MOFI

(Your Name) _____

(Your Address) _____

_____

(Email Address) _____

(Telephone Number) _____

In Proper Person

DISTRICT COURT

CLARK COUNTY, NEVADA

_____ Plaintiff vs. _____ Defendant	CASE NO.: _____ DEPT NO.: _____

FAMILY COURT MOTION/OPPOSITION FEE INFORMATION SHEET (NRS 19.0312)

Check the Statement that Describes the Motion or Opposition you are Filing:

☐ I am filing one of the three following types of excluded Motion/Opposition and am not subject to the $25.00 filing fee:

1. A Motion for/Opposition to temporary relief;
2. A Motion for/Opposition to the modification of child support *only; or*
3. A Motion for/Opposition to reconsideration or a new trial, which is being filed within ten (10) days after the final decree or judgment, was issued.

☐ I am not filing an excluded Motion/Opposition (listed above) and am subject to the $25.00 filing fee.

DATED this _____ day of _____, 20___

▸ _____ ▸ _____

(Print Your Name) *(Signature)*

(☑ Check one) ☐Plaintiff/☐Defendant

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