

PETITION TO TRANSFER ADULT GUARDIANSHIP TO NEVADA

GA-3

Resource Center
1 South Sierra St., Third Floor
Reno, NV 89501
775-325-6731
www.washoecourts.com

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**PETITION TO TRANSFER ADULT
GUARDIANSHIP TO NEVADA**

PACKET GA-3

INSTRUCTIONS FOR COMPLETING FORMS

CAREFULLY READ ALL INSTRUCTIONS BEFORE STARTING TO FILL OUT
ANY OF THE FORMS.

Use **black or blue ink only**. Neatly print or type the information requested.
Do not use correction fluid/tape on the forms.

This packet contains the following forms:

1. EFile User Agreement
2. Petition to Transfer Adult Guardianship to Nevada
3. Exhibit A: List of Adult's Relatives
4. Exhibit B: Information Regarding the Protected Person's Estate
5. Confidential Information Sheet-Guardianship
6. Citation to Appear and Show Cause
7. Declaration of Service on Adult Protected Person
8. Certificate of Mailing for the Petition to Transfer Adult Guardianship to Nevada
9. Guardian's Acknowledgment of Duties and Responsibilities of the Person (Adult)
10. Guardian's Acknowledgment of Duties and Responsibilities of the Estate (Adult)
11. Letters of Guardianship

Some of the forms are set up for two petitioners. If there is only one person petitioning for guardianship, please print "n/a" wherever the form asks for information about the second petitioner.

The penalty for willfully making a false statement under penalty of perjury is a minimum of 1 year, and a maximum of 4 years in prison, in addition to a fine of not more than \$5,000.00. N.R.S. §199.145.

INSTRUCTIONS: STEP 1


EFlex Account and EFile User Agreement:

To file your documents, you will need to sign up for an eFlex account and have a valid email address. There is no fee to sign up for a standard eFlex account. If you already have an eFlex account for a different case, you do not need to create another account and can skip this step.

To sign up:

- 1) Carefully read and complete the eFile User Agreement (Standard) by filling in as much information as possible, signing, and dating page two;
- 2) Return the eFile User Agreement (Standard) to the Second Judicial District Court, or email it to eflexsupport@washoecourts.us; and
- 3) Request an account at <https://wceflex.washoecourts.com/>.

SECOND JUDICIAL DISTRICT COURT



WASHOE COUNTY
STATE OF NEVADA

**EFILE USER AGREEMENT
(Standard)**

This serves as your eFile User Agreement with the Second Judicial District Court for the purpose of registering an account to permit eFiling of court case documents using the eFlex Electronic Filing System ("eFlex account"). Currently, this account will be subject to a \$0.00 fee per transaction. This agreement will expire at the end of the year unless the account is renewed. Accounts may be renewed online at www.washoecourts.com.

By registering for an eFlex account I agree and consent to the following:

- I will submit court filings electronically through eFlex on court cases for which I am an active party or attorney of record, or an officer of the Court filing documents in my official capacity.
- As a registered eFlex account holder, I cannot deactivate my email address without filing a Written Notice of Intent to change my email address with the District Court. This Written Notice of Intent must include my bar number and a list of all pending court matters. Also included must be an acknowledgment that all judges and attorneys of record on those pending matters have been notified of my new email address. I understand that it is my responsibility to keep my email address updated on my eFlex account profile.
- I understand that once my eFlex account is inactivated, I will no longer be able to electronically eFile or any documents using my account nor will I receive eFlex electronic service. Furthermore, I will no longer have access to court records through my eFlex account.
- Electronic signatures (e.g. /s) are permissible on electronically filed documents submitted from the eFlex account. (See Nevada Electronic Filing and Conversion Rules, Rule 11).
- I will accept eFlex electronic notices sent to my email on file with eFlex as valid and effective service of filed documents replacing the need for paper service. Electronic service of documents is limited to documents permitted to be served by mail, express mail, overnight delivery, or facsimile transmission. Complaint, petition or other document that must be served with a summons, and summons or a subpoena cannot be served electronically.
- I agree to the terms of the license agreement as stated by Tybera on the court's eFlex website under "Terms of Use" and "Privacy Policy" when registering for an eFlex account and pressing the submit button.
- I understand that email addresses supplied by the registered user via the username/password account through the eFlex account supersede the court's case management system for the purpose of determining valid and effective service of eFiled documents. I understand that it is my responsibility to keep my address updated on my eFlex account profile.
- I agree to file the proper motion to withdraw/notice of change/substitution of counsel/notice of termination of employment (whichever applies) into each of my cases whenever I depart from an agency, office, or law or cease to represent a party in any case, or cease to be an eFlex user **within 10 days of any such change**. If known, I will designate the new attorney and/or e-File contact on each case. Further, I will separately notify the Clerk of Court of any employment change which will globally affect all or a majority of my cases.

Revised September 26, 2018

- I acknowledge receipt, understanding and agree to follow the Nevada Electronic Filing and Conversion Rules (EFCR).
- I understand if a party submits a proposed Order and the Order is eFiled by the Court, **ONLY** eFlex account holders will be served by the Court. I understand all other parties must be served by the party who submitted the proposed Order by other means.
- I understand as a registered eFlex account holder, I will only have access to documents in court cases for which I am an active party or attorney of record. In the event that I inadvertently obtain access to unauthorized information on any case, I will immediately notify the Court Administrator/Clerk of Court, presiding judicial officer and all active attorneys on that specific case. I will take every precaution to shield myself and all members of my firm from viewing, downloading or disseminating any unauthorized information. I will delete and destroy immediately any unauthorized information that I inadvertently obtain.
- I understand any violation of the terms of this agreement may result in sanctions imposed by the Court.

Attorney or Person Name: _____
If an attorney, Bar ID: _____ Law Firm: _____
If not an attorney, DCB: _____ Interpreter needed: Yes or No Language: _____
If not an attorney, Case number(s): _____
eFlex Email Address: _____
1st Alternate eFlex Email Address: _____
2nd Alternate eFlex Email Address: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____
Designated eFlex contact person: _____

I hereby certify that I have read the above information and agree to abide by the requirements and terms as stated in this agreement.

Date: _____ Signature of Attorney/Person Agency Signatory: _____

Check one:
 Renewal of Standard Account. *Please follow online instructions at <http://www.washoecourts.com/index.cfm?page=eflex>*
 New Standard Account.

To become a registered eFlex account holder, you must request an account online at <https://wceflex.washoecourts.com> and click on the "Request an Account" button. Next, print out this form, complete and sign it and deliver the ink-signed copy to the Second Judicial District Court Filing Office, 75 Court Street, Reno, NV 89501. Upon completion of your account request **AND receipt of the signed eFile User Agreement**, your electronic request for a user account will be approved. You will be notified by email and be able to login with your user name and requested password within three (3) working days.

Translated/interpreted by (if applicable): _____ Print Name _____ Signature _____

Revised September 26, 2018

If you need further assistance signing up for an account, please call the Resource Center at 775-325-6731.

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INSTRUCTIONS: STEP 2

Complete the Petition as Shown:

Attach a copy of the List of Adult's Relatives as Exhibit A, the Information Regarding the Protected Person's Estate as Exhibit B (if you are requesting guardianship over the protected person's estate), and a certified copy of other state's provisional order of transfer to Nevada as Exhibit C. Attach any other documents that support your petition. Documents must **not** contain full bank account numbers, social security numbers, or driver's license numbers.

* If only one person is petitioning, put N/A where ever it asks for information for second petitioner.

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

2) Check the box for the correct type of guardianship. Print the name of the Protected Person. You will be assigned a Case No. when you file the Petition with the Court.

3) Complete pages 1 - 7, following the instructions on each page.

COURT CODE: 3245
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

CASE NO.: _____
DEPT: _____

of:

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

PETITION TO TRANSFER ADULT GUARDIANSHIP TO NEVADA

Petitioner(s), (name of guardian/conservator) _____
and (name of co-guardian / conservator, or write "N/A" if only one) _____,
request this court accept jurisdiction over this guardianship pursuant to NRS 159.2024.

