** will automatically end when the child turns 18. If you are the guardian over the person, there is nothing you need to do. If you are the guardian over the estate, you will need to file a Final Accounting and set a hearing so the judge can approve the final estate numbers. However, the child can sign a form to waive this final accounting and simply ask that the estate be turned over to them if they are willing to do so.

The guardian and the child can agree to keep the guardianship in place until the child graduates high school if the child will turn 18 prior to graduation. They must file a consent to continue the guardianship at least 14 days before the child turns 18.

A guardianship over an **adult** will automatically terminate if the protected person passes away but the guardian must file paperwork to close the case. The guardian will still have the ability to wind up the affairs of the estate. The guardian must file a “Petition to Terminate Guardianship” with a final accounting so the judge can formally approve the final estate and close the case.

Child Guardianship Terminations if all Parties Agree

This option is not available if the guardianship was put in place due to a CPS investigation.

If the parents and guardians agree that the children should return to the parents’ custody, they can sign and notarize a “Stipulation & Order to Terminate Guardianship.” This is submitted to the judge for approval. If the judge signs the order, the guardianship is terminated and the child is returned to the parent’s custody.

Court-Ordered Terminations

Anyone can file a “Petition to Terminate Guardianship” at any time to end the guardianship. The person will have to show the court why the guardianship is no longer needed. A hearing will be set, and the person who filed the petition will have to serve the protected person, their attorney, and all of the relatives and parties who were served with the original paperwork. Anyone can attend the hearing to express their position on the matter to the judge.

If either parent petitions to terminate a guardianship over their child, the parent will have to show by clear and convincing evidence that there has been a material change in circumstances since the time the guardianship was created. This includes showing that the parent is now suitable and able to take care of the child’s basic needs, such as food, shelter, clothing, medical care, and education. The court can also consider the parent’s history of alcohol or substance abuse in the last 6 months, and the parent’s history of domestic violence and other criminal acts. **If the parent did not originally consent to the guardianship**, the parent will also have to show that the child’s welfare would be substantially enhanced by ending the guardianship and having the child returned to the parent’s care.

Community Resources

Civil Law Self-Help Center

Copies of all forms and legal information
200 Lewis Ave.

www.civillawselfhelpcenter.org

Clark County Dept. of Family Services

Child welfare agency
121 S. Martin Luther King Blvd.

https://www.clarkcountynv.gov/residents/family_services/index.php

702-455-5444

Clark County Law Library

Public library with access to legal resources

309 South Third, 4th Floor (at Bridger)

www.clarkcountynv.gov/lawlibrary/pages/default.aspx

702-455-4696

National Guardianship Association

National organization that sets professional guardianship standards and provides training

www.guardianship.org

Nevada 211

Statewide hotline to connect with a variety of services

www.Nevada211.org

Phone: 211

Nevada Division of Welfare and Supportive Services

Food stamps, Medicaid, and other benefit programs

dwss.nv.gov

702-486-1001 (Henderson) or 702-486-9400 (Flamingo)

PEP (Parents Encouraging Parents)

Resources and assistance for parents of disabled children

www.nvpep.org

702-388-8899

Clark County Public Guardian's Office

Provides guardianship and representative payee services to adults

https://www.clarkcountynv.gov/government/departments/public_guardian_s_office/index.php

702-455-4332

Clark County Social Services

Financial, housing, medical and other services for low income people

https://www.clarkcountynv.gov/residents/assistance_programs/index.php

702-455-4270

Family Courthouse

601 North Pecos Road

www.clarkcountycourts.us/departments/judicial/family-division/

702-455-2385

Family Law Self-Help Center/Protection Orders

Copies of all forms and legal information
601 North Pecos Road

www.familylawselfhelpcenter.org

HELP of Southern Nevada

Housing and behavioral health services

www.helpsonv.org

702-369-4357

Southern Nevada Senior Law Program

Free legal assistance, including estate planning documents, for people over 60

www.snslp.org

702-229-6596

Southern Nevada Adult Mental Health Services

Inpatient and outpatient psychiatric care for adults

<https://dpbh.nv.gov/Programs/ClinicalBehavioralServ/ClinicalBehavioralServices-Home/>

702-486-6000

State Bar of Nevada's Lawyer Referral Service

Referral to an attorney for a \$45 consultation

<https://nvbar.org/for-the-public/find-a-lawyer/lrs/>

702-382-0504

Nevada Law Websites:

<p>Clark County Law Library www.clarkcountynv.gov/lawlibrary/pages/default.aspx</p> <p>Clark County District (Eighth Judicial District) Court www.clarkcountycourts.us/</p> <p>Constitution: Nevada State www.leg.state.nv.us/Const/NVConst.html</p> <p>Legislative Session Information www.leg.state.nv.us/session</p>	<p>Nevada Law Library www.leg.state.nv.us/law1.cfm</p> <p>Nevada Supreme Court and Court of Appeals https://nvcourts.gov/supreme/</p> <p>William S. Boyd School of Law library https://law.unlv.edu/law-library</p>
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Confidential Information Sheet (Adult) 40

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Citation to Appear and Show Cause (Adult) 55

Physician’s Certificate 57

Petition for Appointment of Guardian (Child) 64

Parent Consent Form 77

Citation to Appear and Show Cause (Child) 79

Certificate of Mailing (Child) 81

Your Guardianship **BILL OF RIGHTS**

You have the right to have an attorney represent you before a guardianship is imposed to ask the court for relief.

After a guardianship is imposed, you have the right to:

1. Have an attorney at any time during a guardianship to ask the court for relief.
2. Receive notice of all guardianship proceedings and all proceedings relating to a determination of capacity unless the court determines that you lack the capacity to comprehend such notice.
3. Receive a copy of all documents filed in a guardianship proceeding.
4. Have a family member, an interested party, a person of natural affection, an advocate, or a medical provider speak or raise any issues of concern on your behalf during a court hearing, either orally or in writing, including, without limitation, issues relating to a conflict with a guardian.
5. Be educated about guardianships and ask questions and express concerns and complaints about a guardian and the actions of a guardian, either orally or in writing.
6. Participate in developing a plan for your care, including, without limitation, managing your assets and personal property and determining your residence and the manner in which you will receive services.
7. Have due consideration given to your current and previously stated personal desires, preferences for health care and medical treatment, and religious and moral beliefs.
8. Remain as independent as possible, including, without limitation, to have your preference honored regarding your residence and standard of living, either as expressed or demonstrated before a determination was made relating to capacity or as currently expressed, if the preference is reasonable under the circumstances.

