**PSAO**

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.: J

 ) Dept. No.:

**CLIENT,** )

DOB: Date of Birth )

 )

 A MINOR. )

 )

**STIPULATION AND ORDER ALLOWING CHILD WITNESS TO TESTIFY BY ALTERNATIVE METHOD**

IT IS HEREBY STIPULATED between the subject minor, CLIENT, by and through his attorney, Attorney, Esq., of Firm, the natural mother, Mother, by and through her attorney, Attorney, Esq., the natural father, Father, by and through his attorney, Attorney, Esq., and the Clark County Department of Family Services, by and through its attorney, Deputy District Attorney Attorney, Esq., that pursuant to Nevada Revised Statutes 50.580 and 50.600:

1. This matter has been set for an adjudicatory hearing on Date at Time in courtroom Courtroom #.
2. Upon the subject minor, CLIENT, being called to testify at the hearing, he will be permitted to testify by an alternative method.
3. Upon the subject minor being called to testify, all parties including Mother and Father will be excluded from the courtroom.
4. The only people allowed to remain in the courtroom during testimony will be counsel for all parties.
5. All parties who are excluded will be able to watch the subject minor’s testimony from chambers or wherever designated through video graphic means.
6. This Stipulation and Order will remain in effect if the adjudicatory hearing is rescheduled to a future date.

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ATTORNEY, ESQ. Date ATTORNEY, ESQ. Date

Nevada Bar No. Bar # Deputy District Attorney

Attorney for Subject Minor Nevada Bar No. Bar #

 Attorney for Clark County

 Department of Family Services

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

ATTORNEY, ESQ. Date ATTORNEY, ESQ. Date

Nevada Bar No. Bar # Nevada Bar No. Bar #

Attorney for Natural Mother Attorney for Natural Father

APPROVED AND SO ORDERED

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submitted by:

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

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