Code:
(Your name) _____

(Your address) _____

_____

(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 only ☐ Estate only ☐ Person and Estate of: _____, _____, _____, A(n) ☐ Minor. ☐ Adult. _____	CASE NO. _____ DEPT. NO. _____

CONFIDENTIAL MEDICAL/EDUCATIONAL INFORMATION SHEET

(Attach any doctor's statements or medical records, or report cards or other educational records regarding the ward's health or education to this sheet.)

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Revised December 14, 2006