ATTORNEY INFORMATION

Attorneys for Plaintiff

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

**DISTRICT COURT**

**CLARK COUNTY, NEVADA**

PLAINTIFF NAME, )

)

Plaintiff, )

)

vs. ) Case No.: CASE NO.

) Dept. No.: DEPT. NO.

DEFENDANT NAME, )

) **CLERK MUST MAINTAIN AS**

Defendant. ) **CONFIDENTIAL**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**CONFIDENTIAL DISCLOSURE OF SOCIAL SECURITY NUMBERS AND CONFIDENTIAL ADDRESSES**

1. PLAINTIFF NAME

ADDRESS

CITY, STATE, ZIP

SSN: SOCIAL SECURITY NO.

1. DEFENDANT NAME

ADDRESS

CITY, STATE, ZIP

SSN: SOCIAL SECURITY NO.

DATED this DATE day of MONTH, YEAR.

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTORNEY INFORMATION Attorneys for Plaintiff

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