



# **Nevada Immigrant Safety Plan for Youth and Children**

See Appleseed's **Deportation Preparation Manual for Immigrant Families: Make a Plan to Protect Your Kids and Finances in the Face of Deportation** for more, available at [www.deportationpreparation.org](http://www.deportationpreparation.org).

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#### **Obtaining Birth Certificates**

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To see the most current version of Appleseed's deportation preparation resources, as well as translations, visit [deportationpreparation.org](http://deportationpreparation.org).

# Custodial Options for Family Planning in Nevada<sup>1</sup>

If you live in Nevada and need someone else to have the authority to care for your child when you cannot be there, you have two main choices. Each choice gives the person caring for your child different rights and responsibilities. Here's a guide to help you understand your options:

## **Option 1: Short-Term Guardianship Agreement**

### ***When should this option be considered?***

This option should be used if you expect to be gone or cannot care for your child for a temporary period of time.

### ***What is it and what powers will it give the caregiver?***

A short-term guardianship is a private agreement that does not require a judge's approval. It allows a parent to temporarily authorize another adult to act in the parent's place in making whatever decisions are necessary concerning the day-to-day care of the child, including educational decisions, legal decisions and health decisions. It does not give the caregiver legal custody.

### ***How does this option affect my parental rights and authority?***

The parent retains all legal rights, as legal custody is not formally transferred.

### ***Who needs to sign the form? Does it need to be notarized?***

The parents will sign. Only one parent's signature is needed if the other parent is deceased, unknown, has no legal rights, or has had their parental rights terminated. If the child is 14 or older, the child will sign as well. The form must be notarized.

### ***How can parents and caregivers use the form?***

Give copies to the child's school, doctor, dentist, and anyone else who needs proof of the caregiver's authority to make decisions. Keep extra copies in a safe place. There is no need to file it with the court.

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<sup>1</sup> State of Nevada Administrative Office of the Courts, Self-Help Center, Guardianship: Overview, available at <https://selfhelp.nvcourts.gov/self-help/guardianship/overview>; Generations United and Nevada Department of Health and Human Services, Division of Child and Family Services, Family Program Office, Adoption and Guardianship for Children in Kinship Foster Care: Comparison Chart for Nevada, available at [https://www.jitnevada.org/documents/2022\\_Grandfamilies-Adoption-Guardianship\\_NV.pdf](https://www.jitnevada.org/documents/2022_Grandfamilies-Adoption-Guardianship_NV.pdf).



## ***For how long is the form valid?***

Up to six months from the date it is signed. After expiration, the parties can sign another short-term guardianship agreement or file for permanent guardianship through the court.

## ***Can this option canceled or changed by the parent?***

Yes, the short-term guardianship may be terminated in writing by the parent, by the guardian, or by court order.

## ***Are there any costs associated with this option?***

Notary fees may apply.

## ***Any other considerations?***

Because it is not a court order, some schools, doctors or other institutions may not accept this type of form.

## **Link to form:**

- <https://selfhelp.nvcourts.gov/images/guardianship/gship-child-short-term-pdf.pdf>

## **Option 2: Court-Ordered Guardianship**

### ***When should this option be considered?***

This option is best if you expect to be gone or cannot care for your child for an extended period of time.

### ***What is it and what powers will it give the caregiver?***

Guardianship means obtaining the legal authority to make decisions for a child for whom you are not the parent. The guardian will be able to make personal and medical decisions for the child, including healthcare decisions, as well as decisions regarding school.

### ***How does this option affect my parental rights and authority?***

You keep the rights to visit the child and to consent to adoption. You may have the right to access the child's medical, mental health, and education records and must be informed about any emergencies and major medical incidents. You have an obligation to financially support the child if ordered by the court.

### ***Who needs to sign the form? Does it need to be notarized?***

To start a guardianship case, four forms must be filed in court:

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1. Family Cover Sheet – asks for basic information about you, any person who wants to be a co-guardian with you, and the children over whom you are asking to be the guardian. Signed by you only.
2. Confidential Information Sheet – used for attaching copies of government identification for you, the proposed co-guardian (if any), and the child. Signed by you only.
3. Petition for Appointment of Guardian – tells the court who is asking to be named the guardian and why. Signed by you and the proposed co-guardian (if any).
4. Citation to Appear and Show Cause – sets a court date for your request to be named the guardian. Will be signed by the court clerk at the time of filing.

After you have filed the completed forms in court, you must serve a copy of the Petition and the Citation on – or obtain a signed and notarized Consent and Waiver of Service from – certain people, including (even if they are not involved in the child's life):

- the child, if age 14 or older;
- the child's parents;
- the child's grandparents;
- the child's brothers and sisters who are 14 years or older; and
- the child welfare agency in which the child is in the care, custody, or control (if applicable)

After filing and serving the guardianship papers, you, the proposed co-guardian (if any), and the child must appear at a hearing in front of a judge. The parents and other relatives can also attend. The judge will then decide whether to grant the guardianship.

### ***How can parents and caregivers use the form?***

After the judge signs the order and issues letters of guardianship, give certified copies to the school, doctors, insurance company, and anyone else who needs proof. Keep the original court papers in a safe place.

### ***For how long is the form valid?***

Until the child turns 18. If the child will not graduate high school until the age of 19, the child and the guardian can ask that the guardianship continue until the child graduates



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high school or turns 19, whichever happens first. The guardian and the child must file their consent to continue the guardianship at least 2 weeks before the child turns 18.

### ***Can this option be revoked or changed by the parent?***

This option can only be revoked or changed by returning to court and obtaining a new order. This is not an instantaneous process.

### ***Are there any costs associated with this option?***

Court filing fees, possible attorney fees, and costs for certified copies may apply to this option.

### ***Any other considerations?***

Because it is a court order, schools and agencies must accept it.

### **Link to form:**

- <https://selfhelp.nvcourts.gov/self-help/guardianship/filing-for-guardianship-over-a-child/court/file>



## Sample Forms and Petitions

Samples of the form or petition for each of these custodial arrangements appear on the following pages.

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### Form of Family Cover Sheet

*[See form on following page]*

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## CIVIL (FAMILY/JUVENILE-RELATED) COVER SHEET

County, Nevada  
Case No. \_\_\_\_\_  
*(Assigned by Clerk's Office)*

<b>I. Party Information</b> <i>(provide both home and mailing addresses if different)</i>	
Plaintiff/Petitioner (name/address/phone):	Defendant/Respondent/Co-petitioner (name/address/phone):
D.O.B.	D.O.B.
E-mail address:	E-mail address:
Attorney (name/address/phone):	Attorney (name/address/phone):
Law Firm/Bar #	Law Firm/Bar #
E-mail address:	E-mail address:
Will an Interpreter be required for court hearings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will an Interpreter be required for court hearings? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what language will need to be interpreted? _____	If yes, what language will need to be interpreted? _____
Contact court clerk for further information about interpreters	

**II. Nature of Controversy** *(Please check the most appropriate case type listed below)*

**Family-Juvenile Related Cases**

Domestic Relations Case Filing Types	Other Family Related Case Filing Types
<b>Marriage Dissolution Case</b> <input type="checkbox"/> Annulment <input type="checkbox"/> Divorce - With Children <input type="checkbox"/> Divorce - Without Children <input type="checkbox"/> Foreign Decree <input type="checkbox"/> Joint Petition - With Children <input type="checkbox"/> Joint Petition - Without Children <input type="checkbox"/> Separate Maintenance <input type="checkbox"/> Paternity <input type="checkbox"/> Custody (Non-Divorce)	<input type="checkbox"/> Request for Temporary Dom. Viol. Protective Order <input type="checkbox"/> Request for Dom. Viol. Extended Temporary Protective Order <input type="checkbox"/> Request for High Risk Protective Order <input type="checkbox"/> Request for Extended High Risk Protective Order <b>Other Domestic Relation Case Filings</b> <input type="checkbox"/> Name Change <input type="checkbox"/> Permission to Marry <input type="checkbox"/> Other Domestic Relation Filings <input type="checkbox"/> Mental Health (e.g., Involuntary Commitment)
<b>Support (Non-Divorce)</b> <input type="checkbox"/> IV-D UIFSA <input type="checkbox"/> Intrastate (Title IV-D) <input type="checkbox"/> Other Support (Non-Title IV-D) <input type="checkbox"/> Visitation (Non-Divorce)	<b>Guardianship Case Filing Types</b> <input type="checkbox"/> Guardianship of an Adult <input type="checkbox"/> Guardianship of a Minor <input type="checkbox"/> Guardianship Trust  Estimated Estate Value: _____
<b>Termination of Parental Rights (TPR)</b> <input type="checkbox"/> State-Initiated TPR Petition (District Attorney filing only) <input type="checkbox"/> Other TPR Petition (Private Request)	<b>Juvenile-Related Case Filing Types</b> <input type="checkbox"/> Delinquency Petition (select charge type below) <input type="checkbox"/> Person <input type="checkbox"/> Property <input type="checkbox"/> Drug <input type="checkbox"/> Public Order <input type="checkbox"/> Other <input type="checkbox"/> Status Petition <input type="checkbox"/> Dependency Petition <input type="checkbox"/> Child Abuse/Neglect Petition <input type="checkbox"/> Dependent (No Fault) <input type="checkbox"/> Other Dependency/Child Victim <input type="checkbox"/> Miscellaneous Juvenile Petition <input type="checkbox"/> Emancipation Petition
<b>Adoptions</b> <input type="checkbox"/> Adult <input type="checkbox"/> Minor	

