**PMOT**

ATTORNEY CONTACT INFO

Attorney for XXX

In conjunction with Legal Aid Center of Southern Nevada Pro Bono Project

EIGHTH JUDICIAL DISTRICT COURT

FAMILY DIVISION – JUVENILE

CLARK COUNTY, NEVADA

In the Matter of: ) Case No.:

) Dept. No.:

**CLIENT 1,** )

DOB: ) **HEARING REQUESTED**

)

**CLIENT 2,** )

DOB: )

)

Minors. )

)

**MOTION TO PLACE ON CALENDAR**

COMES NOW, Subject Minors, *CLIENT 1* and *CLIENT 2,* by and through their attorney, *Attorney*, Esq., of *Firm*, and hereby request that the above-entitled matter be placed on the Court’s calendar for hearing based on urgency and the following reason(s): [CHECK ALL THAT APPLY]

To address clients’ placement at Child Haven.

To address clients’ removal and/or placement change without prior notice to their attorney.

To address sibling separation.

To address clients’ inappropriate placement.

To address changing clients’ permanency goal.

To address appointment of an Educational Decision Maker for clients.

To address client’s transition to Voluntary Jurisdiction.

To address case closure.

DATED this Day day of Month, Year.

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

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***CERTIFICATE OF SERVICE***

I HEREBY CERTIFY that on the Day day of Month, Year, I served the foregoing, **MOTION TO PLACE ON CALENDAR** by the Court’s electronic system (EFS E-File & Serve) and/or depositing in the U.S. Mail in a sealed envelope with first-class postage fully prepaid thereon, to the following:

*District Attorney*, Esq.

Deputy District Attorney Juvenile

Family Court

*Email Address*

*Case Manager*, Case Manager

Department of Family Services

*Email Address*

An Employee of

*Firm*