

Case Number: _____
 (to be assigned by the Clerk's Office)

CLARK COUNTY, NEVADA FAMILY COURT COVER SHEET

PARTIES:

Plaintiff/Petitioner		Defendant/Respondent/Co-Petitioner/Protected Person	
Last Name:		Last Name:	
First Name:	Middle Name:	First Name:	Middle Name:
Mailing Address:		Mailing Address:	
City, State, Zip:		City, State, Zip:	
Phone #:	Date of Birth:	Phone #:	Date of Birth:
Email Address:		Email Address:	
Attorney Information <input type="checkbox"/> not applicable		Attorney Information <input type="checkbox"/> not applicable	
Name:	Bar No.:	Name:	Bar No.:
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone #:		Phone #:	

CASE TYPE: (Check **only one box** only for the **primary** type of case you are filing)

DISSOLUTION	MISC. DOMESTIC RELATIONS PETITIONS	GUARDIANSHIP	OTHER
<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"/> Child Custody (non-divorce) <input type="checkbox"/> Child Support (private party) <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 (private party) <input type="checkbox"/> Termination of Parental Rights (State initiated) <input type="checkbox"/> Visitation (non-divorce) <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	DA Child Support <input type="checkbox"/> DA – UIFSA <input type="checkbox"/> DA – Child Support In State DA Child Dependency <input type="checkbox"/> DA – Abuse/Neglect <input type="checkbox"/> DA – No Fault <input type="checkbox"/> DA – Other (identify) _____ Juvenile <input type="checkbox"/> Emancipation

CHILDREN INVOLVED IN THIS CASE (if applicable)

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

Does this family have any other current or past case(s) in the Clark County Family Court or Juvenile Court?
 YES NO

Your Printed Name
 Nevada AOC – Research & Statistics Unit
 Pursuant to NRS 3.275

Your Signature

Date