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**NEW CLIENT INTAKE SHEET - GUARDIANSHIP OF ADULT**

DATE: \_\_\_\_\_ REFERRED BY \_\_\_\_\_

OR  Lawyer Referral & Information Service (LRIS)

In your own words, please briefly explain why you are seeking guardianship of the Adult:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROPOSED GUARDIAN 1 FULL LEGAL NAME: \_\_\_\_\_

RELATIONSHIP TO ADULT: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVERS LICENSE NO. AND STATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE MOVED TO CLARK COUNTY, NEVADA: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

- Yes  No Have you ever been judicially determined to have committed abuse, neglect or exploitation of a child, spouse, parent or other person?
- Yes  No Have you ever been convicted of a felony?
- Yes  No 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?
- Yes  No Are you a private professional guardian?
- Yes  No Are you currently receiving compensation for services as a guardian to more than one ward who is not related to you by blood or marriage?
- Yes  No Is the guardianship sought for the purpose of initiating litigation?
- Yes  No Have you ever been appointed as guardian over the adult in a state other than Nevada?

*COMMUNICATION FROM THIS OFFICE MAY CONTAIN PRIVILEGED AND CONFIDENTIAL INFORMATION. AS SUCH, PLEASE INDICATE YOUR PREFERRED MANNER OF RECEIPT:*

U.S. MAIL (HOME)     U.S. MAIL (WORK)     E-MAIL

PROPOSED GUARDIAN 2 FULL LEGAL NAME: \_\_\_\_\_  
RELATIONSHIP TO ADULT: \_\_\_\_\_  
SOCIAL SECURITY NO.: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
DRIVERS LICENSE NO. AND STATE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
DATE MOVED TO CLARK COUNTY, NEVADA: \_\_\_\_\_  
RESIDENCE ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
WORK ADDRESS: \_\_\_\_\_

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**INFORMATION REGARDING ADULT:**

FULL LEGAL NAME: \_\_\_\_\_ SEX: M/F  
DATE OF BIRTH/AGE: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_  
DATE MOVED TO CLARK COUNTY, NEVADA: \_\_\_\_\_  
RESIDENCE ADDRESS: \_\_\_\_\_

- Yes  No Does the Adult have assets? If yes, Type and Value:  
 Yes  No Does the Adult have income? If yes, Type and Value:  
 Yes  No Does the Adult receive any money from the Department of Veterans Affairs? If yes, amount?  
 Yes  No Is the Adult a party to any pending criminal or civil litigation?

Did the Adult execute any of the following: (If yes, please provide copies.)

- Yes  No Revocable/living trust. The agent is: \_\_\_\_\_  
 Yes  No Durable power of attorney for health care. The agent is: \_\_\_\_\_  
 Yes  No Durable power of attorney for financial matters. The agent is: \_\_\_\_\_  
 Yes  No Written nomination of guardian. The agent is: \_\_\_\_\_  
 Yes  No None of the above.

**INFORMATION REGARDING THE ADULT'S RELATIVES**

ADULT'S MOTHER/PARENT FULL LEGAL NAME: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_

ADULT'S **FATHER/PARENT** FULL LEGAL NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

ADULT'S **MATERNAL GRANDMOTHER** FULL LEGAL NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

ADULT'S **MATERNAL GRANDFATHER** FULL LEGAL NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

ADULT'S **PATERNAL GRANDMOTHER** FULL LEGAL NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

ADULT'S **PATERNAL GRANDFATHER** FULL LEGAL NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**ADULT'S SIBLINGS WHO ARE 14 YEARS OF AGE OR OLDER:**

FULL LEGAL NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

FULL LEGAL NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

FULL LEGAL NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**ADULT'S ADULT CHILDREN:**

FULL LEGAL NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

FULL LEGAL NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

FULL LEGAL NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**OTHER INFORMATION YOU WISH TO BRING TO MY ATTENTION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT:**

Name (First, Last)	Relationship	Address	Telephone
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