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● ORIGINAL ●

CODE  
NAME  
ADDRESS  
CITY, STATE ZIP CODE  
TELEPHONE NUMBER  
PLAINTIFF/DEFENDANT IN PROPER PERSON

DISTRICT COURT  
CLARK COUNTY, NEVADA

NAME,  
  
Plaintiff(s),  
  
-vs-  
  
NAME,  
  
Defendant(s).

CASE NO.  
DEPT. NO.

TITLE OF DOCUMENT  
HEARING DATE:  
HEARING TIME:

BEGIN DOCUMENT.....

SAMPLE

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SIGNATURE  
NAME  
BAR NUMBER  
ADDRESS  
CITY, STATE ZIP CODE  
ATTORNEY FOR: