

1 NOTC

2 (Your Name) \_\_\_\_\_

3 (Address) \_\_\_\_\_

4 \_\_\_\_\_

5 (Telephone) \_\_\_\_\_

6 (Email Address) \_\_\_\_\_

7 In Proper Person

8 **DISTRICT COURT**  
9 **CLARK COUNTY, NEVADA**

10 \_\_\_\_\_

11 Plaintiff,

12 vs.

13 \_\_\_\_\_

14 Defendant.

10 CASE NO.: \_\_\_\_\_

11 DEPT NO.: \_\_\_\_\_

13 DATE OF HEARING: \_\_\_\_\_

14 TIME OF HEARING: \_\_\_\_\_

16 Oral Argument Requested:

16 Yes  No

18 **NOTICE OF MOTION**

20 TO: Name of Opposing Party or Party's Attorney, if one, \_\_\_\_\_

21 **PLEASE TAKE NOTICE** that a hearing on the attached motion for relief will be held  
22 before the Eight Judicial District Court - Family Division located at: (**Check One**)

24  The Family Courts and Services Center 601 N. Pecos Road Las Vegas, Nevada 89101.

25  The tenth floor of the Regional Justice Center, 200 Lewis Avenue Las Vegas, Nevada 89101.

26 **Notice:** You are required to file a written response to this motion with the Clerk  
27 of the Court within ten (10) days of receipt and to serve a copy of the filed  
28 response on the other party. Failure to do so may result in the requested relief  
being granted by the Court without hearing prior to the scheduled hearing.