COURT CODE:

Your Name: Address: City, State, Zip: Telephone: Email Address: Self-Represented

**DISTRICT COURT**

 **COUNTY, NEVADA**

In the Matter of the:

Temporary Guardianship of the Person Temporary Guardianship of the Estate Temporary Guardianship of the Person & Estate

Temporary Special Guardianship

of:

CASE NO.:

DEPT:

(*name of adult who needs a guardian*)

A Protected Person.

**LETTERS OF TEMPORARY GUARDIANSHIP**

**Expiration Date:**

On (*month*) (*day*) , 20 , a Court Order was entered appointing (*name of first guardian*) and (*name of second guardian, or “n/a”*) as Temporary Guardian(s) of the above named protected person. The named Guardians, having duly qualified, are authorized to act and have authority to perform the duties of Temporary Guardian for a period not to exceed 10 days, unless an Order Extending Temporary Guardianship has been entered by the Court.

In testimony of which, I have this date signed these Letters and affixed the Seal of the

Court.

CLERK OF COURT

DATED BY:

DEPUTY CLERK

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Page 1 of 2 – Temporary Letters of Guardianship (Adult)

**OATH OF GUARDIAN**

I, (*name of guardian*) , residing at (*street/city/state/zip*): whose mailing address is (*street/city/state/zip*): solemnly affirm that I will well and faithfully perform the duties of Temporary Guardian according to law. I affirm that any matters stated in any petition, document or court proceeding are true of my own knowledge or if any matters are stated on information or belief, 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.

EXECUTED this day of , 20 .

(Guardian’s Signature)

(Printed Name)

*(Repeat Oath for Each Guardian; Attach Separate Sheets if Necessary)*

Page 2 of 2 – Temporary Letters of Guardianship (Adult)