(Your Name) _____

(Address)_____

_____

(Telephone) _____

(Email Address)_____

In Proper Person

DISTRICT COURT

CLARK COUNTY, NEVADA

In the Matter of the Guardianship of:

☐ the person

☐ the estate

☐ the person and estate

_____

☐ An Adult / ☐ A Minor

CASE NO.: G_____

DEPT NO.: _____

CONFIDENTIAL INFORMATION SHEET - GUARDIANSHIP

(*You must write ward's, guardian's and co-guardian's (if one) date of birth and the number of at least one type of identification.)*

Type of Identification	Ward	Guardian	Co-Guardian *(If applicable)*
Date of Birth			
Taxpayer ID No.			
Valid Driver's License No.			
Valid ID Card No.			
Valid Passport No.			
Social Security No.			

A copy of the above identification is attached.

Submitted By: ▸ _____

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