

1 Code: 3860

2 Name: _____

3 Address: _____

4 Telephone: _____

5 Email: _____

6 Self-Represented Litigant

7 IN THE FAMILY DIVISION
8 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
9 IN AND FOR THE COUNTY OF WASHOE

10 _____, Case No. _____

11 Plaintiff / Petitioner / Joint Petitioner,

12 Dept. No. _____

13 vs.

14 _____,

15 Defendant / Respondent / Joint Petitioner.

16 _____/

17 REQUEST FOR SUBMISSION

18
19 I request that the Judgment and Order Upon Stipulation for Unreimbursed Health Care Expenses
20 filed on _____ be submitted to the Court for decision.

21 (Date the document was filed with the Court)

22 This document does not contain the personal information of any person as defined by NRS
23 603A.040.

24
25 Date: _____

26 Your Signature: _____

27 Print Your Name: _____

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