1. The Petitioner(s) were appointed as guardians / conservators by the following court (full name of the court, as noted on their pleadings, where guardianship and/or conservatorship was granted):
Court Name: _____
Case/Cause No. _____

2. A certified copy of the provisional order of transfer from the original court is attached. (**this is mandatory**)

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Page 1 of 7 – Petition to Transfer Adult Guardianship to Nevada

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INSTRUCTIONS: STEP 3

Complete the Index of Exhibits and the Exhibit Cover Page as Shown:

You will need to attach:

- List of Adult's Relatives;
- Information Regarding the Protected Person's Estate (if you are requesting guardianship over the estate); and
- A certified copy of other state's provisional order of transfer to Nevada.

Make sure to write in the number of pages the other state's provisional order of transfer to Nevada.

You do not need to write anything else on these pages. Unless you are attaching additional exhibits.

The documents should be in the following order to file:

- Petition to Transfer Adult Guardianship to Nevada
- the Index of Exhibits
- the Exhibit Cover Page A
- the List of Adult's Relatives
- the Exhibit Cover Page B
- the Information Regarding the Protected Person's Estate (if applicable)
- the Exhibit Cover Page C
- the certified copy of other state's provisional order of transfer to Nevada.

<u>INDEX OF EXHIBITS</u>	
Exhibit Number <u>A</u>	Number of Pages <u>1</u>
Exhibit Description <u>List of Adult's Relatives</u>	
Exhibit Number <u>B</u>	Number of Pages <u>1</u>
Exhibit Description <u>Information Regarding the Protected Person's Estate</u>	
Exhibit Number <u>C</u>	Number of Pages <u>1</u>
Exhibit Description <u>Certified Copy of the Other State's Provisional Order of Transfer to Nevada</u>	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	
Exhibit Number _____	Number of Pages _____
Exhibit Description _____	

<p>Exhibit Cover Page</p> <p style="font-size: 2em; opacity: 0.5; transform: rotate(-30deg); display: inline-block;">SAMPLE</p> <p>EXHIBIT NUMBER A</p>

Do Not Copy Or File This Page

INSTRUCTIONS: STEP 4

Complete the List of Adult's Relatives as Shown:

List all known relatives of the protected person. Include an address or mark Address Unknown or Deceased accordingly. If more room is needed, attach additional sheets of paper. **DO NOT WRITE ON THE BACK OF THIS FORM.** Once completed, this form will go directly behind the Cover Page A.

EXHIBIT A: List All of the Adult's Relatives

<p><u>Spouse:</u> Name: _____ Address: _____ <input type="checkbox"/> Address Unknown <input type="checkbox"/> Deceased</p>	<p><u>Children:</u> Name: _____ Address: _____ <input type="checkbox"/> Address Unknown <input type="checkbox"/> Deceased</p>
<p><u>Parents:</u> Name: _____ Address: _____ <input type="checkbox"/> Address Unknown <input type="checkbox"/> Deceased</p>	<p>Name: _____ Address: _____ <input type="checkbox"/> Address Unknown <input type="checkbox"/> Deceased</p>
<p>Name: _____ Address: _____ <input type="checkbox"/> Address Unknown <input type="checkbox"/> Deceased</p>	<p>Name: _____ Address: _____ <input type="checkbox"/> Address Unknown <input type="checkbox"/> Deceased</p>
<p><u>Brothers and Sisters:</u> Name: _____ Address: _____ <input type="checkbox"/> Address Unknown <input type="checkbox"/> Deceased</p>	<p>Name: _____ Address: _____ <input type="checkbox"/> Address Unknown <input type="checkbox"/> Deceased</p>
<p>Name: _____ Address: _____ <input type="checkbox"/> Address Unknown <input type="checkbox"/> Deceased</p>	<p><u>Grandchildren:</u> Name: _____ Address: _____ <input type="checkbox"/> Address Unknown <input type="checkbox"/> Deceased</p>
<p>Name: _____ Address: _____ <input type="checkbox"/> Address Unknown <input type="checkbox"/> Deceased</p>	<p>Name: _____ Address: _____ <input type="checkbox"/> Address Unknown <input type="checkbox"/> Deceased</p>
<p><u>Grandparents:</u> Name: _____ Address: _____ <input type="checkbox"/> Address Unknown <input type="checkbox"/> Deceased</p>	<p><u>Grandparents:</u> Name: _____ Address: _____ <input type="checkbox"/> Address Unknown <input type="checkbox"/> Deceased</p>
<p>Name: _____ Address: _____ <input type="checkbox"/> Address Unknown <input type="checkbox"/> Deceased</p>	<p>Name: _____ Address: _____ <input type="checkbox"/> Address Unknown <input type="checkbox"/> Deceased</p>

