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(Your name) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(Telephone) \_\_\_\_\_

In Proper Person

DISTRICT COURT  
CLARK COUNTY, NEVADA

\_\_\_\_\_  
Plaintiff/Petitioner,  
vs.  
\_\_\_\_\_  
Defendant/Respondent

Case No.: \_\_\_\_\_  
Dept. No.: \_\_\_\_\_  
Oral Argument Requested:  
Yes \_\_\_\_\_ No \_\_\_\_\_

**NOTICE OF MOTION**

**(Check one)**

TEMPORARY ORDER       CHANGE IN ORDER

**(Check all that apply)**

CHILD SUPPORT                       CHILD CUSTODY                       VISITATION  
 PROPERTY ISSUES                       SPOUSAL SUPPORT                       ATTORNEY FEES AND COSTS  
 CONTEMPT                       EXCLUSIVE POSSESSION  
 MEDICAL INSURANCE AND UNREIMBURSED MEDICALS       OTHER(specify) \_\_\_\_\_

TO: Name of Opposing Party \_\_\_\_\_; and  
TO: Name of attorney for Opposing Party, if one \_\_\_\_\_

**PLEASE TAKE NOTICE** that a hearing on this motion for the relief requested will be held before the Eighth Judicial District Court located at: **(Check one)**

The Family Courts and Services Center, 601 N. Pecos Road, Las Vegas, Nevada 89101  
 The Regional Justice Center, 200 Lewis Avenue, Las Vegas, Nevada 89155

on the (day) \_\_\_\_\_ of (month) \_\_\_\_\_, (year) \_\_\_\_\_ in  
Department \_\_\_\_\_ at (time) \_\_\_\_\_ m.

