

**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
<p align="center">Marriage Dissolution</p> <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) _____	<p align="center">Guardianship of an Adult</p> <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Person and Estate <p align="center">Guardianship of a Minor</p> <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/URESAs
 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 3. The names, relationships, ages of minors and residence
2 addresses of all the devisees, legatees, heirs, and next-of-kin
3 of Decedent, so far as known to Petitioner, are:
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Name	Relationship/Age	Address
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6 (THIS INCLUDES: LEGALLY MARRIED SPOUSE AND ALL CHILDREN, EVEN IF ESTRANGED AND
7 PETITIONER STATING THEIR RELATIONSHIP)
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15 4. Petitioner is seeking medical records from (list names &
16 addresses of all medical facilities and doctors from whom you are seeking records) _____
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22 **WHEREFORE**, Petitioner prays:

23 That the Court make and enter its order directing the
24 officers of (list names & addresses of all medical facilities and doctors from whom you are
25 seeking records) _____
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ORDR

Name

Address

City, State, Zip Code

Telephone number

IN PROPER PERSON

DISTRICT COURT
CLARK COUNTY, NEVADA

In the Matter of the Estate of))
) CASE NO.
)
)
)
 Deceased.)
)
)

EX PARTE ORDER TO RELEASE MEDICAL RECORDS

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

IT IS HEREBY ORDERED that the officers of (list names & addresses of
all medical facilities and doctors from whom you are seeking records) _____

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///
///

1 shall release the Decedent's medical records to _____
2 _____.

3 DATED this ____ day of _____, 20____.

5 _____
6 DISTRICT COURT JUDGE

7 Respectfully submitted,

8 By: _____
9 (signature)

10 _____
11 (print name)

12 IN PROPER PERSON

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