INSTRUCTIONS: STEP 5

Complete the Information Regarding the Protected Person’s Estate as Shown:

Complete this form **only** if you are requesting guardianship over the protected person’s estate. If you are not requesting guardianship over the protected person’s estate, skip this step and move on to INSTRUCTIONS: STEP 6. Once completed, the Information Regarding the Protected Person’s Estate will go directly behind the Cover Page B.

EXHIBIT B: Information Regarding the 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 Yes No monthly: \$ _____
- Veterans Affairs Yes 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.

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INSTRUCTIONS: STEP 6

Complete the Confidential Information Sheet-Guardianship as Shown:

For the protected person and each guardian, you must attach a copy of one of the following documents: Social Security card, taxpayer identification card, valid driver's license, valid identification card, or valid passport. If you cannot obtain a copy of identification for the protected person and/or guardian, complete as much information as possible.

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

2) Check the box for the correct type of guardianship. Print the name of the Protected Person. You will be assigned a Case No. when you file the Petition with the Court.

3) Complete pages 1 - 2, following the instructions on each page. Make sure to mark the box for the type of identification you are providing on each person.

Attach a copy of each identification to the form.

COURT CODE: GRR1
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:

<input type="checkbox"/> Person	CASE NO.: _____
<input type="checkbox"/> Estate	DEPT: _____
<input type="checkbox"/> Person and Estate	

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

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	

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Page 1 of 2 – Confidential Information Sheet (Adult)

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INSTRUCTIONS: STEP 7

Electronically Filing the Documents

You will need to upload the original documents to eFlex. EFlex is available online at <https://wceflex.washoecourts.com/>, and in the Law Library and the Resource Center.

If you have not done so, you will need to sign up for an eFlex account and turn in the EFile User Agreement (*see INSTRUCTIONS: STEP 1*), to the Second Judicial District Court, or email to eflexsupport@washoecourts.us.

Sign into your eFlex account using the username and password you created and electronically file the:

- Petition to Transfer Adult Guardianship to Nevada
- Exhibit A: List of Adult's Relatives (*as a continuation to the Petition*)
- Exhibit B: Information Regarding the Protected Persons Estate (*as a continuation to the Petition*)
- Exhibit C: the certified copy of other state's provisional order of transfer to Nevada (*as a continuation to the Petition*)
- Confidential Information Sheet-Guardianship with Required Identification

Make sure to keep the original copy of any documents you file for your personal records. File-stamped copies of your documents are available through your eFlex account.

Scanners are available in the Law Library and the Resource Center.

There may be a filing fee charged when the documents are filed. Fee information is available at the Resource Center and online at: www.washoecourts.com.

FILING FEE WAIVERS

If you cannot afford the filing fee, you may apply to have your filing fee waived. To apply, you must fill out and file the **Application for Waiver of Fees and Costs packet**, which you can get at:

- Resource Center, 1 South Sierra Street, Reno, NV, Third Floor
- Law Library, 75 Court Street, Reno, NV, First Floor
- Online at: www.washoecourts.com (select the "Forms & Packets" tab on the top right hand side of the home screen)

INSTRUCTIONS: STEP 8

Setting the Hearing

In order to set a hearing on the petition for guardianship, you must contact the guardianship court clerk by: calling 775-328-3135, emailing the Citation to AdultGuardianship@washoecourts.us. If the Clerk is unavailable, he or she will follow up with you regarding a hearing date.

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INSTRUCTIONS: STEP 9

Complete the Citation to Appear and Show Cause as Shown:

You must contact the Court to set your petition for hearing and have the Citation issued. You may do this by: 1) emailing the Citation to AdultGuardianship@washoecourts.us, or 2) calling the guardianship Court Clerk at 775-328-3135. If you have any questions about getting the Citation issued, call 775-328-3135. You must serve a copy of the file-stamped Petition and Citation to Appear and Show Cause to the following protected person's family members (if surviving):

- Mother
- Father
- Children (over the age of 14)
- Grandparents
- Siblings (over the age of 14)
- Spouse
- Grandchildren (over the age of 14)

You will also need to serve

- The Protected Person by personal service.
- The Protected Person's attorney.
- The Director of the Department of Health and Human Service if the Protected Person has received or is receiving benefits from Medicaid.
- The Department of Veteran Affairs if the Protected Person is receiving benefits from the VA.
- Anyone else who is listed under NRS 159.034.

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

COURT CODE: 1395
Your Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Email Address: _____
Self-Represented _____

2) Print the heading, Case No., and Dept. No. exactly as it appears on all your other documents for this Guardianship case.

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

CASE NO.: _____
DEPT: _____

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

3) Print the names of all the people required to serve.

CITATION TO APPEAR AND SHOW CAUSE
TO: *(protected person's name)* _____
(protected person's attorney's name) _____
(guardian's names) _____

4) Print the names of the Guardians on page 2.

ALL KNOWN RELATIVES OF THE PROTECTED PERSON:

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

5) Leave the rest of page 2 blank. Court staff will fill this out.

ANY PERSON HAVING THE CARE, CUSTODY, AND CONTROL OF THE PROTECTED PERSON

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Page 1 of 2 - Citation to Appear and Show Cause (Generic)

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INSTRUCTIONS: STEP 10

Serving the Documents

Serve everyone listed on the front of the Citation with one copy of the Petition (if you have not already done so) and one copy of the Citation to Appear and Show Cause.

Service may be made by certified mail, with a return receipt requested at least 20 days before the hearing, or personal service at least 10 days before the date set for the hearing.

The Protected Person must be served by personal service. Personal service cannot be completed by you.

When you serve by certified mail, keep the white slips and green return cards to attach to your Certificate of Mailing (*see INSTRUCTIONS: STEP 12*).

For personal service, service may be completed by:

- The Civil Division of the Sheriff's Office in the County in which the person you are serving resides or works; or
- A responsible adult over the age of 18 years that does not need to be served the documents themselves; or
- A private process service.

If you are serving anyone other than the Protected Person or the Protect Person's attorney by personal service, you will need additional forms. Contact the Law Library or Resource Center for more information.

The Declaration of Service must be completed by the person who served and filed in this case (*see INSTRUCTIONS: STEP 11*).

Service by Publication

You must make a serious attempt to locate everyone listed on the front of the Citation. If none of the persons, (excluding the Director of the Department of Health and Human Services, the Department of Veteran's Affairs, and the minor child(ren)), entitled to notice of a hearing can be served after due diligence, you may need to file an Ex Parte Motion for Publication.

*Due Diligence is a serious attempt to find the person in the State of Nevada. A serious attempt includes, but is not limited to:

- checking with last known address or place of employment,
- contacting them at their last known email address or phone number,
- contacting family or friends that may be able to provide you with an address or serve them for you,
- conduct an online search on internet databases such as "White Pages" or "Google" people locator,
- contacting them via social media such as "Facebook" or "Twitter",
- or a real property search from the Washoe County Assessor's Office.

If you request the Court's permission to provide notice via publication, you must list all of your attempts to find each person in your request. Just by saying you do not know where the person is and have not heard from them IS NOT ENOUGH for a court order to publish in the newspaper.

INSTRUCTIONS: STEP 11

Complete the Declaration of Service for all Persons Personally Served as Shown:

This form is completed by the person who served the documents.

1) Print your name (the person who served the documents), address, telephone number, and email address.

2) Print the heading, Case No., and Dept. No. exactly as it appears on all your other documents for this Guardianship case.

3) Complete pages 1 – 2, following the instructions on each page.