9. Be granted the greatest degree of freedom possible, consistent with the reasons for a guardianship, and exercise control of all aspects of your life that are not delegated to a guardian specifically by a court order.
10. Engage in any activity that the court has not expressly reserved for a guardian, including, without limitation, voting, marrying or entering into a domestic partnership, traveling, working and having a driver's license.
11. Be treated with respect and dignity.
12. Be treated fairly by your guardian.
13. Maintain privacy and confidentiality in personal matters.
14. Receive telephone calls and personal mail and have visitors, unless your guardian and the court determine that particular correspondence or a particular visitor will cause harm to you.
15. Receive timely, effective, and appropriate health care and medical treatment that does not violate your rights.
16. Have all services provided by a guardian at a reasonable rate of compensation and have a court review any requests for payment to avoid excessive or unnecessary fees or duplicative billing.
17. Receive prudent financial management of your property and regular detailed reports of financial accounting, including, without limitation, reports on any investments or trusts that are held for your benefit and any expenditures or fees charged to your estate.
18. Receive and control your salary, maintain a bank account, and manage your personal money.
19. Ask the court to:
 - a. Review the management activity of a guardian if a dispute cannot be resolved.
 - b. Continually review the need for a guardianship or modify or terminate a guardianship.
 - c. Replace the guardian.
 - d. Enter an order restoring his or her capacity at the earliest possible time.

Case Number: _____

(to be assigned by the Clerk's Office)

**CLARK COUNTY, NEVADA
FAMILY COURT COVER SHEET**

PARTIES:

Plaintiff/Petitioner		Defendant/Respondent/Co-Petitioner/Protected Person	
Last Name:		Last Name:	
First Name:	Middle Name:	First Name:	Middle Name:
Mailing Address:		Mailing Address:	
City, State, Zip:		City, State, Zip:	
Phone #:	Date of Birth:	Phone #:	Date of Birth:
Email Address:		Email Address:	
Attorney Information <input type="checkbox"/> not applicable		Attorney Information <input type="checkbox"/> not applicable	
Name:	Bar No.:	Name:	Bar No.:
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone #:		Phone #:	

CASE TYPE: (Check **only one box** only for the **primary** type of case you are filing)

DISSOLUTION	MISC. DOMESTIC RELATIONS PETITIONS	GUARDIANSHIP	OTHER
<input type="checkbox"/> Annulment <input type="checkbox"/> Divorce –No minor child(ren) <input type="checkbox"/> Divorce –With minor child(ren) <input type="checkbox"/> Foreign Decree <input type="checkbox"/> Joint Petition –No minor child(ren) <input type="checkbox"/> Joint Petition – With minor child(ren) <input type="checkbox"/> Separate Maintenance	<input type="checkbox"/> Adoption –Minor <input type="checkbox"/> Adoption –Adult <input type="checkbox"/> Child Custody (non-divorce) <input type="checkbox"/> Child Support (private party) <input type="checkbox"/> Mental Health <input type="checkbox"/> Name Change <input type="checkbox"/> Paternity <input type="checkbox"/> Permission to Marry <input type="checkbox"/> Temporary Protective Order (TPO) <input type="checkbox"/> Termination of Parental Rights (private party) <input type="checkbox"/> Termination of Parental Rights (State initiated) <input type="checkbox"/> Visitation (non-divorce) <input type="checkbox"/> Other (identify) _____	Guardianship of an Adult <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Person and Estate Guardianship of a Minor <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Person and Estate <input type="checkbox"/> Guardianship Trust	DA Child Support <input type="checkbox"/> DA – UIFSA <input type="checkbox"/> DA – Child Support In State DA Child Dependency <input type="checkbox"/> DA – Abuse/Neglect <input type="checkbox"/> DA – No Fault <input type="checkbox"/> DA – Other (identify) _____ Juvenile <input type="checkbox"/> Emancipation

CHILDREN INVOLVED IN THIS CASE (if applicable)

Last Name	First Name	Middle Name	Date of Birth	Relationship
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Does this family have any other current or past case(s) in the Clark County Family Court or Juvenile Court?

YES NO

Your Printed Name

/s/ _____
Your Signature

Date

FILING CODE: CISG
Your Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Email Address: _____
Self-Represented

**DISTRICT COURT
CLARK COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Estate
- Person and Estate

of:

(name of adult alleged to need a guardian)
A Proposed Protected Person.

CASE NO.: _____

DEPT: _____

CONFIDENTIAL INFORMATION SHEET – GUARDIANSHIP

First Guardian *(full legal name)*: _____

Identification Attached *(check one and attach a copy)*:

- Social Security Number
- Valid Driver's License Number
- Valid ID Card Number
- Valid Passport Number
- Taxpayer Identification Number
- Valid Tribal Identification Card Number

Second Guardian *(full legal name, or "n/a" if none)*: _____

Identification Attached *(check one and attach a copy)*:

- Social Security Number
- Valid Driver's License Number
- Valid ID Card Number
- Valid Passport Number
- Taxpayer Identification Number
- Valid Tribal Identification Card Number

Adult *(name of adult who needs a guardian)*: _____

Identification Attached *(check one and attach a copy)*:

- Social Security Number
- Valid Driver's License Number
- Valid ID Card Number
- Valid Passport Number
- Taxpayer Identification Number
- Valid Tribal Identification Card Number

Placement Of Adult:	Location Of Guardian(s):
<input type="checkbox"/> Independently <input type="checkbox"/> With Guardian <input type="checkbox"/> Family/Friends <input type="checkbox"/> Host Family <input type="checkbox"/> Supportive Adult Residence / Assisted Living <input type="checkbox"/> Skilled Nursing Home <input type="checkbox"/> Licensed Group Home <input type="checkbox"/> Secured Facility <input type="checkbox"/> Out of State <input type="checkbox"/> Other _____	<input type="checkbox"/> Nevada <input type="checkbox"/> Other State (<i>list</i>): _____
	Proposed Guardian(s) Relationship to the Adult:
	<input type="checkbox"/> Relative <input type="checkbox"/> Public Guardian <input type="checkbox"/> Private: License Number: _____ <input type="checkbox"/> Other _____
Adult's Gender:	Adult's Date Of Birth:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____

Submitted by:

(Signature)

(Printed Name)

(Attach copies of the identification indicated for each guardian and the adult)

FILING CODE: PAG
 Your Name: _____
 Address: _____
 City, State, Zip: _____
 Telephone: _____
 Email Address: _____
 Self-Represented

**DISTRICT COURT
CLARK COUNTY, NEVADA**

In the Matter of the Guardianship of:

- Person
- Estate
- Person and Estate

of:

CASE NO.: _____

DEPT: _____

(name of adult alleged to need a guardian)
 A Proposed Protected Person.

