



Administrative Form 5055
APPOINTMENT OF SHORT-TERM GUARDIAN BY A PARENT
(NRS 159A.205)

Complete One Form per Child:

I, _____, a parent of _____,
 a minor child, whose date of birth is _____, hereby desire to appoint
 _____ and _____ as
 short-term guardian(s) of said minor child pursuant to Nevada Revised Statutes (NRS)
 159A.205.

ELIGIBILITY: Please read the following three (3) questions and check the applicable answer.

1. Is the minor child age fourteen (14) or older?

Yes No

If the answer to Question No. 1 is **YES**, consent of the minor is required. If the answer to Question No. 1 is **NO**, please proceed to Question No. 3.

2. Does the minor age fourteen (14) or older consent to this short-term guardianship?

Yes No

If the answer to Question No. 2 is **YES, the minor must sign on page 3**. If the answer to Question No. 1 is **YES** and the answer to Question No. 2 is **NO, you may not appoint a short-term guardian for this minor child** pursuant to NRS 159A.205 and will need to seek a Nevada court ordered guardianship.

3. Does the minor child have another parent: A) Whose rights have not been terminated; B) Whose whereabouts are known, and C) Who is willing and able to make and carry out daily childcare decisions for the child?

3A Yes No **3B** Yes No **3C** Yes No

If the answer to any part of Question No. 3 is **YES, the other parent must consent in writing to this short-term guardianship by signing on page 2 of this form in the presence of a notary public.**

If the answer to Question No. 3A is **NO**, please provide proof of termination of parental rights.

If the answers to Question No. 3A is **YES** and the answers to either Question No. 3B OR 3C are **NO, you may not appoint a short-term guardian for this minor child** pursuant to NRS 159A.205 and will need to seek a Nevada court ordered guardianship.

If the minor child's other parent is deceased, please provide proof of death.

DECLARATION OF FIRST/APPLICANT PARENT: I hereby declare that I am a parent who has legal custody of the minor child identified above and that the answers on this form are true and correct. I understand this short-term guardianship shall become effective upon my execution in the presence of a notary public for a period of six (6) months and may be terminated by: 1) an instrument in writing signed by either parent of the minor child, if that parent has not been deprived of the legal custody of said minor; or 2) by any order of a court of competent jurisdiction.

Signature of First Parent/Applicant

STATE OF _____

COUNTY OF _____

On this ____ day of _____, _____, personally appeared before me, a notary public, _____, who acknowledged he/she executed the foregoing document for the purposes stated therein.

Notary Public

DECLARATION OF SECOND/CONSENTING PARENT: I hereby declare that I am a parent who has legal custody of the minor child identified above and that the answers on this form are true and correct and that I consent to the granting of this short-term guardianship. I understand this short-term guardianship shall become effective upon my execution in the presence of a notary public for a period of six (6) months and may be terminated by: 1) an instrument in writing signed by either parent of the minor child, if that parent has not been deprived of the legal custody of said minor; or 2) by any order of a court of competent jurisdiction.

Signature of Second/Consenting Parent

STATE OF _____

COUNTY OF _____

On this ____ day of _____, _____, personally appeared before me, a notary public, _____, who acknowledged he/she executed the foregoing document for the purposes stated therein.

Notary Public

CONSENT OF MINOR CHILD: If the minor child is age fourteen (14) or older, the minor child's written consent to the short-term guardianship is required by law.

Signature of Minor Child Over Age of 14 _____ Date of Birth _____ Date

ACCEPTANCE OF APPOINTMENT OF SHORT-TERM GUARDIAN: I/We, _____ and _____, hereby accept this appointment as 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/We agree to abide by all federal, state and local laws including rules and regulations of the Washoe County School District. I/We understand this short-term guardianship shall become effective upon my/our execution of this document in the presence of a notary public for a period of six (6) months and may be terminated by: 1) an instrument in writing signed by either parent of the minor child, if that parent has not been deprived of the legal custody of said minor; or 2) by any order of a court of competent jurisdiction.

Address: _____

Signature of Short-Term Guardian

Phone number: _____

Address: _____

Signature of Short-Term Guardian

Phone number: _____

STATE OF _____

COUNTY OF _____

On this _____ day of _____, _____, personally appeared before me, a notary public, _____, who acknowledged he/she/they executed the foregoing document for the purposes stated therein.

Notary Public

Note: In accordance with the policies of the Nevada Interscholastic Activities Association (NIAA) (NAC 386.782(5) and 386.784), any student who transfers to another school is presumed ineligible to participate in any sanctioned sport at the school to which he/she transfers for 180 school days. Additionally, NIAA will not recognize a short-term guardianship given under NRS 159A.205 or 159A.215 and only recognizes court appointed guardianships.