**DRST**

Attorney’s Name

Attorney’s Bar Number

Attorney’s Firm Name

Attorney’s Address

Attorney’s Phone Number

Party Attorney Represents

DISTRICT COURT

CLARK COUNTY, NEVADA

 )

 )

 )

 Plaintiff, )

 )

v. ) CASE NO. A-

 ) DEPT NO.

 )

 Defendants. )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**DEMAND FOR REMOVAL FROM THE SHORT TRIAL PROGRAM**

 (Plaintiff/Defendant) hereby demands the above entitled matter be removed from

the Nevada Short Trial Program pursuant to NSTR 5.

 I hereby certify pursuant to NRCP 11 and NSTR 5 that all fees for the trial jurors and court costs of the trial in the amount required by NSTR 5(b) have been deposited with the Clerk of the Court or are being deposited with the filing of this Demand.

 I further understand that pursuant to NSTR 5(c) that my right to remove this case from the Short Trial Program is waived if this demand is not timely filed and served or if the fees and costs have not been paid prior to or at the time of the filing of this demand.

 DATED this day of , 20\_\_.

 ATTORNEY

 BAR NUMBER

 ADDRESS

 PARTY

ARB FORM 58 (1 of 2)

CERTIFICATE OF SERVICE

 I hereby certify that on the day of , 20\_\_, I mailed a copy of the foregoing DEMAND FOR REMOVAL FROM THE SHORT TRIAL PROGRAM in a sealed envelope, to the following counsel of record and that postage was fully prepaid thereon ***OR*** this document was served via E-Service:

 EMPLOYEE OF ATTORNEY

**NOTE: DEMAND FOR REMOVAL TO BE FILED WITH THE CLERK’S OFFICE AND SERVED ON ANY PARTY WHO HAS APPEARED IN THE ACTION.**

**NOTE: A JOINT CASE CONFERENCE REPORT MUST BE FILED WITHIN 60 DAYS**

 **FROM THE DATE OF FILING A REQUEST FOR TRIAL DE NOVO.**

ARB FORM 58 (2 of 2)