COURT CODE: 3860	
Your Name:	
Address:	
City, State, Zip:	
Telephone:	
Email Address:	
Self-Represented	
	CT COURT OF THE STATE OF NEVADA COUNTY OF WASHOE
In the Matter of the Guardianship of the:	
□ Person	CASE NO.:
☐ Estate	
☐ Person and Estate	DEPT:
of:	
(name of person who has a guardian)	
A Protected Perso	n.
REQUEST FO	OR SUBMISSION
Petitioner(s), (first Petitioner's name)	and
(second Petitioner or "n/a" if only one Petition	oner),
request(s) that the (name of doc	cument you submitted to the Court) be submitted to the
Court for consideration.	
This document does not contain the p	ersonal information of any person as defined by
NRS 603A.040.	
DATED (month)	(day) 20
DITLD (monn)	_ (****), 20
	(Signature)
	(Printed Name)