

IN THE SUPREME COURT OF THE STATE OF NEVADA

_____, Appellant,  vs.  _____, Respondent.	Supreme Court No. _____ District Court No. _____
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**MOTION FOR STAY FORM**  
**FOR PARTIES WITHOUT ATTORNEYS**

**INSTRUCTIONS:** Write only in the space allowed on the form. **Additional pages and attachments are not permitted.** The Nevada Supreme Court prefers short and direct statements. Citation to legal authority or the district court record is not required but would be helpful to the Court.

Any form you file with the Nevada Supreme Court must be mailed or delivered to all other parties to this appeal or to the parties' attorneys.

You may file your forms in person or by mail. You must file the original and 2 copies with the Clerk of the Nevada Supreme Court. If you want the clerk to return a file-stamped copy of your form, you must submit the original and 3 copies and include a self-addressed, stamped envelope. Documents cannot be faxed or e-mailed to the Clerk's Office.

This form must be filed with the Clerk of the Nevada Supreme Court at the following address:

Clerk of the Court  
Supreme Court of Nevada  
201 South Carson Street  
Carson City, Nevada 89701  
Telephone: (775) 684-1600 or (702) 486-9300

**Judgment or Order You Are Appealing.** Specify the judgment or order that you are appealing from and the date that the judgment or order was filed in the district court.

Filed Date	Name of Judgment or Order

**Notice of Appeal.** Specify the date you filed your notice of appeal in the district court:\_\_\_\_\_

**Order to be Stayed.** A stay from the Nevada Supreme Court prevents enforcement of a district court order. What do you want stayed?

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**Statement of Facts.** Briefly explain the facts related to your request for a stay. (Your answer must be provided in the space allowed.)

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**Effect on Your Appeal.** If a stay is denied, how will this affect the issues you are appealing? (Your answer must be provided in the space allowed.)

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**Harm to You.** What serious harm will you experience if a stay is denied?  
(Your answer must be provided in the space allowed.)

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**Harm to Others.** What harm will the other side experience if the stay is granted? (Your answer must be provided in the space allowed.)

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**Success on Appeal.** Why are you likely to win this appeal? (Your answer must be provided in the space allowed.)

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**CERTIFICATE OF SERVICE**

I certify that on the date indicated below, I served a copy of this completed appeal statement upon all parties to the appeal as follows:

- By personally serving it upon him/her; or
- By mailing it by first class mail with sufficient postage prepaid to the following address(es):

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

\_\_\_\_\_  
Signature of Moving Party

\_\_\_\_\_  
Print Name of Moving Party

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone