

**EIGHTH JUDICIAL DISTRICT COURT
CLARK COUNTY, NEVADA
FAMILY COURT COVER SHEET**

CASE NO. _____ (To be assigned by the Clerk's Office)

Do you or any other party in this case (including any minor child) have any other current case(s) or past case(s) in the Family Court or Juvenile Court in Clark County?

YES NO

If yes, complete the other side of this form

PARTY INFORMATION (Please Print)

Plaintiff/Petitioner		Defendant/Respondent/Co-Petitioner/Ward/Decedent	
Last Name:		Last Name:	
First Name:	Middle Name:	First Name:	Middle Name:
Home Address:		Home Address:	
City, State, Zip:		City, State, Zip:	
Mailing Address:		Mailing Address:	
City, State, Zip:		City, State, Zip:	
Phone #:	Date of Birth:	Phone #:	Date of Birth:
Attorney Information		Attorney Information	
Name:	Bar No.:	Name:	Bar No.:
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone #:		Phone #:	

(Check one box only for the type of case being filed with this cover sheet)

DOMESTIC	MISC. DOMESTIC RELATIONS PETITIONS	GUARDIANSHIP	PROBATE
Marriage Dissolution <input type="checkbox"/> Annulment <input type="checkbox"/> Divorce –No minor child(ren) <input type="checkbox"/> Divorce –With minor child(ren) <input type="checkbox"/> Foreign Decree <input type="checkbox"/> Joint Petition –No minor child(ren) <input type="checkbox"/> Joint Petition – With minor child(ren) <input type="checkbox"/> Separate Maintenance	<input type="checkbox"/> Adoption –Minor <input type="checkbox"/> Adoption –Adult <input type="checkbox"/> Mental Health <input type="checkbox"/> Name Change <input type="checkbox"/> Paternity <input type="checkbox"/> Permission to Marry <input type="checkbox"/> Temporary Protective Order (TPO) <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Child Support/Custody <input type="checkbox"/> Other (identify) _____	Guardianship of an Adult <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Person and Estate Guardianship of a Minor <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Person and Estate <input type="checkbox"/> Guardianship Trust	<input type="checkbox"/> Summary Administration <input type="checkbox"/> General Administration <input type="checkbox"/> Special Administration <input type="checkbox"/> Set Aside Estates <input type="checkbox"/> Trust/Conservatorships <input type="checkbox"/> Individual Trustee <input type="checkbox"/> Corporate Trustee <input type="checkbox"/> Other Probate
MISC. JUVENILE PETITIONS	DA CHILD SUPPORT PETITIONS		
<input type="checkbox"/> Emancipation	<input type="checkbox"/> DA – UIFSA	<input type="checkbox"/> DA - Child Support In State	

List children involved in this case (If more than 3 children, please enter the information on the reverse side)

Last Name	First Name	Middle Name	Date of Birth	Relationship
1.				
2.				
3.				

Printed Name of Preparer

Signature of Preparer

Date

Supply the following information about any other proceeding (check all that apply):

- Divorce
 Temporary Protective Orders (TPO)
 Custody/Child Support
 UIFSA/URESA
 Paternity
 Juvenile Court
 Other

Please Print

List full name of all adult parties involved			Case number of other proceeding(s)	Approximate date of last order in other proceeding(s)
Last Name	First Name	Middle Name		
1.				
2.				
3.				
4.				

If children were involved (other than those listed on front page), please provide:

Last Name	First Name	Middle Name	Date of Birth	Relationship
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Children involved in this case (continuation from front page)

Last Name	First Name	Middle Name	Date of Birth	Relationship
4.				
5.				
6.				
7.				
8.				

THIS INFORMATION IS REQUIRED BY
NRS 3.025, NRS 3.223, NRS 3.227, NRS 3.275,
NRS 125.130, NRS 125.230,
And will be kept in a confidential manner by the Clerk's Office.

1 ORDR

2 _____
Name

3 _____
Address

4 _____
City, State, Zip Code

5 _____
Telephone number

6 IN PROPER PERSON

7 DISTRICT COURT

8 CLARK COUNTY, NEVADA

9 In the Matter of the Estate of)

10) CASE NO.

11)
12) Deceased.
13)

14 EX PARTE ORDER TO OPEN SAFE DEPOSIT BOX

15 The Court, upon reading the verified ex-parte petition of
16 _____ (petitioner), and good cause appearing
17 therefore:

18 IT IS HEREBY ORDERED, ADJUDICATED AND DECREED:

19 1. That the Officers of the _____
20 (name of financial institution) located at _____
21 _____ (full address), shall open the safe deposit
22 box rented by Decedent, _____, in the
23 presence of Petitioner, _____, and the
24 officers of the bank for the purpose of inventorying the
25 contents of the box and to place a copy of the inventory in said
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1 safe deposit box, and ascertaining if the Last Will and
2 Testament of the Decedent is contained therein;

3 2. That a copy of the inventory of the contents of the
4 safe deposit box shall be filed with the Clerk of the above
5 Court; and

6 3. That if the Last Will and Testament of the Decedent is
7 found therein, Petitioner, _____, is directed
8 to remove such Last Will and Testament and file the same with
9 the Clerk of the above Court, and such safe deposit box shall
10 then be re-locked and remain locked until further ordered by the
11 Court.

12 DATED this ____ day of _____, 20____.

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15 _____
16 DISTRICT COURT JUDGE

17 Respectfully submitted,

18 By: _____
19 (signature)

20 _____
(print name)

21 IN PROPER PERSON

1 true of my own knowledge except as to those matters that are
2 stated on information and belief, and as to those matters, I
3 believe them to be true.

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5 DATED THIS _____ day of _____, 20__.

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Signature of Petitioner

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