Ш	
	Case No.
	Dept. No.
\parallel	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.)
L	

To the best of my knowledge, and that O	the last Order concern rder concerned	(If a decree was entered, state date of the decree ing this matter was entered on
(date last Order entered)		(state what last Order was about)
The child(ren) involved in this	s matter are:	
<u>Name</u>	<u>Age</u>	Date of Birth
This Motion is made for	or the following reason	1:
	u number euch reques	t. Be specific and give details

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14		
15 16	If you need more space, you may attach of Be sure to write only on one si	additional sheets of paper. de of the sheet.
17		
18		
19	Date:	
20	_	
21		(Print Name)
22	-	(Signature)
23		(Signature)
24	-	(Address)
25 26	-	
27	-	
28		(Telephone number)
	3	

AFFIDAVIT IN SUPPORT OF MOTION

1

STATE OF NEVADA) ss:	
COUNTY OF)	
I,, being first duly deposes and says:	sworn, under penalties of perjury,
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	d therein on information and belief, and,
as to those matters, I believe them to be true.	
	(Signature)
SUBSCRIBED and SWORN to before me	
This,	
NOTARY PUBLIC	
STATE OF NEVADA	
) ss: COUNTY OF)	
On this,,	
undersigned, a Notary Public in and for the County of	
Nevada,, p	
me, to be the person whose name is subscribed to the atta	_
that (he/she) executed the attached instrumen	t.
	NOTARY PUBLIC

1 **IMPORTANT** 2 3 YOU HAVE BEEN SERVED WITH A LEGAL MOTION TO CHANGE OR CLARIFY 4 AN ORDER, TO RECONSIDER AN ORDER, TO TAKE ACTION OR FOR OTHER 5 REASONS. 6 IF YOU DO NOT FILE A WRITTEN RESPONSE TO THIS MOTION WITHIN A 7 CERTAIN TIME, THE COURT MAY MAKE RULINGS AGAINST YOUR 8 9 INTERESTS IN THIS CASE. 10 *** 11 If you were served by mail, you have thirteen (13) days from the postmarked date on the 12 envelope in which to file a written response with the Court. 13 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. 15 16 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 17 response. You can contact the Court Clerk's office at (775) 423-6088 or go to the 18 Court's website at www.churchillcounty.org to view the fee schedule. 19 20 If you have any questions on how to file a response to this Motion, contact a private attornev. 21 22 23 24 25 26 27 28

CERTIFICATE OF SERVICE

2	The undersig	and hereby certifies that they are 18 years of age or older, and on this date
3	served a true and con	rrect copy of the document/s entitled:
4		
5	L. d. C. H	(Clearly list all documents you served
6	in the following way	(check the appropriate blank, and fill in the appropriate information)
7	IF THE DOCUME	NTS WERE SERVED BY MAIL:
8		by placing a copy enclosed in a sealed envelope upon which first class postage was fully prepaid
10		by placing a copy enclosed in a sealed envelope and mailing it certified, return receipt requested
11	The envelope	e was addressed to:
13	(Name)	at
14	(Address)	
15		
16 17	And that there is reg addressed.	ular communication by mail between the place of mailing and the place
18	IF THE DOCUME	NTS WERE PERSONALLY SERVED:
19		by personally serving:
20		
21	(Name)	at
22	(Address)	
23		
24		
25	DATED: This	day of
26		
27		
28		(Signature of person who performed service)

Case No.				
Dept. No.				
The undersigned hereby affin this document does not conta social security number of any	ain the			
	•			
IN THE TEN	TH JUDICIAL DISTRIC	T COURT	Γ OF THE STATE OF N	EVADA
	IN AND FOR THE CO	OUNTY (OF CHURCHILL	
Plaintiff,				
v.		RE	PLY TO OPPOSITION	N TO MOTION
Defendant.	·	/		
I,	(Your name)		, in proper person, res	ponds to the
Opposition filed by _	(Name of other party)	on	(date Opposition filed)	_as follows:
(State very specifica	lly your reply to the oth	er 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.	
If a	a hearing is requested, please state why you feel a hearing is necessary:	
loto:		
vaie		(D ' 4 N
		(Print Name
		(Signature
		(Address
	(Telep	phone number
	2	

