

SIX MONTH TEMPORARY GUARDIANSHIP UNDER NRS 159A.205

I specifically appoint (*guardian's name*) _____
to be guardian of (*child's name*) _____, born on _____.

The named guardian may make whatever decisions are necessary concerning the day-to-day care of the child, including educational decisions, legal decisions and health decisions. The named guardian may authorize all routine medical and dental care, and in the event of any medical emergency, the named guardian may authorize operative care.

I affirm that I am the legal custodian of the minor child and the following is true (*initial all that are true, leave blank if none are true*):

- _____ 1. The other parent's parental rights have been terminated by court order.
_____ 2. The other parent's whereabouts are unknown.
_____ 3. The other parent is unwilling and unable to make and carry out daily child care decisions concerning the minor child.

If none of the above are initialed, the other parent must consent to the guardianship by signing at the bottom. If the other parent is required to sign but does not, this guardianship is invalid.

This guardianship may be terminated by me, by the guardian or by an order of a court of competent jurisdiction that may appoint a guardian of the minor child, but such termination must be accomplished by a written instrument. This guardianship does not affect the rights of the other parent of the minor child. **This guardianship is effective on the date below and shall expire six (6) months from the date that appears below unless it is renewed by an acknowledged writing prior to the expiration date.**

Date: _____

Parent's Signature: _____

Parent's Name: _____

Address: _____

City, State, Zip: _____

Phone/email: _____

STATE OF NEVADA)

)

COUNTY OF)

This instrument was acknowledged before me on

(date) _____ by _____

NOTARY PUBLIC

PARENT'S CONSENT

(Only needed if number 1-3 above are not initialed)

I hereby consent to the above-named person being appointed as my child's guardian. I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Date: _____

Parent's Signature: _____

Print Your Name: _____

IMPORTANT: If the minor child is fourteen (14) years of age or older, the minor child must sign below to consent to the temporary short term guardianship.

MINOR'S CONSENT

I hereby consent to the above-named person being appointed as my guardian.

Date: _____

Minor's Signature: _____

Print Your Name: _____

GUARDIAN'S ACCEPTANCE OF APPOINTMENT

I, (guardian's name) _____ hereby accept this appointment as temporary short term guardian for the minor child identified in this instrument and will accept responsibility for the care, custody, and control of said minor child, including all necessary authority and power to furnish and provide care and services to said minor child as may seem necessary, proper, or desirable in the child's best interest and welfare, including, but not limited to, food, clothing, shelter, education, and medical-surgical-dental care and treatment. I understand this guardianship shall become effective upon my execution of this document in the presence of a Notary Public for a period of six (6) months and may be terminated by an instrument in writing signed by either parent of the minor child if that parent has not had their rights legally terminated by an order of a court of competent jurisdiction.

Date: _____

Guardian's Signature: _____

Print Your Name: _____

STATE OF _____
COUNTY OF _____

This instrument was acknowledged before me on

(date) _____ by _____

NOTARY PUBLIC