**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*