Case No. _____

Dept. No. _____

The undersigned hereby affirms that this document does not contain the social security number of any person.

_____

IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF CHURCHILL

In the Matter of the Guardianship of the Person, Estate or Person and Estate of:

_____

_____

_____

A Minor Child/ren

/

_____

MOTION TO MODIFY THE GUARDIANSHIP OF MINOR CHILD/REN

Petitioners, _____ and _____ ,
(Your Name) (Second person requesting modification)

in proper person, hereby moves this Court for an Order modifying the guardianship, which was entered on _____ of the following children:
(Date guardianship ordered)

Child's Name	Child's Birthdate
_____	_____
_____	_____
_____	_____
_____	_____

This Motion is based on the following facts:

1. My relationship to the minor child(ren) is as follows:_____
(State your relationship to the children)
_____

2. I (we) reside at:

_____
(Address)

_____

_____
(Telephone Number)

3. The minor child(ren) presently live at:

_____
(Address)

_____

_____
(Telephone Number)

4. The names of the present guardian(s) of the minor child(ren) is/are: _____

_____, who reside at: _____
(State the names(s) of the present guardians)

_____.
(State the address of the present)

5. The guardianship should be modified and changed because:

List the specific changes you want in the guardianship and fully explain why the changes should be made.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

WHEREFORE, I (we) pray as follows:

1. For this Court's Order modifying the guardianship of the following child(ren):

Child's Name	Child's Birthdate
_____	_____
_____	_____
_____	_____
_____	_____

as requested above.

Dated this _____ day of _____, _____.

_____	_____
(Signature of guardian)	(Signature of second person, if applicable)
_____	_____
(Print name)	(Print name)
_____	_____
(Address)	(Address)
_____	_____
_____	_____
(Telephone Number)	(Telephone Number)

VERIFICATION AND ACKNOWLEDGEMENT

STATE OF NEVADA)
) ss:
COUNTY OF _____)

_____, being first duly sworn, under penalties of perjury, deposes
(Your name)
and says:

I have read the foregoing Motion to Modify Guardianship and am competent to testify of its contents of my own knowledge and the contents are true of my own knowledge except for those matters stated therein on information and belief, and, as to those matters, I believe them to be true.

_____
(Signature)

SUBSCRIBED and SWORN to before me
This ____ day of _____, _____.

_____
NOTARY PUBLIC

STATE OF NEVADA)
) ss:
COUNTY OF _____)

On this _____ day of _____, _____, personally appeared before me, the undersigned, a Notary Public in and for the County of _____, State of Nevada, _____, personally known to me or proved to me, to be the 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.

_____
NOTARY PUBLIC

SECOND PETITIONER (IF APPLICABLE) VERIFICATION AND ACKNOWLEDGEMENT

STATE OF NEVADA)
) ss:
COUNTY OF _____)

_____, being first duly sworn, under penalties of perjury, deposes
(Your name)
and says:

I have read the foregoing Motion to Modify Guardianship and am competent to testify of its contents of my own knowledge and the contents are true of my own knowledge except for those matters stated therein on information and belief, and, as to those matters, I believe them to be true.

_____
(Signature)

SUBSCRIBED and SWORN to before me
This ____ day of _____, _____.

_____
NOTARY PUBLIC

STATE OF NEVADA)
) ss:
COUNTY OF _____)

On this _____ day of _____, _____, personally appeared before me, the undersigned, a Notary Public in and for the County of _____, State of Nevada, _____, personally known to me or proved to me, to be the 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.

_____
NOTARY PUBLIC

IMPORTANT

YOU HAVE BEEN SERVED WITH A LEGAL MOTION TO CHANGE OR CLARIFY AN ORDER, TO RECONSIDER AN ORDER, TO TAKE ACTION OR FOR OTHER REASONS.

IF YOU DO NOT FILE A WRITTEN RESPONSE TO THIS MOTION WITHIN A CERTAIN TIME, THE COURT MAY MAKE RULINGS AGAINST YOUR INTERESTS IN THIS CASE.

****

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.

If you were served in person, you have ten (10) days from the date of service in which to file a written response with the Court.

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 response. You can contact the Court Clerk's office at (775) 423-6088 or go to the Court's website at www.churchillcounty.org to view the fee schedule.

If you have any questions on how to file a response to this Motion, contact a private attorney.

CERTIFICATE OF SERVICE

The undersigned hereby certifies that they are 18 years of age or older, and on this date served a true and correct copy of the document/s entitled: _____

_____

(Clearly list all documents you served on the other party)

In the following way: ***(check the appropriate blank, and fill in the appropriate information)***

IF THE DOCUMENTS WERE SERVED BY MAIL:

_____ by placing a copy enclosed in a sealed envelope upon which first class postage was fully prepaid

_____ by placing a copy enclosed in a sealed envelope and mailing it certified, return receipt requested

The envelope was addressed to:

(Name) _____ at

(Address) _____

_____

And that there is regular communication by mail between the place of mailing and the place addressed.

IF THE DOCUMENTS WERE PERSONALLY SERVED:

_____ by personally serving:

(Name) _____ at

(Address) _____

_____

DATED: This ____ day of _____, _____.

_____

(Signature of person who performed service)

Case No. _____

Dept. No. _____

The undersigned hereby affirms that this document does not contain the social security number of any person.

_____

IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF CHURCHILL

In the Matter of the Guardianship of the Person, Estate or Person and Estate of:

_____

_____

_____

A Minor Child/ren

/

_____

REPLY TO OPPOSITION TO MOTION

I, _____, in proper person, responds to the
(Your name)
Opposition filed by _____ on _____as follows:
(Name of other party) (date Opposition filed)

(**State very specifically your reply to the other party's response or opposition.)**

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

If you need more space, you may attach additional sheets of paper.
Be sure to write only on one side of the sheet.

I, _____ request a hearing on this matter.
(do or do not)

If a hearing is requested, please state why you feel a hearing is necessary:

_____

_____

_____

_____

_____

_____

Date: _____

_____
(Print Name)

_____
(Signature)

_____
(Address)

_____

_____
(Telephone number)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that they are 18 years of age or older, and on this date served a true and correct copy of the document/s entitled: _____

_____

(Clearly list all documents you served on the other party)

In the following way: ***(check the appropriate blank, and fill in the appropriate information)***

IF THE DOCUMENTS WERE SERVED BY MAIL:

_____ by placing a copy enclosed in a sealed envelope upon which first class postage was fully prepaid

_____ by placing a copy enclosed in a sealed envelope and mailing it certified, return receipt requested

The envelope was addressed to:

(Name) _____ at

(Address) _____

_____

And that there is regular communication by mail between the place of mailing and the place addressed.

IF THE DOCUMENTS WERE PERSONALLY SERVED:

_____ by personally serving:

(Name) _____ at

(Address) _____

_____

DATED: This ____ day of _____, _____.

_____

(Signature of person who performed service)

Case No. _____

Dept. No. _____

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this document does not contain the
social security number of any person.

_____

IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF CHURCHILL

In the Matter of the Guardianship of the
Person, Estate or Person and Estate of:

_____

_____

_____

A Minor Child/ren

/
_____

REQUEST FOR SUBMISSION

I, _____, the _____ in this matter,
(Your Name) (Plaintiff or Defendant)

request the _____filed 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: _____
Name (Printed): _____
Address: _____
_____
Phone: _____

Case No. _____

Dept. No. _____

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this document does not contain the
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_____

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IN AND FOR THE COUNTY OF CHURCHILL

In the Matter of the Guardianship of the
Person, Estate or Person and Estate of:

_____

_____

_____

A Minor Child/ren

AFFIDAVIT OF SERVICE

/
_____

STATE OF _____)
)ss:
County of _____)

I, _____, do hereby swear under penalty of
(Name of person making service)

perjury that the assertions of this affidavit are true.

1. That I am: (check the appropriate blank)

   _____ a party in this action and am appearing in proper person.

   _____ a person not involved in this action and have no interest in this action and an over the age of 18 years.

2. That on the _____ day of _____, _____, I served a true and
   (date) (month) (year)

correct copy of the document/s entitled: _____
(Clearly list all documents you served on the other party)

_____

_____

_____

in the following way : (check the appropriate blank, and fill in the appropriate information)

IF THE DOCUMENTS WERE SERVED BY MAIL ON THE OTHER PARTY- OR THE OTHER PARTY'S LAWYER – FILL IN THE FOLLOWING:

_____ by placing a copy enclosed in a sealed envelope upon which first class postage was fully prepaid

_____ by placing a copy enclosed in a sealed envelope and mailing it certified, return receipt requested

The envelope was addressed to:

(Name) _____ at

(Address) _____

_____

IF THE DOCUMENTS WERE PERSONALLY SERVED ON THE OTHER PARTY- OR THE OTHER PARTY'S LAWYER –FILL IN THE FOLLOWING:

_____ by personally serving:

(Name) _____

(Address) _____

_____

Subscribed and Sworn to before me
This _____day of _____, _____.

_____
(print name)

_____
NOTARY PUBLIC

_____
(signature)

Case No. _____

Dept. No. _____

The undersigned hereby affirms that
this document does not contain the
social security number of any person.

_____

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_____

_____

_____

A Minor Child/ren

/
_____

ORDER

It appears to the satisfaction of the Court from the Motion_____
(Name of Motion)

_____, filed on _____, and the Court hereby finds,
(Date Motion filed)
and good cause appearing,

IT IS HEREBY ORDERED that (***note exactly what you want the Court to Order.)***

_____

_____

_____

Dated: This _____day of _____, 20_____.

_____
DISTRICT COURT JUDGE