

Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Self-Represented

**DISTRICT COURT**  
\_\_\_\_\_ **COUNTY, NEVADA**

_____	CASE NO.: _____
Plaintiff,	
vs.	DEPT: _____
_____	
Defendant.	

**REQUEST FOR SUBMISSION**

( **check one**)  Plaintiff /  Defendant requests that the (*name of document you submitted to the court*) \_\_\_\_\_, filed on (*date document was filed*) \_\_\_\_\_ be submitted to the Court for decision.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Submitted By: (*Signature*) ▶ \_\_\_\_\_

Printed Name: \_\_\_\_\_