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

_____,

Plaintiff,

v. **MOTION**

_____,

Defendant.

_____/

I, _____, in proper person, hereby moves this
(Your name)
Court for an Order granting the following:

(**State what you want the Court to Order. If you have more than one request, clearly list and number reach request. Do not explain your requests in detail, just list them.)**

_____

_____

_____

_____

_____

_____

_____

_____

_____

This Motion is made for the following reasons:

Fully explain <u>why</u> you believe you should be granted your request(s).
List and number each request. Be specific and give details

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

Date: _____

_____
(Print Name)

_____
(Signature)

_____
(Address)

_____

_____
(Telephone number)

AFFIDAVIT IN SUPPORT OF MOTION

STATE OF NEVADA)
) ss:
COUNTY OF _____)

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

I am the Plaintiff/Petitioner in the above-entitled action; that I have read the foregoing Motion 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 whose name is subscribed to the attached instrument who acknowledged that (he/she) _____ executed the attached instrument.

_____
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

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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_____

IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF CHURCHILL

_____,
Plaintiff

vs.

REQUEST FOR SUBMISSION

_____,
Defendant

_____/

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. _____

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

_____,
Plaintiff

vs. **ORDER**

_____,
Defendant

_____/

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 _____, _____.

_____
DISTRICT COURT JUDGE

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: _____

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_____ by personally serving:

(Name) _____ at

(Address) _____

_____

DATED: This ____ day of _____, _____.

_____

(Signature of person who performed service)

Case No.

Dept. No.

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_____

IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF CHURCHILL

_____,

Plaintiff,

v. **REPLY TO OPPOSTION TO MOTION**

_____,

Defendant.

_____/

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

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

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IF THE DOCUMENTS WERE PERSONALLY SERVED:

_____ by personally serving:

(Name) _____ at

(Address) _____

_____

DATED: This ____ day of _____, _____.

_____

(Signature of person who performed service)

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IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF CHURCHILL

_____,
Plaintiff

vs.

REQUEST FOR SUBMISSION

_____,
Defendant

_____/

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: _____