CERTIFICATE OF SERVICE

2	The undersig	ned hereby certifies that they are 18 years of age or older, and on this date
3	served a true and con	rect copy of the document/s entitled:
4		
5	L. d. C. H	(Clearly list all documents you served
6	in the following way	c: (check the appropriate blank, and fill in the appropriate information)
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13	(Name)	at
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15		
16 17	And that there is reg addressed.	ular communication by mail between the place of mailing and the place
18	IF THE DOCUME	NTS WERE PERSONALLY SERVED:
19		by personally serving:
20		
21	(Name)	at
22	(Address)	
23		
24		
25	DATED: This	day of,
26		
27		
28		(Signature of person who performed service)

1		
2	2 Dept. No	
3 4	this document does not contain the	
5		
6	6	
7	7 IN THE TENTH JUDICIAL DISTRICT COURT OF THE ST	TATE OF NEVADA
8	8 IN AND FOR THE COUNTY OF CHURCH	ILL
9	9	
10	10	
11	11	
12	Plaintiff 12	
13	vs. <u>REQUEST</u>	FOR SUBMISSION
14	14	
15	Defendant 15	
16	16	
17	17	
18	18	
19	I,, the	in this matter,
20	request thefiled on _	
21	(Title of Document you want submitted to the Court)	(Date document filed)
	in this case be submitted to the Judge for consideration and determination	ition.
23	23	
	Dated:	
25		
	Your Signature:	
	Traine (Times).	
	1 none.	

	. I
1	Case No
2	Dept. No
3	The undersigned hereby affirms that this document does not contain the
4	social security number of any person.
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6	
7	IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
8	IN AND FOR THE COUNTY OF CHURCHILL
9	
10	
11	Plaintiff
12	ODDED
13	vs. <u>ORDER</u>
14	, Defendant
15 16	
17	
18	It appears to the satisfaction of the Court from the Motion(Name of Motion)
19	, filed on, and the Court hereby finds,
20	(Date Motion filed) and good cause appearing,
21	IT IS HEREBY ORDERED that (note exactly what you want the Court to Order.)
22	11 15 HERED1 ORDERED that (note exactly what you want the Court to Order.)
23	
24	
25	
26	Dated: Thisday of,
27	
28	DISTRICT COURT JUDGE

Case No
Dept. No
The undersigned hereby affirms that this document does not contain the social security number of any person.
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 <u>AFFIDAVIT OF SERVICE</u>
, Defendant
STATE OF NEVADA)
) ss: County of)
I,, do hereby swear under penalty of perjury (Name of Person Making service)
(Name of Person Making service) that the assertions of this affidavit are true.
1. That I am: (check the appropriate blank)
a party in this action and an appearing in proper person.
a person not involved in this action and have no interest in this action
and an over the age of 18 years.
2. That on the day of,, I served a true and,, I served a true and,,
correct copy of the document/s entitled:
(Clearly list all documents you served on the other party)

In the following	way: (check the a	appropriate blank, a	nd fill in the appropriate information)
IF THE DOCU	MENTS WERE	SERVED BY MA	IL ON THE OTHER PARTY- OR T
OTHER PART	Y'S LAWYER -	- FILL IN THE FO	OLLOWING:
_			by enclosed in a sealed envelope upon we se was fully prepaid
_		, , , ,	by enclosed in a sealed envelope and mann receipt requested.
Т	The envelope was	address to:	
	Name: Address:		
	Address.		
IF THE DOCU	JMENT WERE I	PERSONALLY SE	CRVED ON THE OTHER PARTY- O
			CRVED ON THE OTHER PARTY- OHE FOLLOWING:
	PARTY'S LAWY	YER – FILL IN TH	
	PARTY'S LAWY	YER – FILL IN TH	HE FOLLOWING:
	PARTY'S LAWY	YER – FILL IN TH	HE FOLLOWING:
	PARTY'S LAWY Name:	YER – FILL IN TH	HE FOLLOWING:
	PARTY'S LAWY Name: Address:	YER – FILL IN TH	HE FOLLOWING:
	PARTY'S LAWY Name:	YER – FILL IN TH	HE FOLLOWING:
THE OTHER I	PARTY'S LAWY Name: Address:	YER – FILL IN TH	HE FOLLOWING:
SUBSCRIBED	Name: Address: Date:	before me	HE FOLLOWING: personally serving:
SUBSCRIBED	PARTY'S LAWY Name: Address: Date:	before me	HE FOLLOWING:
SUBSCRIBED	PARTY'S LAWY Name: Address: Date: and SWORN to be y of	before me	personally serving: