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Code:
(Your name) _____
(Address) _____

(Telephone) _____

In Proper Person

IN THE _____ JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF _____

In the Matter of the Guardianship of)
 the person,) CASE NO. _____
 the estate,)
 the person and estate.) DEPT. NO. _____
of:)
 _____,)
 An Adult.)
_____)

CONFIDENTIAL INFORMATION SHEET

(Complete date of birth and at least one other form of identification for each person)

	Ward	Guardian	Co-Guardian
Date of Birth			
Taxpayer ID Number			
Valid Driver's License Number			

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Valid ID Card Number			
Valid Passport Number			
Social Security Number			

A copy of the above identification is attached.

SUBMITTED BY:

(Petitioner's name)