

**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.				
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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

6 IN PROPER PERSON

7
8 DISTRICT COURT

9 CLARK COUNTY, NEVADA

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

14
15 EX PARTE ORDER TO OPEN SAFE DEPOSIT BOX

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

19 IT IS HEREBY ORDERED, ADJUDICATED AND DECREED:

20 1. That the Officers of the _____
21 (name of financial institution) located at _____
22 _____ (full address), shall open the safe deposit
23 box rented by Decedent, _____, in the
24 presence of Petitioner, _____, and the
25 officers of the bank for the purpose of inventorying the
26 contents of the box and to place a copy of the inventory in said
27

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1 safe deposit box, and ascertaining if the Last Will and
2 Testament of the Decedent is contained therein;

3 2. That a copy of the inventory of the contents of the
4 safe deposit box shall be filed with the Clerk of the above
5 Court; and

6 3. That if the Last Will and Testament of the Decedent is
7 found therein, Petitioner, _____, is directed
8 to remove such Last Will and Testament and file the same with
9 the Clerk of the above Court, and such safe deposit box shall
10 then be re-locked and remain locked until further ordered by the
11 Court.

12 DATED this ____ day of _____, 20____.

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15 _____
DISTRICT COURT JUDGE

16 Respectfully submitted,

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18 By: _____
(signature)

19 _____
(print name)
20 IN PROPER PERSON

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PET

Name

Address

City, State, Zip Code

Telephone number

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 OPEN SAFE DEPOSIT BOX

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 is attached as Exhibit "A" and by
reference made a part hereof.

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)

7 Name ↓ Relationship/Age ↓ Address ↓

8 1.

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10 2.

11 3.

12 4.

13 5.

14 6.

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16 4. That on information and belief, Petitioner alleges
17 that Decedent, at the time of death, was the holder of a safe
18 deposit box at _____ (name of
19 financial institution) located at _____
20 _____ (full address).

21 The box number is _____ and the location of the key
22 is: _____.

23 Petitioner believes that Decedent may have executed a Last Will
24 and Testament, but that same has not been located among the
25 Decedent's personal effects, and would most probably be in the
26 Decedent's safe deposit box.
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1 true of my own knowledge except as to those matters that are
2 stated on information and belief, and as to those matters, I
3 believe them to be true.

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5 DATED THIS _____ day of _____, 20__.

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9 _____
Signature of Petitioner

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