FILING CODE: FCC

Case Number: _____
(to be assigned by the Clerk's Office)

CLARK COUNTY, NEVADA
FAMILY COURT COVER SHEET

PARTIES:

Plaintiff/Petitioner		Defendant/Respondent/Co-Petitioner/Protected Person	
Last Name:		Last Name:	
First Name:	Middle Name:	First Name:	Middle Name:
Mailing Address:		Mailing Address:	
City, State, Zip:		City, State, Zip:	
Phone #:	Date of Birth:	Phone #:	Date of Birth:
Email Address:		Email Address:	
Attorney Information ☐not applicable		**Attorney Information** ☐not applicable	
Name:	Bar No.	Name:	Bar No:
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone #:		Phone #:	

CASE TYPE: (Check **only one box** only for the **primary** type of case you are filing)

DISSOLUTION	MISC. DOMESTIC RELATIONS PETITIONS	GUARDIANSHIP	OTHER
☐ Annulment ☐ Divorce –No minor child(ren) ☐ Divorce –With minor child(ren) ☐ Foreign Decree ☐ Joint Petition –No minor child(ren) ☐ Joint Petition – With minor child(ren) ☐ Separate Maintenance	☐ Adoption –Minor ☐ Adoption –Adult ☐ Child Custody (non-divorce) ☐ Child Support (private party) ☐ Mental Health ☐ Name Change ☐ Paternity ☐ Permission to Marry ☐ Temporary Protective Order (TPO) ☐ Termination of Parental Rights (private party) ☐ Termination of Parental Rights (State initiated) ☐ Visitation (non-divorce) ☐ Other (identify) _____	**Guardianship of an Adult** ☐ Person ☐ Estate ☐ Person and Estate **Guardianship of a Minor** ☐ Person ☐ Estate ☐ Person and Estate ☐ **Guardianship Trust**	**DA Child Support** ☐ DA – UIFSA ☐ DA – Child Support In State **DA Child Dependency** ☐ DA – Abuse/Neglect ☐ DA – No Fault ☐ DA – Other (identify) _____ **Juvenile** ☐ Emancipation

CHILDREN INVOLVED IN THIS CASE (if applicable)

Last Name	First Name	Middle Name	Date of Birth	Relationship
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Does this family have any other current or past case(s) in the Clark County Family Court or Juvenile Court?
☐ **YES** ☐ **NO**

_____ /S/_____ _____
Your Printed Name **Your Signature** **Date**