1	Case No
2	Dept. No
3 4	The undersigned hereby affirms that this document does not contain the social security number of any person.
5	
6 7	IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
8	IN AND FOR THE COUNTY OF CHURCHILL
9 10 11	In the Matter of the Guardianship of the Person, Estate or Person and Estate of:
11 12 13 14	MOTION TO MODIFY THE GUARDIANSHIP OF MINOR CHILD/REN  A Minor Child/ren
15	
16 17	Petitioners, and ,  (Your Name) (Second person requesting modification)
18 19	in proper person, hereby moves this Court for an Order modifying the guardianship, which was
20	entered on of the following children:  (Date guardianship ordered)
21	Child's Name Child's Birthdate
22	
23   24	
25	
26	This Motion is based on the following factor
27	This Motion is based on the following facts:  1. My relationship to the minor child(ren) is as follows:
28	(State your relationship to the children)

1	2.	I (we) reside at:
2		(Address)
3		
4		(Telephone Number)
5	3.	The minor child(ren) presently live at:
6		(Address)
7		(-1001-000)
8		
9		(Telephone Number)
10	4.	The names of the present guardian(s) of the minor child(ren) is/are:
11		, who reside at: (State the names(s) of the present guardians)
12		
13	_	(State the address of the present)
14	5.	The guardianship should be modified and changed because:
15		List the specific changes you want in the guardianship and fully explain why the changes should be made.
16		
16 17		
17		
17 18		
17 18 19		
17 18 19 20		
17 18 19 20 21		
17 18 19 20 21 22		
17 18 19 20 21 22 23		
17 18 19 20 21 22 23 24		
17 18 19 20 21 22 23 24 25		

## WHEREFORE, I (we) pray as follows:

	·
as requested above.	
Dated this day of	
(Signature of guardian)	(Signature of second person, if applicable
(Print name)	(Print name)
(Address)	(Address)
(Telephone Number)	

## VERIFICATION AND ACKNOWLEDGEMENT

2	GTATE OF NEWADA
3	STATE OF NEVADA ) ) ss:
4	COUNTY OF)
5	, being first duly sworn, under penalties of perjury, deposes
6	and says:
7	I have read the foregoing Motion to Modify Guardianship and am competent to testify of
8	its contents of my own knowledge and the contents are true of my own knowledge except for
9	those matters stated therein on information and belief, and, as to those matters, I believe them to
10	be true.
1	
12	
13	(Signature)
4	SUBSCRIBED and SWORN to before me
15	This,
16	
17	
18	NOTARY PUBLIC
19	STATE OF NEVADA )
20	) ss:
21	COUNTY OF)
22	On this day of,, personally appeared before me, the
23	undersigned, a Notary Public in and for the County of, State of Nevada,
23	, personally known to me or proved to me, to be the
25	person who executed the foregoing Petition for Legal Name Change, and who acknowledged to
	me that she did so freely and voluntarily and for the uses and purposes herein stated.
26	
27	NOTARY PUBLIC
28	

1	SECOND PETITIONER (IF APPLICABLE) VERIFICATION AND ACKNOWLEDGEMENT
2 3	STATE OF NEVADA )
4	COUNTY OF) ss:
5	, being first duly sworn, under penalties of perjury, deposes
6	(Your name) and says:
7	I have read the foregoing Motion to Modify Guardianship and am competent to testify of
8	its contents of my own knowledge and the contents are true of my own knowledge except for
9	those matters stated therein on information and belief, and, as to those matters, I believe them to
10	be true.
11	
12	
13	(Signature)
14	SUBSCRIBED and SWORN to before me
15	This,
16	
17	
18	NOTARY PUBLIC
19	STATE OF NEVADA )
20	) ss: COUNTY OF)
21	COUNTY OF
22	On this day of,, personally appeared before me, the
23	undersigned, a Notary Public in and for the County of, State of Nevada,
24	, personally known to me or proved to me, to be the
25	person who executed the foregoing Petition for Legal Name Change, and who acknowledged to
26	me that she did so freely and voluntarily and for the uses and purposes herein stated.
27	
28	NOTARY PUBLIC
20	

1	
2	<u>IMPORTANT</u>
3	YOU HAVE BEEN SERVED WITH A LEGAL MOTION TO CHANGE OR CLARIFY
4	AN ORDER, TO RECONSIDER AN ORDER, TO TAKE ACTION OR FOR OTHER
5	REASONS.
6	IF YOU DO NOT FILE A WRITTEN RESPONSE TO THIS MOTION WITHIN A
7	CERTAIN TIME, THE COURT MAY MAKE RULINGS AGAINST YOUR
8	INTERESTS IN THIS CASE.
9	
10	****
11	If you were served by mail, you have thirteen (13) days from the postmarked date on the envelope in which to file a written response with the Court.
12	Chrespe in which to the a written response with the Court
13	If you were served in person, you have ten (10) days from the date of service in which to
14	file a written response with the Court.
15	Warrange and the file of middle of the country of t
16	Your response must be filed with the Court Clerk's office located at 73 N. Maine Street, Suite B, Fallon, NV 89406, on the second floor. There may be a filing fee to file your
17	response. You can contact the Court Clerk's office at (775) 423-6088 or go to the Court's website at <a href="www.churchillcounty.org">www.churchillcounty.org</a> to view the fee schedule.
18	
19	If you have any questions on how to file a response to this Motion, contact a private
20	attorney.
21	
22	
23	
24	
25	
26	
27	

## **CERTIFICATE OF SERVICE**

2	The undersigned hereby certifies that they are 18 years of age or older, and on this date		
3	served a true and correct copy of the document/s entitled:		
4			
5	(Clearly list all documents you served on the other party) In the following way: (check the appropriate blank, and fill in the appropriate information)		
6	IF THE DOCUMENTS WERE SERVED BY MAIL:		
7 8	by placing a copy enclosed in a sealed envelope upon which first class postage was fully prepaid	S	
9 10	by placing a copy enclosed in a sealed envelope and mailing it certifies return receipt requested	ed,	
11	The envelope was addressed to:		
12	(Name) at		
13	(Address)		
14			
15 16	And that there is regular communication by mail between the place of mailing and the place addressed.	;	
17	IF THE DOCUMENTS WERE PERSONALLY SERVED:		
18	by personally serving:		
19	(Name) at		
20   21	(Address)		
21			
23			
24	DATED: This day of,		
25			
26	(Signature of person who performed service)		
27	(Signature of person who performed service)		

Case No	_			
Dept. No				
The undersigned hereby aff this document does not con social security number of a	ntain the			
IN THE TE	NTH JUDICIAL DISTRI			NEVADA
In the Matter of the Person, Estate or Per				
		<u>REPL</u>	Y TO OPPOSITION	TO MOTIO
	A Minor Child/ren			
	(Your name)			
	(Your name) (Name of other party)			
Opposition filed by	(Your name)	on	(date Opposition filed)	as follows
Opposition filed by	(Your name) (Name of other party)	on	(date Opposition filed)	as follows
Opposition filed by	(Your name) (Name of other party)	on	(date Opposition filed)	as follows
Opposition filed by	(Your name) (Name of other party)	on	(date Opposition filed)	as follows
Opposition filed by	(Your name) (Name of other party)	on	(date Opposition filed)	as follows

1    -		
2    -		
3    -		
4   -		
5   -		
6		
8   -		
9	If you need more space, you may attach addition Be sure to write only on one side of the	
0	I, request a hearing on this matter.	
1	If a hearing is requested, please state why you feel a hear	ing is necessary.
2		ing is necessary.
3    -		
4    -		
5   -		
6 7    -		
8    -		
9    -		
	Date:	
$_{1}\parallel$		(D N
$2 \parallel$		(Print Name)
3		(Signature)
4		
5		(Address)
6		
7		(Telephone number)
8		- -
	2	

## **CERTIFICATE OF SERVICE**

2	The undersigned hereby certifies that they are 18 years of age or older, and on this date		
3	served a true and correct copy of the document/s entitled:		
4			
5	(Clearly list all documents you served on the other party)  In the following way: (check the appropriate blank, and fill in the appropriate information)		
6	IF THE DOCUMENTS WERE SERVED BY MAIL:		
7 8	by placing a copy enclosed in a sealed envelope upon which first class postage was fully prepaid		
9 10	by placing a copy enclosed in a sealed envelope and mailing it certified, return receipt requested		
11	The envelope was addressed to:		
12	(Name) at		
13	(Address)		
14			
15			
16	And that there is regular communication by mail between the place of mailing and the place addressed.		
17	IF THE DOCUMENTS WERE PERSONALLY SERVED:		
18	by personally serving:		
19	(Name) at		
20	(Address)		
21	(Address)		
22			
23	DATED: This day of,		
24			
25			
26	(Signature of person who performed service)		
27			

