

**EIGHTH JUDICIAL DISTRICT COURT
CLARK COUNTY, NEVADA
FAMILY COURT COVER SHEET**

CASE NO. _____ (To be assigned by the Clerk's Office)

Do you or any other party in this case (including any minor child) have any other current case(s) or past case(s) in the Family Court or Juvenile Court in Clark County?
 YES NO
If yes, complete the other side of this form

PARTY INFORMATION (Please Print)

| Plaintiff/Petitioner | | Defendant/Respondent/Co-Petitioner/Ward/Decedent | |
|----------------------|----------------|--------------------------------------------------|----------------|
| Last Name: | | Last Name: | |
| First Name: | Middle Name: | First Name: | Middle Name: |
| Home Address: | | Home Address: | |
| City, State, Zip: | | City, State, Zip: | |
| Mailing Address: | | Mailing Address: | |
| City, State, Zip: | | City, State, Zip: | |
| Phone #: | Date of Birth: | Phone #: | Date of Birth: |
| Attorney Information | | Attorney Information | |
| Name: | Bar No.: | Name: | Bar No.: |
| Address: | | Address: | |
| City, State, Zip: | | City, State, Zip: | |
| Phone #: | | Phone #: | |

(Check one box only for the type of case being filed with this cover sheet)

| DOMESTIC | MISC. DOMESTIC RELATIONS PETITIONS | GUARDIANSHIP | PROBATE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Marriage Dissolution <input type="checkbox"/> Annulment <input type="checkbox"/> Divorce –No minor child(ren) <input type="checkbox"/> Divorce –With minor child(ren) <input type="checkbox"/> Foreign Decree <input type="checkbox"/> Joint Petition –No minor child(ren) <input type="checkbox"/> Joint Petition – With minor child(ren) <input type="checkbox"/> Separate Maintenance | <input type="checkbox"/> Adoption –Minor <input type="checkbox"/> Adoption –Adult <input type="checkbox"/> Mental Health <input type="checkbox"/> Name Change <input type="checkbox"/> Paternity <input type="checkbox"/> Permission to Marry <input type="checkbox"/> Temporary Protective Order (TPO) <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Child Support/Custody <input type="checkbox"/> Other (identify) _____ | Guardianship of an Adult <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Person and Estate Guardianship of a Minor <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Person and Estate <input type="checkbox"/> Guardianship Trust | <input type="checkbox"/> Summary Administration <input type="checkbox"/> General Administration <input type="checkbox"/> Special Administration <input type="checkbox"/> Set Aside Estates <input type="checkbox"/> Trust/Conservatorships <input type="checkbox"/> Individual Trustee <input type="checkbox"/> Corporate Trustee <input type="checkbox"/> Other Probate |
| MISC. JUVENILE PETITIONS | DA CHILD SUPPORT PETITIONS | | |
| <input type="checkbox"/> Emancipation | <input type="checkbox"/> DA – UIFSA | <input type="checkbox"/> DA - Child Support In State | |

List children involved in this case (If more than 3 children, please enter the information on the reverse side)

| Last Name | First Name | Middle Name | Date of Birth | Relationship |
|-----------|------------|-------------|---------------|--------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Printed Name of Preparer _____

Signature of Preparer _____

Date _____

Supply the following information about any other proceeding (check all that apply):

- Divorce
 Temporary Protective Orders (TPO)
 Custody/Child Support
 UIFSA/URESA
 Paternity
 Juvenile Court
 Other

Please Print

| List full name of all adult parties involved | | | Case number of other proceeding(s) | Approximate date of last order in other proceeding(s) |
|----------------------------------------------|------------|-------------|------------------------------------|-------------------------------------------------------|
| Last Name | First Name | Middle Name | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

If children were involved (other than those listed on front page), please provide:

| Last Name | First Name | Middle Name | Date of Birth | Relationship |
|-----------|------------|-------------|---------------|--------------|
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Children involved in this case (continuation from front page)

| Last Name | First Name | Middle Name | Date of Birth | Relationship |
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THIS INFORMATION IS REQUIRED BY
NRS 3.025, NRS 3.223, NRS 3.227, NRS 3.275,
NRS 125.130, NRS 125.230,
And will be kept in a confidential manner by the Clerk's Office.

1 ORDR

2 _____
Name

3 _____
Address

4 _____
City, State, Zip Code

5 _____
Telephone number/E-mail Address

6 IN PROPER PERSON

7
8 DISTRICT COURT
9 CLARK COUNTY, NEVADA

10 In the Matter of the Estate of) CASE NO.
11)
12)
13 Deceased.)
14)

15 EX PARTE ORDER TO RELEASE MEDICAL RECORDS

16 The Court, upon reading the verified ex-parte petition of
17 _____ (petitioner), and good cause appearing
18 therefore:

19 IT IS HEREBY ORDERED that the officers of (list names & addresses of
20 all medical facilities and doctors from whom you are seeking records) _____

21 _____
22 _____
23 _____
24 _____
25 _____

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27 ///

28 ///

1 shall release the Decedent's medical records to _____

2 _____

3 DATED this ____ day of _____, 20____.

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DISTRICT COURT JUDGE

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7 Respectfully submitted,

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9 By: _____
(signature)

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(print name)

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IN PROPER PERSON

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PET

Name

Address

City, State, Zip Code

Telephone number/E-mail Address

IN PROPER PERSON

DISTRICT COURT
CLARK COUNTY, NEVADA

In the Matter of the Estate of:)

)
) Case No. P _____

)
) Dept. No. PC-1

Deceased.)

EX PARTE PETITION FOR ORDER TO RELEASE MEDICAL RECORDS

Petitioner, _____,

appearing in Proper Person, respectfully alleges and shows as follows:

1. Petitioner is the _____ (how related) of Decedent _____ (decedent's name) and resides at _____.

2. Decedent died on the ____ day of _____, 20____, in _____ and, on the date of death, Decedent was a resident of Clark County, Nevada. A certified copy of Decedent's death certificate will be submitted upon receipt. Jurisdiction is proper in this proceeding.

1 3. The names, relationships, ages of minors and residence
2 addresses of all the devisees, legatees, heirs, and next-of-kin
3 of Decedent, so far as known to Petitioner, are:

4 (Below Must Include: Legally Married Spouse And All Children, Even If Estranged or out
5 of State And You as Petitioner Stating All Relationships, adult or minor and Addresses
6 (if unknown put last address or unknown)

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| Name ↓ | Relationship/Age ↓ | Address ↓ |
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16 4. Petitioner is seeking medical records from (list names &
17 addresses of all medical facilities and doctors from whom you are seeking records) _____
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23 WHEREFORE, Petitioner prays:
24 That the Court make and enter its order directing the
25 officers of (list names & addresses of all medical facilities and doctors from whom you are
26 seeking records) _____
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to release Decedent's medical records to _____

(name and address).

DATED THIS _____ day of _____, 20__.

Signature of Petitioner

VERIFICATION

STATE OF NEVADA)
) ss
COUNTY OF CLARK)

_____, being first duly sworn, declares
under penalty of perjury as follows:

I am the Petitioner in the above-entitled action. I have
read the foregoing Ex Parte Petition for Order to Release
Medical Records, and know the contents thereof. The Petition is
true of my own knowledge except as to those matters that are
stated on information and belief, and as to those matters, I
believe them to be true.

DATED THIS _____ day of _____, 20__.

Signature of Petitioner

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Name

Address

City, State, Zip Code

Telephone number/ E-Mail Address

IN PROPER PERSON

DISTRICT COURT

CLARK COUNTY, NEVADA

In the Matter of the Estate of:)

)

) Case No. P _____

)

) Dept. No. PC-1

)

) _____
Deceased.

CONSENT TO RELEASE OF MEDICAL RECORDS

COMES NOW _____ (name), _____

(how related to decedent) of decedent, whose address is:

_____, being first

duly sworn, declare under penalty of perjury that I am aware of

the Ex Parte Petition and Order to Release Medical Records filed

by _____ (petitioner) requesting

authority to obtain medical records of the decedent.

I FURTHER ACKNOWLEDGE that I am in agreement with the

decedent's medical records being released to petitioner.

DATED this ____ day of _____, 20__.

Respectfully submitted,

By: _____
(signature)

(print name)