PETITION FOR APPOINTMENT OF GUARDIAN(S) OVER ADULT

Petitioner(s) *(first petitioner's name)* _____ and
(second petitioner's name; or "n/a" if only one) _____
 request the Court approve a guardianship for the above-named adult. In accordance with
 Chapter 159 of the Nevada Revised Statutes, Petitioner(s) respectfully represents the following
 to this Honorable Court:

Information Regarding the Proposed Protected Person
(the person you are seeking a guardianship over, or the "adult")

1. **Adult's full legal name:** _____.
2. **Adult's date of birth:** _____; current age: _____.
3. **Address.** Adult's residence address:

 Address

 City, State, Zip Code

Adult's mailing address (*if different than residence address*):

Address

City, State, Zip Code

4. **Residency.** The adult named above has been a resident of the State of (*state*) _____ since (*date*) _____ and has lived at the above address since (*date*) _____.

5. **Caretaker.** The adult in need of a guardianship is currently under the care of:

Name

Address

City, State, Zip Code

The care provider above is caring for the adult because:

6. **Medicaid.** Does the adult receive Medicaid, or has the adult ever received Medicaid?

(*check one*)

Yes

No

7. **Need for Guardianship.** The adult needs a guardian because (*explain in detail*):

_____.

8. **Alternatives.** What less restrictive alternatives have been tried before filing this request?

check all that apply)

- Supported Decision Making Agreement
- Power of Attorney
- Power of Attorney for People with Intellectual Disabilities
- Representative Payee Designation
- Microboard / Circle of Friends
- Other: _____

Explain why the items marked above are not working: _____

9. **Powers Requested.** If appointed, what specific powers, if any, would the guardian need?

(explain if the guardian will need the ability to manage investments, loans, handle business transactions, sell property, etc.) _____

10. **Voting Rights:** *check one*)

- The adult should keep his/her right to vote.
- The adult does not have the mental capacity to vote because he/she cannot communicate, with or without accommodations, a specific desire to participate in the voting process.

11. **Firearms/Guns:** *check one*)

- The adult should be allowed to possess a firearm.
- The adult should not be allowed to possess a firearm. The adult is a danger to him/herself or others because of a mental condition, or the adult does not have the capacity to contract or manage his/her own affairs because of a mental condition.

12. **Driving:** *check one*)

- The adult should be allowed to drive.
- The adult should not be allowed to drive.

13. The adult (**check one**) is is not a party to any pending criminal or civil lawsuit.
Explain if the adult is a party to litigation: _____

14. This guardianship (**check one**) is is not sought for the purpose of initiating a lawsuit. **Explain if guardianship is sought to initiate lawsuit:**

15. **Abuse/Neglect Report:** (**check one**)

- The guardianship **IS NOT requested** because of an investigation of abuse, neglect, exploitation, isolation or abandonment of the adult.
- The guardianship **IS requested** because of an investigation of abuse, neglect, exploitation, isolation or abandonment of the adult. The investigating agency is (name of agency) _____, which is (**check one**) law enforcement a state agency a county agency.

16. **Documents.** The adult executed the following documents, copies of which will be filed with this Petition: (**check all that apply**)

Written nomination of guardian. The nominated guardian is (name of person nominated to serve as guardian) _____

NOTICE: The Court will check the Nevada Secretary of State Lockbox to determine if a guardian has already been designated by the proposed protected person.

Durable power of attorney for financial matters. The agent is _____

Durable power of attorney for health care. The agent is _____

Revocable or living trust. The agent is _____

None of the above.

Unknown if the adult has executed any of the above documents.

***Copies of any of the above should be submitted confidentially to the Court for review.**

17. **Assets.** The value of the proposed person’s assets is estimated at: (*check one*)
- Less than \$10,000. If the guardianship is granted, the court should treat this case as “summary administration” and not require annual accountings or a final accounting.
 - More than \$10,000.

Information Regarding the Petitioner

18. Full legal name: _____.
19. Date of birth: _____; current age: _____.
20. Relationship to adult in need of a guardian: _____.
- If you are the spouse, the date of marriage was: (*date*) _____.

21. Residence address:

Address

City, State, Zip Code

Mailing address (*if different than residence address*):

Address

City, State, Zip Code

22. Nomination of Guardian: (*check one*)
- I want to be the guardian over the adult. I am competent and capable of acting as guardian of the proposed protected person and consent to act in this capacity.
 - I do not want to be the guardian. Instead, the Court should appoint (*insert name*) _____ to be the guardian over the adult.
(*if you selected this option, skip ahead to #31*)

23. **If you do not live in the State of Nevada:** (*check one*)

- A person or care provider in this State is providing continuing care and supervision for the adult;
- The adult is in a secured residential long-term care facility in this State;
- The guardian will move to the State of Nevada within 30 days of appointment; **or**
- The proposed protected person will move to the guardian's state of residence within 30 days of appointment.

[NOTE: If a nonresident is appointed as guardian for an adult, the guardian must designate a registered agent in the State of Nevada in the same manner as a represented entity pursuant to Nevada Revised Statutes Chapter 77.]

24. **Qualifications. (Answer each item listed; "Has" answers must be explained)**

The Petitioner: (*check one for each*)

- has has not been convicted of a crime of moral turpitude, a crime involving domestic violence or a crime involving the abuse, neglect, exploitation, isolation or abandonment of a child, his or her spouse, his or her parent or any other adult.

Explain if Yes: _____

- has has never been convicted of a felony.

Explain if Yes: Petitioner was convicted of (*describe conviction*)

Petitioner (**check one**) was / was not placed on parole and (**check one**) was / was not placed on probation for that felony.

- has has never been suspended for misconduct or disbarred from the practice of law, the practice of accounting or any other profession which involves the management or sale of money, investments, securities or real property and requires licensure in Nevada or any other state.

Explain if Yes: _____

- has has not filed for bankruptcy within the past 7 years.

- is is not a party to pending criminal or civil litigation.

Explain if Yes: _____

Information Regarding the Co-Petitioner

Not Applicable (*check if there is only one proposed guardian, and go to #31*)

25. Full legal name: _____.

26. Date of birth: _____; current age: _____.

27. Relationship to adult in need of a guardian: _____.

If you are the spouse, the date of marriage was: (*date*) _____.

28. Residence address:

Address

City, State, Zip Code

Mailing address (*if different than residence address*):

Address

City, State, Zip Code

29. Nomination of Guardian: (*check one*)

I want to be the guardian over the adult. I am competent and capable of acting as guardian of the proposed protected person and consent to act in this capacity.

I do not want to be the guardian. Instead, the Court should appoint (*insert name*) _____ to be the guardian over the adult.
(*if you selected this option, skip ahead to #31*)

30. **If you do not live in the State of Nevada:** (*check one*)

- A person or care provider in this State is providing continuing care and supervision for the adult;
- The adult is in a secured residential long-term care facility in this State;
- The guardian will move to the State of Nevada within 30 days of appointment; **or**
- The proposed protected person will move to the guardian's state of residence within 30 days of appointment.

