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.

_____,

Defendant.

_____/

APPLICATION FOR ORDER TO SHOW CAUSE REGARDING CONTEMPT

I, _____, in proper person, requests that this
(Your name)
Court issue and Order to Show Cause why _____ should not be held
(Other party's name)
in contempt of court for having deliberately and willfully violated the Court Order dated and signed by the District Judge on _____. A copy of the relevant portion of
(Date order was signed)
the Order is attached to this Application.

According to the Order, _____ was required to:
(Other party's name)

(State exactly what the other party was ordered to either do or was prohibited from doing)

_____

_____

_____

_____

_____

_____

_____

_____

I believe that _____ has violated the Court Order in the following
(Other party's name)
way:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

If more space is needed, you may attach additional sheets of paper.

I therefore request that _____ be ordered to appear in Court
(Other party's name)
to show cause why _____ should not be held in contempt of Court.
(he/she)

///

POINTS AND AUTHORITIES FOR THE APPLICATION FOR ORDER TO SHOW CAUSE

Nevada Revised Statutes 1.210(2) states that "The Court has the power to compel obedience to its orders" and Nevada Revised Statutes 22.010(3) provides that "the refusal to abide by a lawful order issued by the Court is contempt."

I declare under the penalties of perjury that the facts and allegations in this Application are true and correct to the best of my knowledge and belief.

STATE OF NEVADA)
) ss:
COUNTY OF _____)

I, _____, being first duly sworn, under penalties of perjury, that
(Your name)
I have read this document and that the contents are true and correct of my own personal knowledge and belief.

Date: _____

_____
(Print Name)

_____
(Signature)

_____
(Address)

_____

_____
(Telephone number)

SUBSCRIBED and SWORN to before me
This ____ day of _____, _____.

_____
NOTARY PUBLIC

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,

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.)**

_____

_____

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_____

_____

_____

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

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(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. _____

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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 TO SHOW CAUSE**

_____,
Defendant

_____/

This Court, having read the Application for Order to Show Cause filed by

_____, and good cause appearing:
(Your name)

IT IS HEREBY ORDERED that _____ appear
(Other party's name)
before this Court at _____ on the _____ day of _____, 20_____,

then and there to show cause, if any they have, why the should not be held in contempt of Court

and fined accordingly.

Dated: This _____day of _____, 20_____.

_____
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: _____

_____

(Clearly list all documents you served

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(Name) _____ at

(Address) _____

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DATED: This ____ day of _____, _____.

_____

(Signature of person who performed service)