**Children involved in this case:**

Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____

\_\_\_\_\_ Date
\_\_\_\_\_ Signature of initiating party or representative

*For Clark and Washoe Counties, please use their Family Court Cover Sheet for family-related case filings.  
Please see the Family Court Clerk in those counties for copies of their forms.*

Nevada AOC - Research Statistics Unit  
Pursuant to NRS 3.275

Rev. P3.2



**Form of Confidential Information Sheet**

*[See form on following page]*

COURT CODE: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Self-Represented

**DISTRICT COURT**  
\_\_\_\_\_ **COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Estate
- Person and Estate

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

of:

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

**CONFIDENTIAL INFORMATION SHEET – GUARDIANSHIP**

First Guardian (full legal name): \_\_\_\_\_

Does this guardian need an interpreter:  Yes  No  
(If yes, which language?) \_\_\_\_\_

Identification Attached (check one and attach a copy):

- Social Security Number
- Birth Certificate
- Valid Driver’s License Number
- Valid Identification Card Number
- Valid Passport Number
- Valid Permanent Resident Card Number
- Valid Tribal Identification Card Number

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

Does this guardian need an interpreter:  Yes  No  
(If yes, which language?) \_\_\_\_\_

Identification Attached (check one and attach a copy):

- Social Security Number
- Birth Certificate
- Valid Driver’s License Number
- Valid Identification Card Number
- Valid Passport Number
- Valid Permanent Resident Card Number
- Valid Tribal Identification Card Number

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**If you are unable to provide identification for the child now, you must provide it within 120 days after being appointed the guardian.**

Child (child's full legal name): \_\_\_\_\_

Does the child need an interpreter:  Yes  No

(If yes, which language?) \_\_\_\_\_

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

- Social Security Number
- Birth Certificate
- Valid Driver's License Number
- Valid Identification Card Number
- Valid Passport Number
- Valid Permanent Resident Card Number
- Valid Tribal Identification Card Number

<b>Placement Of Child:</b>	<b>Location Of Guardian(s):</b>
<input type="checkbox"/> With Guardian <input type="checkbox"/> Secured Facility <input type="checkbox"/> Group Home <input type="checkbox"/> Host Family <input type="checkbox"/> Family/Friends <input type="checkbox"/> Out of State <input type="checkbox"/> Other _____	<input type="checkbox"/> Nevada <input type="checkbox"/> Other State (list): _____
	<b>Proposed Guardian(s) Relationship to the Child:</b>
	<input type="checkbox"/> Relative <input type="checkbox"/> Private: License Number: _____ <input type="checkbox"/> Other _____
<b>Child's Gender:</b>	<b>Child's Date Of Birth:</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____ Date Child Turns 18: _____

This document  **DOES – OR–**  **DOES NOT** contain the personal information of a person as required by NRS 159A.044.

Submitted by:

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

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

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

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### Form of Petition for Appointment of Guardian

*[See form on following page]*

COURT CODE: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Self-Represented

**DISTRICT COURT**  
\_\_\_\_\_ **COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Estate
- Person and Estate

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

of:

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

**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):

Horizontal lines for text entry.

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)

- checkbox The guardianship IS NOT requested because of an investigation of abuse or neglect conducted by Child Protective Services (CPS) or law enforcement.
checkbox 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):

- checkbox No, Petitioner(s) is not/are not being paid for services as a guardian.
checkbox 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

**Brothers and Sisters:**

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.**



## Nevada Safety Plan

December 2025

### Form of Citation to Appear and Show Cause

*[See form on following page]*



# Nevada Safety Plan

December 2025

COURT CODE: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Self-Represented

**DISTRICT COURT**  
\_\_\_\_\_ **COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Estate
- Person and Estate

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

of:

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

## 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

**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

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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 pursuant to NRS 159A.045; (b) a guardian ad litem or an advocate for the best interests of the proposed protected minor pursuant to NRS 159A.0455 if an attorney has been appointed pursuant to NRS 159A.045 or for good cause shown.

**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 \_\_\_\_\_ Judicial District Court, located at *(insert full address)* \_\_\_\_\_, Courtroom number \_\_\_\_\_.

