

1 _____
(NAME)

2 _____
(ADDRESS)

3 _____
(CITY, STATE, ZIP)

4 _____
(TELEPHONE)

6
7 IN THE JUSTICE COURT OF PAHRUMP TOWNSHIP
8 COUNTY OF NYE, STATE OF NEVADA
* * * * *

9
10 _____, Case No. _____

11 Plaintiff(s) Dept. _____
12 vs

Date of Hearing _____

13 _____, Time of Hearing _____

14 _____ /
Defendant(s).

15 **NOTICE OF MOTION**

16 To: Name of Opposing Party and Party's Attorney, if one, _____

17
18 This is a Motion for *(insert what Motion is for)* _____

19
20
21 **PLEASE TAKE NOTICE** that a hearing on this motion for relief will be held before the
22 Pahrump Justice Court, Department _____ located at 1520 East Basin Avenue,
23 Pahrump, Nevada 89060.

24 **Notice:** You are required to file a written response to this motion with the Pahrump
25 Justice Court within ten (10) days of receipt and to serve a copy of the filed response on
26

1 the other party. Failure to do so may result in the requested relief being granted by the
2 Court without hearing prior to the scheduled hearing.

3 DATED this (*day*) _____ day of *month*) _____, 20_____.
4

5 Submitted by:

6 (*Print your name*) _____
7

8 (*Your signature*) _____

9 (*check one*) Plaintiff Defendant In Proper Person
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