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ATTORNEY INFORMATION

Attorneys for PLAINTIFF OR DEFENDANT

*In Conjunction with Legal Aid Center of Southern Nevada Pro Bono Project*

DISTRICT COURT

CLARK COUNTY, NEVADA

PLAINTIFF NAME, )

 )

 Plaintiff, ) Case No.: CASE NO.

 )

vs. ) Dept. No.: DEPT. NO.

 )

DEFENDANT NAME, )

 )

 Defendant. )

 )

**CERTIFICATE OF MAILING**

 I hereby certify that I am an employee of LAW FIRM, and that on the DAY day of MONTH, YEAR, I deposited a true and correct copy of the DOCUMENT NAME, in the United States Mail at Las Vegas, Nevada, enclosed in a sealed envelope, first class mail, postage prepaid, addressed as follows:

ATTORNEY NAME, Esq.

ATTORNEY ADDRESS

Las Vegas, NV ZIP CODE

(Attorney for PLAINTIFF OR DEFENDANT)

 By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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