

CIVIL (FAMILY - RELATED) COVER SHEET
Nye COUNTY, NEVADA

Case No. _____ (Assigned by Clerk's Office)

I. PARTY INFORMATION

Plaintiff/Petitioner	Defendant/Respondent/Co-Petitioner
Name: SIL GO Address: 123 Main City, State, Zip: Lcv, NE, 89098 Phone #: 101-111-1111 Date of Birth: 1/2/2005 Attorney Information (Name/Address/Phone)	Name: KSAD SAS KSAFD Address: 12 3nain City, State, Zip: La, OR, 12345 Phone #: Date of Birth: 2/2/2004 Attorney Information (Name/Address/Phone)

II. NATURE OF CONTROVERSY

Family-Related Cases

Domestic Relations	Guardianship
Marriage Dissolution Case <input type="checkbox"/> Annulment <input type="checkbox"/> Divorce –With children <input checked="" type="checkbox"/> Divorce –Without children <input type="checkbox"/> Foreign Decree <input type="checkbox"/> Joint Petition – With children <input type="checkbox"/> Joint Petition – Without children <input type="checkbox"/> Separate Maintenance <input type="checkbox"/> Support/Custody <input type="checkbox"/> UIFSA Case (formerly URESA) <input type="checkbox"/> Adoption <input type="checkbox"/> Adult <input type="checkbox"/> Minor <input type="checkbox"/> Paternity <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Miscellaneous Domestic Relations <input type="checkbox"/> Name Change <input type="checkbox"/> Permission to Marry <input type="checkbox"/> Other Family	<input type="checkbox"/> Guardianship of an Adult <input type="checkbox"/> Guardianship of a Minor <input type="checkbox"/> Guardianship Trust Estimated Estate Value: \$ <hr/> Other Family-Related Case Filing Type <input type="checkbox"/> Mental Health <input type="checkbox"/> Request for Temporary Protective Order <input type="checkbox"/> Miscellaneous Juvenile <input type="checkbox"/> Emancipation

Children involved in this case:

06-09-2018
Date

Signature of Preparer SIL GO