,	мот		
1			
2	(Your Name)		
3	(Your Address)		
4	(Your City, State, Zip)		
5	(Your Telephone)		
6	(Your E-mail Address/Your Fax)		
7	Plaintiff Defendant Other: Self-Represented		
8			
9	EIGHTH J	JUDICIAL DISTRICT COURT	
10	CLARK COUNTY, NEVADA		
11		·	
12	Plaintiff(s),		
13	VS.	HEARING REQUESTED	
14			
15			
16	Defendant(s).		
17		MOTION	
18		MOTION	
19			
20		(Insert Title of Motion)	
21	(Check one box) Plaintiff	Defendant Other:, (insert your name)	
22		10 . 1 1 2 11	
23		Points and Authorities; the pleadings and papers on file in	
24		o, if any; and the argument allowed by the Court at the time	
25	of hearing.	, if any, and the argument anowed by the Court at the time	
		20	
26	DATED: (insert date)		
27		(Print your name) Self-Represented	
28		Self-Represented	

1	MEMORANDUM OF POINTS AND AUTHORITIES
2	(Make your points and arguments below.)
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
$\begin{bmatrix} 25 \\ 26 \end{bmatrix}$	
20   27	
$\begin{bmatrix} 27 \\ 28 \end{bmatrix}$	
20	

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	( Check if continued on attached pages)
25	DATED: (insert date)
26	
27	(Signature)
28	(Print your name) Self-Represented

1	CERTIFICATE OF SERVICE	
2	Pursuant to Nev. R. Civ. P. 5(b), I HEREBY CERTIFY that on (insert date of service)	
3	, 20, I served a true and correct copy of the above <b>MOTION</b>	
4	(insert name of motion)	
5	by (select which method of service you did):	
6	Electronic service via the court's electronic filing system.	
7	Hand delivery at the following address (insert name of opposing party's attorney, or opposing party if	
8	unrepresented, and the address where you delivered):	
9		
10		
11		
12		
13	Mailing via United States Mail in the State of Nevada, postage prepaid, to the	
14	following address (insert name of opposing party's attorney, or opposing party if unrepresented, and address where you	
15	mailed):	
16		
17		
18		
19		
20	DATED: (insert date), 20	
21		
22	Name of Person Serving: Signature of Person Serving:	
23		
24		
25		
26		
27		
28		