[NOTE: If a nonresident is appointed as guardian for an adult, the guardian must designate a registered agent in the State of Nevada in the same manner as a represented entity pursuant to Nevada Revised Statutes Chapter 77.]

31. Qualifications. (Answer each item listed; “Has” answers must be explained)

The Co-petitioner: (check one for each)

has has not been convicted of a crime of moral turpitude, a crime involving domestic violence or a crime involving the abuse, neglect, exploitation, isolation or abandonment of a child, his or her spouse, his or her parent or any other adult.

Explain if Yes: _____

has has never been convicted of a felony.

Explain if Yes: The Petitioner was convicted of (*describe conviction*)

The Petitioner (**check one**) was / was not placed on parole and
(**check one**) was / was not placed on probation for that felony.

has has never been suspended for misconduct or disbarred from the practice of law, the practice of accounting or any other profession which involves the management or sale of money, investments, securities or real property and requires licensure in Nevada or any other state.

Explain if Yes: _____

has has not filed for bankruptcy within the past 7 years.

is is not a party to pending criminal or civil litigation.

Explain if Yes: _____

General Information

32. **Compensation.** Are you currently being paid for services as a guardian to more than one protected person who is not related to you by blood or marriage? (*check one*):

No, I am not being paid for services as a guardian.

Yes, I am being paid for services as a guardian.

33. **Certificate of Incapacity** must be filed showing the need for a guardianship over the proposed protected person. The Certificate must be completed and signed by one of the following:
 - A physician who is licensed to practice medicine in this State or who is employed by the Department of Veterans’ Affairs;
 - A governmental agency in this State which conducts investigations; or
 - Signed by any other person whom the court finds qualified to execute a certificate.

34. **Confidential Information Sheet – Guardianship** must be completed and filed. You must provide at least one form of identification (listed on the sheet) for each person.

35. **Plan of Care** must be completed and filed within 60 days of being appointed the guardian.

36. **Monthly Budget** must be completed and filed if you are requesting guardianship over the adult’s estate.

37. **Exhibit A: List of All of the Adult’s Relatives** must be completed and attached to petition.

38. **Exhibit B: Information Regarding the Adult’s Estate** must be completed and attached to petition if you are requesting guardianship over the adult’s estate. If you are appointed the Guardian, the Court will determine how to safeguard the protected person’s funds. The Court will decide whether to:
 - Require the funds to be placed into a blocked account.
 - Require you to obtain a bond in an amount equal to the total amount of the proposed protected person’s liquid assets.

39. Attach any other documentation that supports your request for guardianship.

40. **Other:** In addition to the above, the Court should also consider (*explain anything else the judge should know when considering your request for guardianship*): _____

Petitioner(s) request that this guardianship be granted, that the relief requested be granted as stated herein, and for such other and further relief as the Court may deem just and proper.

DATED (*month*) _____ (*day*) _____, 20____.

(First Petitioner's Signature)

(Second Petitioner's Signature)

(Printed Name)

(Printed Name)

VERIFICATION

I, (*name of first petitioner*) _____, declare that I am the Petitioner in the within action; that I have read the foregoing Petition For Appointment of Guardians and know the contents thereof; that the same is true of my knowledge except as to those matters therein stated upon information and belief and as to those matters, I believe them to be true.

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

FIRST PETITIONER'S SIGNATURE

VERIFICATION

I, (*name of second petitioner*) _____, declare that I am the Co-Petitioner in the within action; that I have read the foregoing Petition For Appointment of Guardians and know the contents thereof; that the same is true of my knowledge except as to those matters therein stated upon information and belief and as to those matters, I believe them to be true.

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

SECOND PETITIONER'S SIGNATURE

EXHIBIT A: List All of the Adult's Relatives

Spouse:

Name: _____

Address: _____

 Address Unknown Deceased

Parents:

Name: _____

Address: _____

 Address Unknown Deceased

Name: _____

Address: _____

 Address Unknown Deceased

Brothers and Sisters:

Name: _____

Address: _____

 Address Unknown Deceased

Name: _____

Address: _____

 Address Unknown Deceased

Name: _____

Address: _____

 Address Unknown Deceased

Grandparents:

Name: _____

Address: _____

 Address Unknown Deceased

Name: _____

Address: _____

 Address Unknown Deceased

Children:

Name: _____

Address: _____

 Address Unknown Deceased

Name: _____

Address: _____

 Address Unknown Deceased

Name: _____

Address: _____

 Address Unknown Deceased

Name: _____

Address: _____

 Address Unknown Deceased

Grandchildren:

Name: _____

Address: _____

 Address Unknown Deceased

Name: _____

Address: _____

 Address Unknown Deceased

Grandparents:

Name: _____

Address: _____

 Address Unknown Deceased

Name: _____

Address: _____

 Address Unknown Deceased

EXHIBIT B: Information Regarding the Proposed Protected Person’s Estate

Complete this page only if you are requesting guardianship over the estate.

1. The proposed protected person (**check all that apply**)

- Has no assets or income
- Has assets and income (*list below*)
- Is entitled or will be entitled to assets or income (*list below*)

2. The proposed protected person receives income from the following: (*include all income, including Social Security, Department of Veteran’s Affairs, pensions, etc. If none, write “N/A”. If there are not enough lines below, write “SEE ATTACHED” and attach a page with the additional income sources.*) (**check and answer all that apply**)

Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	monthly: \$ _____
Veterans Affairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	monthly: \$ _____
a. _____		monthly: \$ _____
b. _____		monthly: \$ _____
c. _____		monthly: \$ _____

3. Is there a Representative Payee receiving benefits on behalf of the proposed protected person? No Yes, the person is (*name*) _____.

4. The proposed protected person’s assets are: (*include all assets including checking / savings / investment accounts, real estate, vehicles, inheritances, including insurance policies, etc. If none, write “N/A”. If there are not enough lines below, write “SEE ATTACHED” and attach a page containing the additional assets.*)

a. _____	value: \$ _____
b. _____	value: \$ _____
c. _____	value: \$ _____
d. _____	value: \$ _____
e. _____	value: \$ _____
f. _____	value: \$ _____
g. _____	value: \$ _____
h. _____	value: \$ _____
i. _____	value: \$ _____

You will be required to file a detailed Inventory listing all of the protected person’s assets within 60 days of your appointment.

FILING CODE: CIEI

Your Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email Address: _____

Self-Represented

**DISTRICT COURT
CLARK COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Estate
- Person and Estate

of:

(name of adult alleged to need a guardian)

A Proposed Protected Person.

CASE NO.: _____

DEPT: _____

CITATION TO APPEAR AND SHOW CAUSE

TO: *(Name of Adult Who Needs a Guardian)* _____

ALL KNOWN RELATIVES OF THE ADULT:

(Write each relative's name on a separate line) _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ANY PERSON HAVING THE CARE, CUSTODY, AND CONTROL OF THE ADULT
DIRECTOR OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF VETERANS AFFAIRS

PLEASE TAKE NOTICE that the following person(s) *(proposed guardian's name)*
_____ and *(proposed co-guardian's name)*
_____ petitioned the court to be appointed the

guardian(s) of the proposed protected person named above. The proposed guardian(s) may be awarded the full management, care, and control of the proposed protected person.

The proposed protected person may be determined to be incapacitated or of limited capacity, and a guardian may be appointed for the proposed protected person.

The rights of the proposed protected person may be affected as specified in the petition.

The proposed protected person has the right to appear at the hearing and to oppose the petition.

The proposed protected person has the right to be represented by an attorney, who may be appointed by the court if the proposed protected person is unable to retain one.

At any time after the filing of a Petition to Appoint Guardian, the court may appoint: (1) an attorney; (2) a guardian ad litem or an advocate; or (3) an investigator, if found to be appropriate or necessary in the best interest of the proposed protected person.

DATE AND TIME OF COURT APPEARANCE
(the court clerk will fill this out)

YOU ARE DIRECTED TO APPEAR AND SHOW CAUSE why a guardian should not be appointed for the proposed protected person on the:

_____ day of _____, 20____, at _____ a.m. p.m., at the courthouse of the 8th Judicial District Court, in Courtroom number _____, located at

- Regional Justice Center, 200 Lewis Avenue, Las Vegas, NV 89101
- Family Court, 601 N. Pecos Rd., Las Vegas, NV 89101

DATED this _____ day of _____, 20____.

CLERK OF COURT

BY: _____
DEPUTY CLERK

NOTE: After filing this document, a neutral person who is not related to anyone in this case must hand-deliver a copy of this document (with the court date included) plus a copy of the Petition for Appointment of Guardian to the adult proposed protected person.

The proposed guardian(s) and the proposed protected person (unless excused by a physician) must attend the scheduled hearing; all other interested parties do not need to attend unless they want to oppose the guardianship and enter an objection.

FILING CODE: _____
Your Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Email Address: _____
Self-Represented

**DISTRICT COURT
CLARK COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Estate
- Person and Estate

of:

(name of person who has a guardian)
A Protected Person.

CASE NO.: _____

DEPT: _____

CONFIDENTIAL MEDICAL / EDUCATIONAL DOCUMENTS

The following confidential, non-public documentation is attached for the Court's review:

- Physician's Certificate
- Medical Records
- Estate Planning Documents (power of attorney, will, trust, etc.)
- School Records / Report Card
- Other: (describe) _____

This information is to be filed as presumptively confidential as required by ADKT 410.

DATED (month) _____ (day) _____, 20____.

Submitted By: (your signature) ▶ _____

(print your name) _____

PHYSICIAN'S CERTIFICATE WITH NEEDS ASSESSMENT

*(Please answer **all** questions)*

I, _____, am qualified to complete this form because:
Physician's Full Name (please print legibly)

check one

- I am a physician licensed to practice in the State of Nevada.
- I am a physician employed by the Department of Veterans Affairs.
- I am employed by the following Nevada governmental agency that conducts investigations* (*agency name*): _____.
- I am a person who is otherwise qualified to execute this certificate (subject to the court's determination).* My qualifications are as follows:

SECTION 1: Examination Information, Diagnosis and Condition

I last examined _____, an adult, on _____,
Patient's Full Name ("Patient") *Date of Exam*

at _____ . I have been the Patient's physician
Name of Facility or Address of Office or Residence

since _____; Patient (*check one*) is / is not under my continuing care/treatment.
Date of First Encounter

A. Prior to the examination, I informed the Patient that my communications with him or her **would not be privileged**: (*check one*) Unable to Comprehend Yes No

B. In addition to examining the Patient, I reviewed the following documents: _____

C. I (*check one*) AM / AM NOT aware of the existence of a healthcare directive, living will, power of attorney, guardian nomination, or other similar document executed by the Patient.

If you ARE aware of such a document, provide additional information (*location of document, identity of designated agent, etc.*): _____

D. Was the Patient given or diagnosed using any generally accepted cognitive assessment exam or tool, including but not limited to Folstein's mini-mental status exam? If YES, please attach a copy. Yes No

* Before the court can appoint a guardian, a licensed physician must complete an assessment of the Patient's needs that identifies limitations of capacity and how such limitations affect the Patient's ability to maintain safety and basic needs.

E. The Patient's **physical diagnosis** (DSM or ICD Diagnoses) and condition is: _____

Prognosis is: _____

Severity/Degree is: (*check one*) Mild Moderate Severe

F. The Patient's **mental diagnosis** (DSM or ICD Diagnoses) and condition is: _____

Prognosis is: _____

Severity/Degree is: (*check one*) Mild Moderate Severe

G. Which of the following descriptions apply to the patient's degree of cognitive impairment (*check all that apply*)?

- The patient has a sufficient loss or total loss of executive function resulting in a barrier to meaningful understanding or rational response.
- The Patient is able to make independently some but not all of the decisions necessary for his or her own care and management of property.
- The patient is unable to execute on desires, preferences, or stated goals, preventing the ability to pursue the patient's own best interest.
- The patient is unable to receive or evaluate information.
- The patient is unable to make or communicate decisions to such an extent that the patient lacks the ability to meet essential requirements for physical health, safety, or self-care without proper assistance.
- None of the above.

H. Is the Patient facing an immediate need for medical attention? Yes No
If YES, is the Patient unable to respond to the need for medical attention? Yes No
If YES, explain the immediate attention needed and why the Patient is unable to respond:

I. Is the Patient facing a substantial and immediate risk of physical harm? Yes No
If YES, is the Patient unable to respond to that risk of physical harm? Yes No
If YES, explain the immediate risk and why the Patient is unable to respond:

J. Is the Patient facing a substantial and immediate risk of financial loss? Yes No
If YES, is the Patient unable to respond to that risk of financial loss? Yes No
If YES, explain the immediate risk and why the Patient is unable to respond:

K. Does the Patient present a danger to himself/herself? Yes No
Does the Patient present a danger to others? Yes No
If YES, explain:

L. Has the Patient been subjected to abuse, neglect, or exploitation? Yes No
If YES, explain:

M. Is the Patient capable of living independently? (*check one*)

Yes, without assistance Yes, with assistance No

If WITH ASSISTANCE, describe the assistance needed; if NO, explain why not:

N. Attached to this certificate is (*check all that apply, if applicable*):

- A copy of my report of the above exam which includes my findings, opinion, and diagnosis regarding the Patient and his/her mental condition and/or capacity.
- A copy of the Patient's chart notes which support and/or detail my findings, opinion, and diagnosis regarding the Patient and his/her mental condition and/or capacity.
- A letter, signed by me, detailing my findings, opinion, and diagnosis regarding the Patient and his/her mental condition and/or capacity.

SECTION 2: Ability to Appear at Hearing

A. Would the Patient's attendance at a hearing for appointment of a guardian be detrimental to the Patient's mental health? Yes No
If YES, why?

B. Would attending the hearing for appointment of a guardian be detrimental to the Patient's physical health? Yes No
If YES, why?

C. Is the patient able to appear at a court hearing? Yes No
 If NO, why not?

D. Would the patient comprehend the reason for a hearing? Yes No

E. Would the patient contribute to a hearing? Yes No

SECTION 3: Limitations, Abilities, and Needs

- A. The Patient’s level of needed supervision is as follows: Locked Facility
 24-hour supervision
 Independent living with some supervision
 No supervision
 No supervision when taking medication

B. My opinion as to the Patient’s everyday functions is as follows:

	Independent	Needs Support	Needs Substantial Assistance	Needs Total Care	Unknown
CARE OF SELF (Activities of Daily Living (ADLs) and related activities)					
Bathe and shower					
Personal hygiene and grooming (e.g., brushing teeth, hair)					
Dress self					
Toilet hygiene (getting to toilet, cleaning self, getting back up)					
Functional mobility (e.g., walking, transferring to/from bed or chair)					
Feed self and eat for adequate nutrition					
Identify physical abuse or neglect and protect self from harm					
FINANCIAL					
Manage, deposit, withdraw, dispose of, and invest money and assets					
Protect, and spend small amounts of cash					
Employ persons to advise or assist him/her					
Identify financial exploitation, coercion, undue influence					
Protect self from financial exploitation, coercion, undue influence					
Give gifts and donations					

	Independent	Needs Support	Needs Substantial Assistance	Needs Total Care	Unknown
MEDICAL					
Give/withhold medical consent to medical, dental, psychological					
Admit self to health facility					
Make or change an advance directive or healthcare power of attorney					
Manage medications					
Contact help if ill or in medical emergency					
HOME AND COMMUNITY LIFE					
Choose/establish residence					
Maintain reasonably safe and clean shelter					
Drive or use public transportation					
Prepare food/meals, cleanup					
Shop for groceries and necessities					
Use telephone or other forms of communication					
Make and communicate choices about roommates					
Avoid environmental dangers such as stove, poisons					
Maintain and pay household bills, utilities, mortgage/rent, taxes					

SECTION 4: Civil and Legal

A. In my opinion, the Patient lacks the capacity necessary to (*check all that apply*):

- Enter into a contract, financial commitment, or lease arrangement
- Make or modify a will or power of attorney
- Participate in mediation

B. Is the Patient capable of driving? Yes No Uncertain

C. Would the Patient present a risk or threat to self or others if Patient were to own or purchase a firearm? Yes No Uncertain

D. Does the Patient have the capacity necessary to understand and complete voter registration forms and vote? Yes No Uncertain

SECTION 5: Remarks and Recommendations

A. If you have any remarks concerning other sections, or if you believe the court should be aware of other concerns about the Patient which are not included above, please explain:

B. If you have any recommendations for needed treatment or services which are not included above, please explain:

(This certificate must be signed by the physician, agency employee, or other person identified at the top of page 1 of the certificate.)

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

Date: _____ Signature: _____
Print Name: _____
Address: _____
Telephone: _____

The following psychologist, nurse, nurse practitioner, physicians' assistant, social worker, case manager, or other assisted in completion of this form (*print all names below, if applicable*):

FILING CODE: PAG
Your Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Email Address: _____
Self-Represented

**DISTRICT COURT
CLARK COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Estate
- Person and Estate

of:

(name of child who needs a guardian)
A Proposed Protected Minor.

CASE NO.: _____

DEPT: _____

PETITION FOR APPOINTMENT OF GUARDIAN(S) OVER A CHILD

Petitioner (*proposed guardian's name*) _____
and Co-Petitioner (*proposed co-guardian's name; if only one guardian, write "N/A"*)
_____ would like to be appointed the Guardian(s) over
the above-named child. In accordance with 2017 Nevada Laws Ch. 172 (A.B. 319),
Petitioner(s) respectfully represents the following to this Honorable Court:

Petitioner's Information (*the first proposed guardian*)

1. Full legal name: _____.
2. Date of birth: _____.
3. Relationship to child in need of a guardian: _____.

4. Residence address:

Address

City, State, Zip Code

Mailing address (if different than residence address):

Address

City, State, Zip Code

5. Qualifications. (Answer each item listed; “Has” answers must be explained)

The Petitioner: (check one for each)

has has not been convicted of a crime of moral turpitude, a crime involving domestic violence or a crime involving the abuse, neglect, exploitation, isolation or abandonment of a child, his or her spouse, his or her parent or any other adult.

Explain if Yes: _____

has has never been convicted of a felony.

Explain if Yes: Petitioner was convicted of (*describe conviction*)

Petitioner (**check one**) was / was not placed on parole and (**check one**) was / was not placed on probation for that felony.

has has not filed for bankruptcy within the past 7 years.

is is not a party to pending criminal or civil litigation.

Explain if Yes: _____

Co-Petitioner's Information (the second proposed guardian)

Not Applicable (*check if there is only one proposed guardian, and go to page 4*)

6. Full legal name: _____.

7. Date of birth: _____.

8. Relationship to child in need of a guardian: _____.

9. Residence address:

Address

City, State, Zip Code

Mailing address (*if different than residence address*):

Address

City, State, Zip Code

10. Qualifications. (**Answer each item listed; "Has" answers must be explained**)

The Co-petitioner: (*check one for each*)

has has not been convicted of a crime of moral turpitude, a crime involving domestic violence or a crime involving the abuse, neglect, exploitation, isolation or abandonment of a child, his or her spouse, his or her parent or any other adult.

Explain if Yes: _____

has has never been convicted of a felony.

Explain if Yes: The Petitioner was convicted of (*describe conviction*)

The Petitioner (*check one*) was / was not placed on parole and
(*check one*) was / was not placed on probation for that felony.

has has not filed for bankruptcy within the past 7 years.

is is not a party to pending criminal or civil litigation.

Explain if Yes: _____

Child's Information

11. Child's full legal name: _____.
12. Child's date of birth: _____; current age: _____. The child will become 18 years old on (*date*) _____.

13. Petitioner(s) believe the child (**check one**) will / will not need a guardian when the child turns 18 years old. If yes, explain why a guardian will still be needed:

_____.

14. The child has been a resident of the State of (*state*) _____ since (*date*) _____.

15. The child currently lives at the following address:

Address

City, State, Zip Code

The child has lived at the above address since (*date*) _____.

16. The child has lived at the following places with the following people within the last 5 years (*list the places the child has lived in the last 5 years*):

Time Period (mo/yr – mo/yr)	Name of Person the Child Lived With:	City and State
<i>i.e., 5/17-9/17</i>	<i>Sue Jones (grandma)</i>	<i>Las Vegas, NV</i>
_____ - _____		
_____ - _____		
_____ - _____		
_____ - _____		
_____ - _____		

The names and current addresses of each non-parent the child lived with during the last five years are: _____

17. **Participation in Other Cases.** Have Petitioner(s) ever participated in any case concerning the child as a party, witness, or in some other capacity? (*check one*)

No.

Yes, I have participated in the following cases concerning the child (*provide all specifics including the state, the court name, the case number and the date of the child custody order, if any*): _____

18. **Knowledge of Other Cases.** Do Petitioner(s) know of any other case that could affect this case, such as other custody cases, domestic violence cases, protection order cases, or adoptions / terminations? (*check one*)

No.

Yes, the following cases that could affect this case (*provide all specifics including the state, the court name, the parties involved, the case number and the type of case*): _____

19. **Current Custody Case:** Is there a custody order concerning the child? (*check one*)

No.

Yes, there is a current order concerning custody of the child. The order is from the State of _____ and was filed on (*date*) _____. If the order was not registered with this Court, a copy of the order will be filed with this Petition.

20. **Persons Who Can Claim Custody / Visitation.** Is there anyone other than Petitioner(s) or other parties to this case who has custody of the child or who can claim a right to custody or visitation with the child? (*check one*)

No.

Yes, the following people have custody or can claim custody/visitation of the child: (*list names and addresses of anyone who claims custody/visitation rights*): _____

21. The child is currently under the care of (*name and address of person caring for the child*):

Name

Address

City, State, Zip Code

The person above is caring for the child because (*explain why the child is under the care of the person above*):

22. Does the child receive Medicaid, or has this child ever received Medicaid? (*check one*)

- No
- Yes

23. Is the child a member of a federally recognized tribe? (*check one*)

- No
- Yes, the tribe is (*write tribe's name*) _____

24. Is the child a citizen of another country? (*check one*)

- No
- Yes, the child is a citizen of (*write country name*) _____

25. Is the child a party to any pending criminal or civil lawsuit? (*check one*)

- No
- Yes (*explain*) _____

26. Are Petitioner(s) seeking guardianship in order to initiate litigation? (*check one*)

- No
- Yes (*explain*) _____

Child's First Parent

27. The first parent is (*name*) _____.

(*check if applicable*)

This parent is deceased. **File a copy of the death certificate with this Petition.**

This parent's parental rights over the child were terminated by a court order.

File a copy of the termination order with this Petition.

28. This parent currently lives at the following address:

Address

City, State, Zip Code

Mailing address (*if different than residence address*):

Address

City, State, Zip Code

29. Consent (*check one*):

This parent agrees to this proposed guardianship and will file a proper notarized consent.

This parent does not consent to the proposed guardianship, or cannot be located to consent.

30. This parent is unable to care for the child because (*explain*):

Child's Second Parent

31. The second parent is (*name*) _____.

(*check if applicable*):

- This parent is deceased. **File a copy of the death certificate with this Petition.**
- This parent's parental rights over the child were terminated by a court order.
File a copy of the termination order with this Petition.
- This parent is an unknown father. There is no father listed on the child's birth certificate. There has never been a court order regarding child support, custody, or a finding of paternity.

32. This parent currently lives at the following address:

Address

City, State, Zip Code

Mailing address (*if different than residence address*):

Address

City, State, Zip Code

33. Consent (*check one*):

- This parent agrees to this proposed guardianship and will file a proper notarized consent.
- This parent does not consent to the proposed guardianship, or cannot be located to consent.

34. This parent is unable to care for the child because (*explain*):

General Information

35. A guardianship is needed for the child because (*explain in detail*):

36. The child’s parent or legal guardian (**check one**) has / has not nominated a guardian in writing. The nominated guardian is (*name*) _____.

37. Abuse/Neglect Report: (*check one*)

- The guardianship **IS NOT requested** because of an investigation of abuse or neglect conducted by Child Protective Services (CPS) or law enforcement.
- The guardianship **IS requested** because of an investigation by Child Protective Services (CPS) or other similar agency. The investigating agency is (*name of agency*) _____. The caseworker’s name is (*caseworker name*) _____. The investigating agency (**check one**) does / does not approve of this guardianship and the placement of the child with the proposed Guardians.

38. **Compensation.** Are Petitioner(s) currently being paid for services as a guardian to more than one protected person who is not related to you by blood or marriage? (*check one*):

- No, Petitioner(s) is not/are not being paid for services as a guardian.
- Yes, Petitioner(s) is/are being paid for services as a guardian for (*number*) _____ children.

39. Petitioner(s) is/are competent and capable of acting as guardian of the above proposed protected minor and hereby consents to act in this capacity.
40. **Confidential Information Sheet – Guardianship** must be completed and filed. You must provide at least one form of identification (listed on the sheet) for each person.
41. **Exhibit A: List of All of the Child’s Relatives** must be completed and attached to this petition.
42. **Exhibit B: Information Regarding the Child’s Estate** must be completed and attached to this petition if you are requesting guardianship over the child’s estate. If you are appointed the Guardian, the Court will determine how to safeguard the child’s funds. The Court will decide whether to:
 - Require the funds to be placed into a blocked account.
 - Require you to obtain a bond in an amount equal to the total amount of the child’s liquid assets.
43. **Other Exhibits:** If you have a letter from a governmental agency in this state which conducts investigations, or a certificate signed by any other person whom the court finds qualified to execute a certificate, the letter/certificate must be attached to this petition.

Petitioner(s) request(s) that this guardianship be granted, that the relief requested be granted as stated herein, and for such other and further relief as the Court may deem just and proper.

DATED (*month*) _____ (*day*) _____, 20__.

(First Petitioner’s Signature)

(Second Petitioner’s Signature)

(Printed Name)

(Printed Name)

VERIFICATION

I, (*name of first petitioner*) _____, declare that I am the Petitioner in the within action; that I have read the foregoing Petition For Appointment of Guardians and know the contents thereof; that the same is true of my knowledge except as to those matters therein stated upon information and belief and as to those matters, I believe them to be true.

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

FIRST PETITIONER'S SIGNATURE

VERIFICATION

I, (*name of second petitioner*) _____, declare that I am the Co-Petitioner in the within action; that I have read the foregoing Petition For Appointment of Guardians and know the contents thereof; that the same is true of my knowledge except as to those matters therein stated upon information and belief and as to those matters, I believe them to be true.

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

SECOND PETITIONER'S SIGNATURE

EXHIBIT A: List All of the Child's Relatives

Parent:

Name: _____

Address: _____

Address Unknown Deceased

Parent:

Name: _____

Address: _____

Address Unknown Deceased

Grandparents:

Name: _____

Address: _____

Address Unknown Deceased

Name: _____

Address: _____

Address Unknown Deceased

Name: _____

Address: _____

Address Unknown Deceased

Name: _____

Address: _____

Address Unknown Deceased

Brothers and Sisters:

Name: _____

Address: _____

Address Unknown

Name: _____

Address: _____

Address Unknown

Name: _____

Address: _____

Address Unknown

Name: _____

Address: _____

Address Unknown

Name: _____

Address: _____

Address Unknown

Name: _____

Address: _____

Address Unknown

EXHIBIT B: Information Regarding the Proposed Protected Minor’s Estate

Complete this page only if you are requesting guardianship over the estate.

1. The proposed protected minor (**check all that apply**)

- Has no assets or income
- Has assets and income (*list below*)
- Is entitled or will be entitled to assets or income (*list below*)

2. The proposed protected minor receives income from the following: (*include all income, including Social Security, Department of Veteran’s Affairs, pensions, etc. If none, write “N/A”. If there are not enough lines below, write “SEE ATTACHED” and attach a page with the additional income sources.*) (**check and answer all that apply**)

Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	monthly: \$ _____
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	monthly: \$ _____
Veterans Affairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	monthly: \$ _____
a.	_____	monthly: \$ _____
b.	_____	monthly: \$ _____

3. Is there a Representative Payee receiving benefits on behalf of the proposed protected minor? No Yes, the person is (*name*) _____.

4. The proposed protected minor assets are: (*include all assets including checking / savings / investment accounts, real estate, vehicles, inheritances, including insurance policies, etc. If none, write “N/A”. If there are not enough lines below, write “SEE ATTACHED” and attach a page containing the additional assets.*)

a.	_____	value: \$ _____
b.	_____	value: \$ _____
c.	_____	value: \$ _____
d.	_____	value: \$ _____
e.	_____	value: \$ _____
f.	_____	value: \$ _____
g.	_____	value: \$ _____
h.	_____	value: \$ _____
i.	_____	value: \$ _____

You will be required to file a detailed Inventory listing all of the protected person’s assets within 60 days of your appointment.

CONS

Your Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Self-Represented

**DISTRICT COURT
CLARK COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Estate
- Person and Estate

of:

(name of child who needs a guardian)
A Proposed Protected Minor.

CASE NO.: _____

DEPT: _____

CONSENT AND WAIVER OF PARENT

I, (name of parent signing) _____, declare that I am the (check one) mother / father of the above-named child who is the subject of the above-captioned guardianship matter;

I hereby join Petitioner(s) in the Petition for Appointment of Guardian(s) and consent to having (name of proposed guardian) _____ and (second proposed guardian, or "n/a" if none) _____ appointed as legal guardian(s) of the above named child; and

I hereby waive service of the Citation to Appear and Show Cause regarding the Petition for Appointment of Guardian(s) in this case, or state that no Citation is necessary pursuant to 2017 Nevada Laws Ch. 172 § 35 (A.B. 319).

DATED (month) _____ (day) _____, 20____.

(Signature)

(Printed Name)

STATE OF _____)
COUNTY OF _____)

The foregoing Consent and Waiver of Parent was signed and sworn to before me by
(*name of parent signing*) _____
on the ____ day of _____, 20__.

NOTARY PUBLIC

FILING CODE: CIEI
Your Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Email Address: _____
Self-Represented

**DISTRICT COURT
CLARK COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Estate
- Person and Estate

of:

(name of child who needs a guardian)
A Proposed Protected Minor.

CASE NO.: _____

DEPT: _____

CITATION TO APPEAR AND SHOW CAUSE

TO: *(Child's Name)* _____

(Parent's Name) _____

(Parent's Name) _____

ALL OTHER KNOWN RELATIVES OF THE CHILD:

(Write each relative's name on a separate line) _____

_____	_____
_____	_____
_____	_____
_____	_____

ANY PERSON HAVING THE CARE, CUSTODY, AND CONTROL OF THE CHILD
DIRECTOR OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

PLEASE TAKE NOTICE that the following person(s) (*proposed guardian's name*) _____ and (*proposed co-guardian's name*) _____ petitioned the court to be appointed the guardian(s) of the proposed protected minor. A guardian may be appointed for the proposed protected minor at the hearing date noted below. The proposed guardian(s) may be awarded the full management, care, and control of the proposed protected minor.

The rights of the proposed protected minor and of any person having legal or physical custody of the proposed protected minor may be affected as specified in the petition.

The proposed protected minor has the right to appear at the hearing and to oppose the petition.

The proposed protected minor has the right to be represented by an attorney.

At any time during proceedings on the citation, the court may appoint for the proposed protected minor: (a) an attorney; (b) a guardian ad litem or an advocate for the best interests of the proposed protected minor pursuant to 2017 Nevada Laws Ch. 172 (A.B. 319).

DATE AND TIME OF COURT APPEARANCE
(the court clerk will fill this out)

YOU ARE DIRECTED TO APPEAR AND SHOW CAUSE why a guardian should not be appointed for the proposed protected minor on the:

_____ day of _____, 20____, at _____ a.m. p.m., at the courthouse of the 8th Judicial District Court, in Courtroom number _____, located at

- Regional Justice Center, 200 Lewis Avenue, Las Vegas, NV 89101
- Family Court, 601 N. Pecos Rd., Las Vegas, NV 89101

DATED this _____ day of _____, 20__.

CLERK OF COURT

BY: _____
DEPUTY CLERK

NOTE: The child and the proposed guardian(s) must appear at the scheduled hearing; all other interested parties do not need to appear unless they wish to oppose the guardianship and enter an objection.

FILING CODE: CERT
Your Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Email Address: _____
Self-Represented

**DISTRICT COURT
CLARK COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Estate
- Person and Estate

of:

(name of child who needs a guardian)
A Proposed Protected Minor.

CASE NO.: _____

DEPT: _____

**CERTIFICATE OF MAILING FOR THE
PETITION FOR APPOINTMENT OF GUARDIANS**

I HEREBY CERTIFY that I served the: (*check all that apply*)

- Petition for Appointment of Guardian
- Citation to Appear and Show Cause
- Other: _____

on (*month*) _____ (*day*) _____, 20____, by depositing a copy of the same in
the U.S. Mail, enclosed in sealed envelopes, prepaid Certified Mail, Return Receipt Requested,
addressed to:

Relatives / Required Notices:

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

If the child receives or has received **Medicaid**, check the following box and mail to:

- Director of the Department of Health and Human Services
4126 Technology Way, Suite 100
Carson City, Nevada 89706-2009

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

DATED (*month*) _____ (*day*) _____, 20____.

(Signature)

(Printed Name)

ATTACH THE SIGNATURE RECEIPTS (GREEN CARDS FROM THE POST OFFICE) TO THIS FORM WHEN RECEIVED