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

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.

**Form of Short-Term Guardianship Agreement**

*[See form on following page]*

# Nevada Safety Plan

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## SIX MONTH TEMPORARY GUARDIANSHIP UNDER A.B. 319, 2017 Leg., 79<sup>th</sup> Sess. (Nev. 2017)

I, (parent name) \_\_\_\_\_,  
 of (address, city, state, zip code) \_\_\_\_\_  
 the parent of the minor child, (child's name) \_\_\_\_\_  
 whose date of birth is \_\_\_\_\_, hereby desire to appoint  
 (guardian's name) \_\_\_\_\_  
 of (address, city, state, zip code) \_\_\_\_\_  
 as short term guardian pursuant to A.B. 319, 2017 Leg., 79th Sess. (Nev. 2017).

**Carefully read each of the following statements and initial all that are true.**

- \_\_\_\_\_ 1. I am the legal custodian of the minor child.
- \_\_\_\_\_ 2. The other parent's parental rights have not been terminated by court order.
- \_\_\_\_\_ 3. The other parent's whereabouts are known.
- \_\_\_\_\_ 4. The other parent is willing and able to make and carry out daily child care decisions concerning the minor child.

**WARNING: If paragraphs 2, 3, and 4 have all been initialed, the other parent must sign page 2 of this form to make this short-term guardianship valid.**

I specifically consent that the named guardian may make whatever decisions are necessary concerning the day-to-day care of (child's name) \_\_\_\_\_, including educational decisions, legal decisions and health decisions. The named guardian may authorize all routine medical and dental care, and in the event of any medical emergency, the named guardian may authorize operative care.

**This guardianship shall expire six (6) months from the date that appears below unless it is renewed by an acknowledged writing prior to the expiration date.** This guardianship may be terminated by me, by the guardian or by an order of a court of competent jurisdiction that may appoint a guardian of the minor child, but such termination must be accomplished by a written instrument.

I am the legal custodian of the minor child and am competent to make this appointment.

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

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

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on  
 this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
 NOTARY PUBLIC



**IMPORTANT: If items 2, 3, and 4 on the prior page were all initialed, the other parent must sign below to consent to the temporary short term guardianship.**

**PARENT’S CONSENT**

I hereby consent to the above-named person being appointed as my child’s guardian. I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Date: \_\_\_\_\_ Parent’s Signature: \_\_\_\_\_  
Print Your Name: \_\_\_\_\_

**IMPORTANT: If the minor child is fourteen (14) years of age or older, the minor child must sign below to consent to the temporary short term guardianship.**

**MINOR’S CONSENT**

I hereby consent to the above-named person being appointed as my guardian.

Date: \_\_\_\_\_ Minor’s Signature: \_\_\_\_\_  
Print Your Name: \_\_\_\_\_

**GUARDIAN’S ACCEPTANCE OF APPOINTMENT**

I, (*guardian’s name*) \_\_\_\_\_ hereby accept this appointment as temporary short term guardian for the minor child identified in this instrument and will accept responsibility for the care, custody, and control of said minor child, including all necessary authority and power to furnish and provide care and services to said minor child as may seem necessary, proper, or desirable in the child’s best interest and welfare, including, but not limited to, food, clothing, shelter, education, and medical-surgical-dental care and treatment. I understand this guardianship shall become effective upon my execution of this document in the presence of a Notary Public for a period of six (6) months and may be terminated by an instrument in writing signed by either parent of the minor child if that parent has not had their rights legally terminated by an order of a court of competent jurisdiction.

Date: \_\_\_\_\_ Guardian’s Signature: \_\_\_\_\_  
Print Your Name: \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC



## Obtaining Birth Certificates<sup>2</sup>

Nevada law requires applicants for a birth record to have a direct and tangible interest in the recorded matter.<sup>3</sup>

### Who can order a birth certificate?

- The person named on the birth certificate
- Parent (if listed on the document) of the person named on the birth certificate
- Grandparent (with birth certificate of their child) of the person named on the birth certificate
- Child (with own birth certificate) of the person named on the birth certificate
- Sibling (with own birth certificate listing a common parent) of person named on the document
- Grandchild or step-parent/child (with own birth certificate, parent's birth certificate, and death certificate showing blood relationship (if applicable)) of the person named on the birth certificate
- The current spouse (with proof of marriage), ex-spouse (with proof of divorce) or domestic partner (with domestic partnership certificate) of the person named on the birth certificate
- Attorney (with documentation (e.g., affidavit established by the Office of Vital Records, or court order) of legal need)
- Legal guardian (with court order or original short-term guardianship agreement)

### Where can you obtain a birth certificate?

- In Person
  - Office of Vital Statistics:  
4150 Technology Way Ste 104  
Carson City, NV 89706

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<sup>2</sup> State of Nevada Division of Public and Behavioral Health, Office of Vital Statistics – Birth, Death, Marriage and Divorce Records, <https://www.dpbh.nv.gov/programs/birth-death-marriage-divorce-records/>

<sup>3</sup> NRS 440.650.

## Nevada Safety Plan

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- Mail
  - N/A
- Internet, Fax, Telephone
  - Vitalchek.com
  - Phone: (877) 456-5410, open 24 hours/7 days per week



## Immunizations<sup>4</sup>

- Nevada WebIZ (pronounced “web-eye-zee”) has been in use since 2003, and reporting became mandatory in 2007 (for children) and 2009 (for adults). As of June 2025, the system contained over 5.5 million patient records, which include over 67 million vaccinations. Over 2,000 public and private authorized organizations in over 3,200 locations, including medical practices, hospitals, local health authorities, school districts, and child care facilities, have access to view, add, and/or update immunization information for Nevada’s communities.
- Parents and adults can access and print an official immunization record anytime by visiting the Nevada WebIZ [Public Access Portal](#).

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<sup>4</sup> State of Nevada Division of Public and Behavioral Health, Nevada WebIZ, <https://www.dpbh.nv.gov/programs/immunizations/nevada-webiz/>

## Consulates in Nevada<sup>5</sup>

Country	Address	Contact Information
Armenia	1013 Whitney Ranch Dr Henderson, NV 89014	(702) 405-6655
Belgium	3993 Howard Hughes Parkway, Suite 780 Las Vegas, NV 89169	(702) 487-7422 belgianconsulnv@gmail.com
Botswana	1811 Bluegill Way #C Henderson, NV 89014	(702) 419-4650 michaeljgordon24@gmail.com
Bulgaria	900 South Pavilion Center Drive Las Vegas, NV 89144	(702) 240-0831 bob@rjmillerconsulting.com maryann@rjmillerconsulting.com
Chile	1930 Village Ctr., Circle 3 - 711 P.O. Box 371216 Las Vegas, NV 89134	(702) 456-9965 consulchile@hotmail.com vegas@consul.cc
Czech Republic	5951 Keomah Street Pahrump Las Vegas, NV 89061	(702) 490-0285 lasvegas@honorary.mzv.cz
El Salvador	765 North Nellis Blvd., Suite C-5 Las Vegas, NV 89110	(702) 437-5337 consuladolasvegas@ree.gov.sv consuladolasvegas2@gmail.com
France	c/o TISOH 3614 E Sunset Rd #110 Las Vegas, NV 89120	(702) 342-9010 contact@consulhonorairelasvegas.org
Germany	c/o Morris Law Group 411 East Bonneville Ave., Suite 360 Las Vegas, NV 89101	(702) 759-8302 (702) 759-8303 las-vegas@hk-diplo.de
Italy	1700 Pavilion Center Drive #500 Las Vegas, NV 89135	(725) 242-2735 lasvegas.onorario@esteri.it
Japan	P. O. Box 530003 Las Vegas, NV 89053	(702) 280-4858 hcgjlasvegas@gmail.com
Lebanon	8890 Spanish Ridge Avenue Las Vegas, NV 89118	(702) 988-8000 info@consulateoflebanonnv.com
Lithuania	1112 Pinehurst Drive Las Vegas, NV 89109	(702) 892-0499 astrajm@yahoo.com
Mexico	823 South 6th Street Las Vegas, NV 89101	(702) 477-2700 (702) 477-2710 conlvegas@sre.gob.mx
Monaco	3565 Las Vegas Blvd South, Suite 356 Las Vegas, NV 89101	(702) 714-0059 jw@consul.cc

<sup>5</sup> EmbassyPages, Nevada foreign consulates, [Consulates in Nevada, United States](#)



## Nevada Safety Plan

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Namibia	c/o Perry & Spann 4460 Interlaken Ct. Reno, NV 89509	(702) 870-2400 vaperry@aol.com
Poland	6787 West Tropicana Avenue, Suite 102 Las Vegas, NV 89103	(702) 368-7974 consul@polishconsullv.com
Romania	711 Rancho Circle Las Vegas, NV 89107	(702) 858-4508 robertslia@aol.com
Sweden	Las Vegas, NV	(702) 947-9955 lasvegas@consulateofsweden.org
Switzerland	1861 Casa De Elegante Court Las Vegas, NV 89117	(702) 885-7947 lasvegas@honrep.ch