1	Case No
2	Dept. No
3	The undersigned hereby affirms that this document does not contain the
4	social security number of any person.
5	
6	
7	IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
8	IN AND FOR THE COUNTY OF CHURCHILL
9	In the Matter of the Guardianship of the
10	Person, Estate or Person and Estate of:
11	
12	——————————————————————————————————————
13	A Minor Child/ren
14	A Minor Child/ren
15	
16	
<ul><li>16</li><li>17</li></ul>	I, in this matter,  (Your Name) (Plaintiff or Defendant)
	I,, the in this matter,  (Your Name) (Plaintiff or Defendant)  request the filed on
17	I,
17 18	request thefiled on
17 18 19	request thefiled on(Title of Document you want submitted to the Court) (Date document filed)
17 18 19 20	request thefiled on(Title of Document you want submitted to the Court) (Date document filed)
17 18 19 20 21	request thefiled on
17 18 19 20 21 22	request the
17 18 19 20 21 22 23	request thefiled on  (Title of Document you want submitted to the Court) (Date document filed)  in this case be submitted to the Judge for consideration and determination.  Dated:  Your Signature:
17 18 19 20 21 22 23 24	request the

1	Case No
2	Dept. No
3	The undersigned hereby affirms that this document does not contain the
4	social security number of any person.
5	
6	
7	IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
8	IN AND FOR THE COUNTY OF CHURCHILL
9	
	In the Matter of the Guardianship of the Person, Estate or Person and Estate of:
10	Person, Estate of Person and Estate of:
11	
12	AFFIDAVIT OF SERVICE
13	
14	A Minor Child/ren
15	
16	
17	STATE OF) )ss:
18	County of)
19	I,, do hereby swear under penalty of
20	I,, do hereby swear under penalty of (Name of person making service)
21	perjury that the assertions of this affidavit are true.
22	
23	1. That I am: (check the appropriate blank)
	a party in this action and am appearing in proper parson
24	a party in this action and am appearing in proper person.
25	a person not involved in this action and have no interest in this action
26	and an over the age of 18 years.
27	2. That on the day of,, I served a true and
28	(date) (month) (year)

	document/s entitled:(Clearly list all docum	
	y: (check the appropriate blank, and fill in	
IF THE DOCUMI	ENTS WERE SERVED BY MAIL ON TI S LAWYER – FILL IN THE FOLLOWI by placing a copy enclosed in a sealed er postage was fully prepaid	HE OTHER PARTY- OR T
	by placing a copy enclosed in a sealed er return receipt requested	nvelope and mailing it certifi
The envelop	pe was addressed to:	
(Name)		at
(Address)		
	ENTS WERE PERSONALLY SERVED ( RTY'S LAWYER –FILL IN THE FOLL	
(Nama)	by personally serving:	
(Name) (Address)		
Subscribed and Sw		
	orn to before me y of,	(print name)
	y of	(print name) (signature)
Thisday	y of	
Thisday	y of	

1	Case No		
2	Dept. No		
3	The undersigned hereby affirms that this document does not contain the		
4	social security number of any person.		
5			
6			
7	IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  IN AND FOR THE COUNTY OF CHURCHILL		
8			
9	In the Matter of the Guardianship of the		
10	Person, Estate or Person and Estate of:		
11			
12			
13	ORDER		
4	A Minor Child/ren		
15			
16			
7	It appears to the satisfaction of the Court from the Mation		
8	It appears to the satisfaction of the Court from the Motion(Name of Motion)		
19	, filed on, and the Court hereby finds,		
20	(Date Motion filed) and good cause appearing,		
21	IT IS HEREBY ORDERED that (note exactly what you want the Court to Order.)		
22	11 15 HERED1 ORDERED that (note exactly what you want the Court to Order.)		
23			
24			
25			
	Dated: Thisday of, 20		
26			
27	DISTRICT COURT JUDGE		
28			