

CUSTOMER INFORMATION	
Contact Person:	NLF Rep: <i>(internal use only)</i>
Street Address:	Cell Phone:
City, State, Zip Code:	Alternate Phone:
EMAIL (required):	
Type of Guardianship: <input type="checkbox"/> Person/Estate <input type="checkbox"/> Person <input type="checkbox"/> Estate	
PETITIONER'S INFORMATION	
(1) Full Legal Name:	
(2) Date of Birth:	(3) SS#:
(4) Street Address:	
(5) City, State, Zip Code:	
(6) Mailing Address: <i>(if different)</i>	
(7) Phone Number:	
(8) Email Address:	
(9) Relationship to the proposed Ward:	
(10) If the Petitioner and the proposed Ward are married, the date of marriage was:	
(11) Are you currently the guardian for this Ward in another state?	
(12) Have you ever 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? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:	
(13) Have you ever been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:	
(14) Have you ever 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. <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:	
(15) Have you filed for Bankruptcy in the last 7 years? <input type="checkbox"/> No <input type="checkbox"/> Yes, year:	
(16) Are you a party to a pending criminal or civil litigation? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:	

CO-GUARDIAN'S INFORMATION (if applicable)

(17) Full Legal Name:

(18) Date of Birth:

(19) SS#:

(20) Street Address:

(21) City, State, Zip Code:

(22) Mailing Address: (if different)

(23) Email Address:

(24) Relationship to the proposed Ward:

(25) Has the Co-Petitioner ever 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?

- No
- Yes, explain:

(26) Has the Co-Petitioner ever been convicted of a felony?

- No
- Yes, explain:

(27) Has the Co-Petitioner ever 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.

- No
- Yes, explain:

(28) Has the Co-Petitioner filed for Bankruptcy in the last 7 years?

- No
- Yes, year:

(29) Is the Co-Petitioner a party to a pending criminal or civil litigation?

- No
- Yes, explain:

PROPOSED WARD'S INFORMATION

(30) Ward's Full Legal Name:

(31) Date of Birth:

(32) Birthplace:

(33) SS#:

(34) Current Street Address:

(35) Current City, State, Zip Code:

(36) Mailing Address (if different from above):

(37) How long has the proposed Ward lived at the address above:

(38) How long has the proposed Ward lived in Nevada:

(39) Name and address of any person or care provider having care and control over the proposed Ward:

Name:

Address:

(40) The above care provider above is caring for the proposed Ward because:

(41) A guardianship is needed because:

(42) The proposed Ward:

has no assets or income.

has assets and income.

is or will be entitled to assets or income.

Less than \$10,000

More than \$10,000

(43) The proposed Ward:

does receive money from the Department of Veteran's Affairs.

does not receive money from the Department of Veteran's Affairs.

(44) Does the proposed Ward receive Medicaid, or has the proposed Ward ever received Medicaid?

Yes

No

(45) The proposed Ward has executed the following: *(check all that apply)*

Revocable Living Trust. The agent is: _____

Durable Power of Attorney for Health Care. The agent is: _____

Durable Power of Attorney for Financial Matters. The agent is: _____

Written nomination of guardian. The agent is: _____

None of the above.

Unknown if the proposed Ward has executed any of the above documents.

**Copies of the checked documents above will be required to be filed with the petition.*

(46) The following less restrictive alternatives have been tried before filing this Petition:

Supported Decision Making Agreement

Power of Attorney

Power of Attorney for People with Intellectual Disabilities

Representative Payee Designation

Microboard / Circle of Friends

Other: _____

The items marked above are not working because:

Specific Powers Requested. If appointed, what specific powers, if any, would the Guardian need? *(Explain what the Guardian will need for the ability to manage investments, loans, handle business transactions, sell property, etc.)*

(47) Check all applicable.

- Voting Rights: The proposed Ward 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.
- Firearms/Guns: 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.
- Driving: The adult should be allowed to drive.
 The adult should not be allowed to drive.

(48) The proposed Ward *(check one)*:

- is not a party to any pending criminal or civil lawsuit.
 is a party to any pending criminal or civil lawsuit. Explain.

(49) Check one

- This guardianship is not sought for the purpose of initiating a lawsuit.
 This guardianship is sought for the purpose of initiating a lawsuit. Explain.

(50) Check one

- This guardianship IS NOT requested because of an investigation of abuse, neglect, exploitation, isolation or abandonment of the adult.
 This 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

Notes: