



## REQUEST FOR DIVORCE DECREE

Date Request: \_\_\_\_\_

**Contact Information:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_  
\_\_\_\_\_

Case Number (if Known): \_\_\_\_\_

Name of wife at time of divorce: \_\_\_\_\_

Name of husband at time of divorce: \_\_\_\_\_

Telephone Number or email where you can be reached: \_\_\_\_\_

Year divorce filed: \_\_\_\_\_

**\*\*If you are unsure of the date of the divorce, please indicate how many years you wished search. (See Below)**

**Search fees: cost \$.50 per name per year**

Yes  No: Search Required (date unknown) \_\_\_\_\_ # of Years to Search

Yes  No: Certified copy needed (Certified documents: cost \$.50 per page plus \$3 for each document requiring certification)

Yes  No: Non-certified copy needed (Non-certified documents: cost \$.50 per page.)

Please complete this request form and mail/fax/email to:

10<sup>th</sup> Judicial District Court

73 N. Maine Street, Suite B

Fallon, NV 89406

(775) 423-8578 (fax)

[ssevon@churchillcourts.org](mailto:ssevon@churchillcourts.org)

The Court Clerk's Office will review the document you have requested to determine the cost based upon the number of pages. The Court Clerk's Office will then call to inform you of the amount due. Please submit payment in the form of a money order or cashier's check and also include a self-address self-stamped envelope. Upon receipt of payment, your documents will be mailed to you.