

COURT CODE: GRII

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Self-Represented

**IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
IN AND FOR THE COUNTY OF WASHOE**

In the Matter of the Guardianship of the:

- Person
- 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)***:

- |  |  |
|--|--|
| <input type="checkbox"/> Social Security Number        | <input type="checkbox"/> Taxpayer Identification Number          |
| <input type="checkbox"/> Valid Driver’s License Number | <input type="checkbox"/> Valid Tribal Identification Card Number |
| <input type="checkbox"/> Valid ID Card Number          |  |
| <input type="checkbox"/> Valid Passport Number         |  |

Second Guardian *(full legal name, or “n/a” if none)*: \_\_\_\_\_

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

- |  |  |
|--|--|
| <input type="checkbox"/> Social Security Number        | <input type="checkbox"/> Taxpayer Identification Number          |
| <input type="checkbox"/> Valid Driver’s License Number | <input type="checkbox"/> Valid Tribal Identification Card Number |
| <input type="checkbox"/> Valid ID Card Number          |  |
| <input type="checkbox"/> Valid Passport Number         |  |

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

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

- |  |  |
|--|--|
| <input type="checkbox"/> Social Security Number        | <input type="checkbox"/> Taxpayer Identification Number          |
| <input type="checkbox"/> Valid Driver’s License Number | <input type="checkbox"/> Valid Tribal Identification Card Number |
| <input type="checkbox"/> Valid ID Card Number          |  |
| <input type="checkbox"/> Valid Passport Number         |  |

<b>Placement Of Adult:</b>	<b>Location Of Guardian(s):</b>
<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> ): _____
	<b>Proposed Guardian(s) Relationship to the Adult:</b>
	<input type="checkbox"/> Relative <input type="checkbox"/> Public Guardian <input type="checkbox"/> Private: License Number: _____ <input type="checkbox"/> Other _____
<b>Adult's Gender:</b>	<b>Adult's Date Of Birth:</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____

This document  **DOES – OR–**  **DOES NOT** contain the personal information of a person as required by NRS 159.044.

Submitted by:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

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