

CUSTOMER INFORMATION	
Contact Person:	NLF Rep: <i>(internal use only)</i>
Street Address:	Cell Phone:
City, State, Zip Code:	Alternate Phone:
<b>EMAIL (required):</b>	
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 Child:	
(10) Are you currently the guardian for this Ward in another state?	
(11) 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:	
(12) Have you ever been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:	
(13) 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:	
(14) Have you filed for Bankruptcy in the last 7 years? <input type="checkbox"/> No <input type="checkbox"/> Yes, year:	
(15) 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)**

(16) Full Legal Name:

(17) Date of Birth:

(18) SS#:

(19) Street Address:

(20) City, State, Zip Code:

(21) Mailing Address: (if different)

(22) Email Address:

(23) Relationship to the Child:

(24) 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:

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

- No
- Yes, explain:

(26) 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:

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

- No
- Yes, year:

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

- No
- Yes, explain:

**CHILD'S INFORMATION**

(29) Child's Full Legal Name:

(30) Date of Birth:

(31) Birthplace:

(32) SS#:

(33) Current Street Address:

(34) Current City, State, Zip Code:

(35) How long has the Child lived at the address above:

(36) How long has the Child been a resident of Nevada (month/year)?

(37) Petitioner(s) believe the child  will /  will not need a guardian when the child turns 18 years old. If yes, explain why a guardian will still be needed.

(38) The child has lived at the following places with the following people within the **last 5 years**.

<b>Time Period (month/year)</b>	<b>Name of Person the Child Lived with:</b>	<b>City and State</b>
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____

(39) The names and current address of each *NON-PARENT* the Child lived with during the last 5 years.

Name:

Address:

Name:

Address:

Name:

Address:

Name:

Address:

(40) Participation in Other Cases: Have Petitioner(s) ever participated in any case concerning the Child as a party, witness, or in some other capacity?

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):*

(41) 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 adoption/terminations?

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 type of case:*

(42) Is there a custody order concerning the Child?

No.

Yes, there is a current order concerning the custody of the Child. The order is from the State of \_\_\_\_\_, and was filed on \_\_\_\_\_. If the order was not registered with this Court, a copy of the order will be required to be filed with this petition.

(43) 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?

No.

Yes, the following people have custody of the Child or can claim custody/visitation of the Child *(list names and addresses of anyone who claims custody/visitation rights):*

Name:

Address:

Name:

Address:

Name:

Address:

(44) Name and address of any person or care provider having current care and control over the Child.

Name:

Address:

(45) The above care provider is caring for the Child because:

(46) Does the Child receive Medicaid, or has the Child ever received Medicaid?

- Yes
- No

(47) The Child *(check all that apply)*

- Has no assets or income
- Has assets and income (complete section 48)
- Is entitled or will be entitled to assets or income (complete section 50)

(48) The Child receives income from the following: *(include all income, including Social Security, Dept. of Veteran's Affairs, Pensions, etc. If there is not enough space, insert additional income in the Notes section of this interview).*

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: \$ _____
Other: _____			monthly: \$ _____
Other: _____			monthly: \$ _____
Other: _____			monthly: \$ _____

(49) Is there a Representative Payee receiving benefits on behalf of the Child?

- No
- Yes, the person is \_\_\_\_\_.

(50) The proposed protected minor's assets are: *(include all assets including checking/savings/investment account, real estate, vehicles, inheritances, including insurance policies etc. If there is not enough space, insert additional assets in the Notes section of this interview).*

Asset	Value
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
d. _____	\$ _____
e. _____	\$ _____
f. _____	\$ _____
g. _____	\$ _____
h. _____	\$ _____
i. _____	\$ _____

*\*you will be required to file a detailed inventory listing all of the child's assets within 60 days of your appointment.*

(51) Is the Child a member of a federally recognized tribe?

- No
- Yes, the tribe is \_\_\_\_\_.

(52) Is the Child a citizen of another country?

- No
- Yes, the child is a citizen of \_\_\_\_\_.

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(53) Is the Child a party to any pending criminal or civil lawsuit?

- No
- Yes, explain:

(54) Are Petitioner(s) seeking guardianship in order to initiate litigation?

- No
- Yes, explain:

**BIOLOGICAL PARENT'S INFORMATION**

(55) Biological Mother's Full Legal Name:

- Is deceased (will need death certificate).
- This parent's parental rights have been terminated by a court order (will need a copy of the termination order).

(56) Current Address:

(57) Mailing Address *(if different)*:

(58) This Parent:

- agrees to this proposed guardianship and will file a proper notarized consent.
- does not consent to the proposed guardianship, or cannot be located to consent.

(59) This Parent is unable to care for the Child because:

(60) 2<sup>nd</sup> Parent Full Legal Name:

- Is deceased (will need death certificate).
- This parent's parental rights have been terminated by a court order (will need a copy of the termination order).
- 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.

(61) Current Address:

(62) Mailing Address *(if different)*:

(63) This Parent:

- agrees to this proposed guardianship and will file a proper notarized consent.
- does not consent to the proposed guardianship, or cannot be located to consent.

(64) This Parent is unable to care for the Child because:

**GENERAL INFORMATION**

(65) A guardianship is needed because *(explain in detail)*:

(66) The Child's parent or legal guardian  has /  has not nominated a guardian in writing. The nominated guardian is \_\_\_\_\_.

(67) Abuse/Neglect Report: *(check one)*

- The guardianship **IS NOT** requested because of an investigation of abuse or neglect conducted by Child Protective Services (CPS) or law enforcement.
- This guardianship **IS** requested because of an investigation by Child Protective Services (CPS) or other similar agency. The investigating agency is \_\_\_\_\_.  
The caseworker's name is \_\_\_\_\_.  
The investigating agency *(check one)*  does /  does not approve of this guardianship and the placement of the Child with the proposed Guardians.

(68) 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?

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

Yes, Petitioner(s) is/are being paid for services as a guardian for \_\_\_\_\_ children.

**CHILD'S RELATIVES**

*This Is Mandatory Information*

**1<sup>st</sup> Parent**

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

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

Address Unknown  Deceased

**2<sup>nd</sup> Parent**

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

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

Address Unknown  Deceased

**Maternal Grandmother**

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

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

Address Unknown  Deceased

**Paternal Grandmother**

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

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

Address Unknown  Deceased

**Maternal Grandfather**

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

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

Address Unknown  Deceased

**Paternal Grandfather**

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

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

Address Unknown  Deceased

**Brothers/Sisters over 14**

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

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

Address Unknown  Deceased

**Brothers/Sisters over 14**

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

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

Address Unknown  Deceased

**Brothers/Sisters over 14**

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

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

Address Unknown  Deceased

**Brothers/Sisters over 14**

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

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

Address Unknown  Deceased

**Brothers/Sisters over 14**

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

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

Address Unknown  Deceased

**Brothers/Sisters over 14**

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

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

Address Unknown  Deceased

**Brothers/Sisters over 14**

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

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

Address Unknown  Deceased

**Brothers/Sisters over 14**

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

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

Address Unknown  Deceased

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Notes:

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