COURT CODE: 1520
 Your Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____
 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

CASE NO.: _____
 DEPT.: _____

of:

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

DECLARATION OF SERVICE ON ADULT PROTECTED PERSON

A copy of the Petition to Transfer Adult Guardianship to Nevada and the Citation to Appear and Show Cause must be personally served to the adult who allegedly needs a guardian. A neutral person, not involved in this case or related to the parties, must personally serve the documents directly to the adult. If that is not possible, the server can personally serve the documents on someone of suitable age and discretion who lives with the adult. The guardians or relatives cannot do this. The person who serves the documents must complete this form.

I, (name of person who served the documents) _____, declare (complete EVERY SECTION below):

- I am not a party to or interested in this action and I am over 18 years of age.
- I am not a licensed process server; I am a natural person serving legal process without compensation, not more than three times per year, on behalf of a litigant who is a natural person, and therefore I am not required to be licensed pursuant to NRS 648.063(2).

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 Page 1 of 2 – Declaration of Service on Protected Person

3. **What Documents You Served.** I served a copy of the (check all that apply)

Petition to Transfer Adult Guardianship to Nevada
 Citation to Appear and Show Cause
 Other: _____

4. **Who & Where You Served.** I personally delivered and left the documents with: (check one)

The Adult Who Is the Subject of This Case. I served the documents on the adult at the location below. (complete the details below)

Name of Person Served _____
 Address Where Served _____
 City, State, Zip Code _____

A Person Who Lives with the Adult. This is a person of suitable age and discretion who lives with the adult. (complete the details below)

Name of Person Served _____
 Address Where Served _____
 City, State, Zip Code _____

5. **When You Served.** I personally served the documents on (date you served the documents) (month) _____ (day) _____, 20____ at the hour of (time) _____: _____ a.m. / p.m.

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

This document does not contain the personal information of any person as defined by NRS 603A.040.

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

Server's Signature: ▶ _____
 Server's Printed Name: _____
 Residential / Business Address: _____
 City, State, Zip: _____
 Server's Phone Number: _____

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 Page 2 of 2 – Declaration of Service on Protected Person

4) The person who served the documents will need to date, sign, print their name, address, and phone number.

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INSTRUCTIONS: STEP 12

Complete the Certificate of Service for all Persons Served by Electronic Service or by Mail as Shown:

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

2) Print the heading, Case No., and Dept. No. exactly as it appears on all your other documents for this Guardianship case.

3) Complete pages 1 – 2, following the instructions on each page.

4) List all the names and addresses of the people served by mail, if any, in these spaces. If more room is needed attach additional sheets.

COURT CODE: 1356
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: _____

CASE NO.: _____
DEPT.: _____

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

**CERTIFICATE OF MAILING FOR THE
PETITION TO TRANSFER ADULT GUARDIANSHIP TO NEVADA**

I HEREBY CERTIFY that I served the: (check all that apply):
 Petition to Transfer Adult Guardianship to Nevada
 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: _____

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Page 1 of 2 – Certificate of Mailing (Adult)

Name: _____ Address: _____
Name: _____ Address: _____
Name: _____ Address: _____
Name: _____ Address: _____
Name: _____ Address: _____

If the adult is in a hospital or in a public or private care facility, mail to the care provider:
Name: _____
Address: _____

If the adult 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

If the adult receives **Veteran's** benefits or payments, check the following box and mail to:
 Department of Veteran's Affairs
5460 Reno Corporate Drive
Reno, Nevada 89541

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

This document does not contain the personal information of any person as defined by NRS 603A.040.

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

(Signature)

(Printed Name)

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

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Page 2 of 2 – Certificate of Mailing (Adult)

5) Date, sign, and print your name.

Do Not Copy Or File This Page

INSTRUCTIONS: STEP 13

Electronically Filing the Documents

You will need to upload the original documents to eFlex. EFlex is available online at <https://wceflex.washoecourts.com/>, and in the Law Library and the Resource Center.

Sign into your eFlex account using the username and password you created and electronically file the:

- Certificate of Mailing for the Petition To Transfer Adult Guardianship to Nevada
- Declaration of Service on Adult Protected Person

Make sure to keep the original copy of any documents you file for your personal records. File-stamped copies of your documents are available through your eFlex account.

Scanners are available in the Law Library and the Resource Center.

Once the Certificate of Mailing and the Declaration of Service have been filed, you will need to mail a file-stamped copy to all of the parties served.

