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*