

CIVIL (FAMILY-RELATED) COVER SHEET

_____ County, Nevada

Case No.

(Assigned by Clerk's Office)

I. Party Information (provide both home and mailing addresses if different)

Wife's (name/address/phone):

Husband's (name/address/phone):

II. Nature of Controversy (Please check applicable box.)

Family-Related Cases

Domestic Relations	Guardianship
<p>Marriage Dissolution Case</p> <p><input type="checkbox"/> Annulment – AN</p> <p><input type="checkbox"/> Divorce – With Children – DC</p> <p><input type="checkbox"/> Divorce – Without children – DO</p> <p><input type="checkbox"/> Foreign Decree – FD</p> <p><input type="checkbox"/> Joint Petition – With children – JC</p> <p><input type="checkbox"/> Joint Petition – Without children – JN</p> <p><input type="checkbox"/> Legal Separation – LS</p> <p><input type="checkbox"/> Support/Custody/Visitation – CU</p> <p><input type="checkbox"/> UIFSA Case (formerly URESA) – UF</p> <p>Adoptions</p> <p><input type="checkbox"/> Adult – AA</p> <p><input type="checkbox"/> Minor – AM</p> <p><input type="checkbox"/> Paternity – PY</p> <p>Termination of Parental Rights</p> <p><input type="checkbox"/> State – TS</p> <p><input type="checkbox"/> Private – TV</p> <p>Miscellaneous Domestic Relations</p> <p><input type="checkbox"/> Name Change – NC</p> <p><input type="checkbox"/> Emancipation – EM</p> <p><input type="checkbox"/> Permission to Marry – MM</p> <p><input type="checkbox"/> Other Family – OF</p>	<p><input type="checkbox"/> Guardianship of an Adult – GA</p> <p><input type="checkbox"/> Guardianship of a Minor – GB</p> <p><input type="checkbox"/> Guardianship Trust - OG</p> <hr/> <p align="center">Other Family-Related Case Filing Types</p> <p><input type="checkbox"/> Mental Health – IC</p> <p>Request for Temporary Protective Order</p> <p><input type="checkbox"/> Children – TC</p> <p><input type="checkbox"/> No Children - TP</p>

Date _____