****You are now ready for your hearing. Please review and fill out the remainder of the packet.**

INSTRUCTIONS: STEP 14

The Hearing

Your hearing will be virtual. The Court will send you log in instructions prior. Log in approximately 15 minutes prior to your scheduled time for the hearing.

The Protected Person must attend the hearing. You must reasonably ensure the Protected Person is connected to the hearing.

The Judge will have questions for you. If the transfer is granted, the Judge will issue an Order Approving Transfer of Guardianship of Another State. After the Order is filed, complete the Guardian's Acknowledgment(s) and Letters of Guardianship (if you have not already done so). The Court Clerk will provide you with instructions on the Acknowledgements and Letters of Guardianship.

INSTRUCTIONS: STEP 15

Complete the Guardian's Acknowledgment of Duties and Responsibilities for the Person, Estate, or Person and Estate as Shown:

Once an Order Accepting Guardianship from Another State has been entered, the Guardian(s) must complete the Acknowledgment of Duties and Responsibilities. You will find two separate acknowledgments attached. Only one is shown below. If a guardianship of the person and estate is granted, fill out both acknowledgments. If not, fill out the one for the person or the estate depending on the type of guardianship. If co-guardians are appointed, each must fill out their own form(s). Additional copies of the forms are available at the Law Library, Resource Center, or for free at www.washoecourts.com.

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

2) Print the heading, Case No., and Dept. No. exactly as it appears on all your other documents for this Guardianship case.

3) Initial on each line indicating that you agree and understand each duty and responsibility. Complete the remaining pages.

COURT CODE: 1780
Your Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____
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
 Person and Estate
of: _____

CASE NO.: _____
DEPT: _____

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

**GUARDIAN'S ACKNOWLEDGMENT OF DUTIES AND RESPONSIBILITIES
OF THE PERSON (ADULT)**

I hereby declare that I understand there are certain duties and responsibilities required of me in the administration of the above guardianship. By initialing each item below, I understand my guardianship duties and responsibilities include, but are not limited to the following:

A. Duties and Functions

I acknowledge and understand that the duties and functions of a Guardian are as follows:

_____ To always act in the best interest of the Protected Person.

_____ To supply the Protected Person with proper care, including food, shelter, clothing, and all incidental necessities: appropriate residence, support, and education, including training for a profession, if applicable.

_____ To provide the Protected Person with medical, surgical, dental, psychiatric, psychological, hygienic, or other care and treatment as needed.

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Page 1 of 5 - Guardian's Acknowledgment (Adult - Person)

Do Not Copy Or File This Page

INSTRUCTIONS: STEP 16

Complete the Letters of Guardianship as Shown:

Page 1 of 2

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

2) Print the heading, Case No., and Dept. No. exactly as it appears on all your other documents for this Guardianship case.

3) Fill in the date of the hearing and name(s) of the petitioners.

4) Leave the bottom date and Deputy Clerk signature blank. The Deputy Clerk will date and sign this if the permanent guardianship is granted.

COURT CODE: 1910
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:

General Guardianship of the Person
 General Guardianship of the Estate
 General Guardianship of the Person & Estate
 Special Guardianship

CASE NO.: _____
DEPT.: _____

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

LETTERS OF GUARDIANSHIP

On (month) _____ (day) _____, 20____, a Court Order was entered appointing (name of first guardian) _____ and (name of second guardian, or "n/a") _____ as Guardian(s) of the above named protected person. The named Guardian(s), having duly qualified, is/are authorized to act and has/have authority to perform the duties of such Guardian(s) as provided by law.

In testimony of which, I have this date signed these Letters and affixed the Seal of the Court.

DATED _____ JACQUELINE L. BRYANT
CLERK OF COURT

BY: _____
Deputy Clerk

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Page 1 of 2 - Letters of Guardianship (Adult)

Page 2 of 2

5) If there is more than one person applying for guardianship, make copies of this page for each additional guardian.

6) Print your name and address(es).

7) Leave the rest of this form blank and follow the Clerk's instructions.

