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Code:
(Your name) _____
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(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: _____
_____)
An Adult.)
_____)

**ORDER REGARDING TEMPORARY GUARDIANSHIP OF AN ADULT
AND NOTICE OF EXTENSION HEARING IF GRANTED**

Upon review of the verified Petition For Guardianship of an Adult and the
Addendum Requesting Temporary Guardianship of said adult submitted by the
Petitioners _____ and _____
(Name of Petitioner) (Name of Co-Petitioner)

THE COURT FINDS that this Court has the jurisdiction to enter the Order and the adult is a
resident of the State of Nevada or has been placed in the State of Nevada by a legal or authorized
agent or agency acting on behalf the adult; that the Petitioner(s) have made a good faith effort to
contact the persons entitled to notice and/or any other person or agency having the care, custody and
control of the adult, or, in the alternative, has/have presented to this Court sufficient evidence that
such contact would put the welfare of the adult in jeopardy.

IT IS HEREBY ORDERED BY THIS COURT that the temporary guardianship of
Name Age Date of Birth

IS HEREBY DENIED and this matter will go forward as a guardianship and a

1
2 Citation to Appear and Show Cause will be issued with a hearing date for the guardianship.

3 **OR**

4 **IS HEREBY DENIED at this time**, but a hearing to determine the need for a temporary
5 guardianship will be held on (date of hearing) _____ at the hour of
6 _____ m., in the above Court. The Proposed Ward's appearance is is not
7 required at the above listed hearing.
8

9 A copy of this Order with a copy of the Petition filed in this matter shall be served on the
10 parents, children, adult siblings, grandparents, spouse, public guardian, and/or any other person or
11 agency having the care, custody and control of the proposed ward. Said service shall be either
12 personal service or by mailing a copy of the documents by certified mail with return receipt
13 requested or regular first class mail to the last known address of each party.
14

15 **OR**

16 **IS HEREBY GRANTED** and the Court hereby finds that the adult is incapable of
17 (his/her) _____ own care and control because the proposed ward

- 18 faces a substantial and immediate risk of physical harm
19 needs immediate medical attention
20 faces a substantial and immediate risk of financial loss.
21

22 The power of the temporary guardian(s) is limited to those acts necessary to respond to the
23 substantial and immediate risk of physical harm or the need for immediate medical attention or to
24 prevent any further financial loss.
25

26 **IT IS FURTHER ORDERED** that a copy of this Order with a copy of the Petition filed
27 in this matter shall be served on the parents, children, adult siblings, grandparents, spouse, public
28 guardian and/or any other person or agency having the care, custody and control of the propose
ward. Said service shall be either personal service or by mailing a copy of the documents by

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certified mail with return receipt requested or regular first class mail to the last known address of each party. Service must be made within 48 hours after the temporary guardianship is granted.

IT IS FURTHER ORDERED that Petitioner(s) by and is/are hereby appointed to act as the Temporary Guardian(s) of the person, the estate, the person and estate of the said adult after posting bond in the amount of \$ _____, effective immediately.

IT IS FURTHER ORDERED that this Order Granting Temporary Guardianship shall be effective until the hearing to extend this guardianship is held on _____ at the hour of _____ in this Court. The Proposed Ward's appearance is/ is not required at the above listed extension hearing.

DATED this ____ day of _____, _____.

DISTRICT JUDGE

Respectfully submitted:

(Your signature) _____

(Your name) _____

(Address) _____

(Telephone) _____

In Proper Person