OATH
(do not sign this until you are in front of the Clerk of Court or a Notary Public)

I, (name of guardian) _____,
residing at (street/city/state/zip): _____,
whose mailing address is (street/city/state/zip): _____,
solemnly affirm that I will well and faithfully perform the duties of Guardian according to law. I will file all reports, at least annually, and when ordered by the Court. I affirm that any matters stated in any petition, document or court proceeding are true of my own knowledge or if any matters are stated on information or belief, I believe them to be true. I affirm I will follow the Protected Person's Bill of Rights to the greatest extent possible.

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

EXECUTED this _____ day of _____, 20____.

(Signature)

(Printed Name)

Signed and sworn to before me on this (day) _____ day of (month) _____, 20____
by (name of guardian) _____

DEPUTY CLERK / NOTARY PUBLIC

(Repeat oath for each guardian; attach separate sheets if necessary)

Page 2 of 2 - Letters of Guardianship (Adult)

Do Not Copy Or File This Page

INSTRUCTIONS: STEP 17

Filing the Acknowledgments, Letters of Guardianship, and Oath

If the Court Clerk administers the Oath of Guardianship before or after the hearing: file the completed Acknowledgements. The Court Clerk will assist you with issuing the Oath and completing this step.

If your Oath is not administered by the Court Clerk: file the completed Acknowledgements and contact adultguardianship@washocourts.us or 775-328-3135 on how to proceed.

What Happens Now?

After being granted the guardianship, there is additional paperwork that is required by NRS 159. Attached to this packet is a check list to assist you. Some documents must be filed yearly.

For any additional questions please contact the Resource Center.

Additional forms can be found at www.washocourts.com.

Check List of Forms

<input checked="" type="checkbox"/>	<i>Name of Form</i>	<i>Time to File</i>
<input type="checkbox"/>	<i>Letters of Guardianship and Oath of Guardian</i>	<i>Filed as soon as possible after the order appointing guardian is entered.</i>
<input type="checkbox"/>	<i>Acknowledgment of Responsibility and Duties (Person)</i>	<i>Filed as soon as possible after the order appointing guardian of the person is entered.</i>
<input type="checkbox"/>	<i>Acknowledgment of Responsibility and Duties (Estate)</i>	<i>Filed as soon as possible after the order appointing guardian of the estate is entered.</i>
<input type="checkbox"/>	<i>Report of the Guardian of an Adult</i>	<i>Required annually within 60 days of the anniversary of the order appointing guardian, or whenever the court requests.</i>
<input type="checkbox"/>	<i>Accounting</i>	<i>Required annually within 60 days of the anniversary of the order appointing guardian, or whenever the court requests.</i>
<input type="checkbox"/>	<i>Inventory, Appraisal, and Record of Value</i>	<i>Must be filed no later than 60 days after being appointed as a guardian of the estate, or whenever the court requests.</i>
<input type="checkbox"/>	<i>Certificate of Completion of Guardianship Training</i>	<i>As soon as an available class has occurred and you have completed the training.</i>

This is not a comprehensive list, please see your Acknowledgment of Responsibility and Duties for a complete list of all responsibilities.

Legal Assistance Information

The information in this packet is provided as a courtesy only. This packet is not a substitute for the advice of an attorney. Counsel is always recommended for legal matters.

If you do not have an attorney, you are encouraged to seek the advice of a licensed attorney or contact the Resource Center or the Law Library. **The Resource Center and the Law Library staff cannot give legal advice** but can give information regarding court procedures.

You may wish to speak with a lawyer at no cost through the Law Library's Lawyer in the Library program. The Lawyer in the Library program is held via Zoom; you must register ahead of time to participate. No walk-ins accepted as space is limited.

LAWYER IN THE LIBRARY

Sign up on our website:

<https://www.washoecourts.com/LawLibrary/LawyerInLibrary>

For questions, contact the Law Library at 775-328-3250

To seek assistance from other free or reduced-cost legal resources in the area, please contact:

NEVADA LEGAL SERVICES

449 S. Virginia St.
Reno, NV 89501

775-284-3491 – leave a message, if
necessary

<https://nevadalegalservices.org>

NORTHERN NEVADA LEGAL AID

1 S. Sierra St., 1st Floor
Reno, NV 89501

775-321-2062 – leave a message, if
necessary

<https://nnlegalaid.org>