

1 Code: 3860
2 Name: _____
3 Address: _____
4 Telephone: _____
5 Email: _____
6 Self-Represented Litigant

5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

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

_____,
Plaintiff / Petitioner / Joint Petitioner,

Case No. _____

vs.

Dept. No. _____

_____,
Defendant / Respondent / Joint Petitioner.

_____ /

REQUEST FOR SUBMISSION

I request that the Motion for Reimbursement of Health Care Expenses that was filed on

_____ be submitted to the Court for decision.
(Date of filing)

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

I declare under penalty of perjury under the law of the State of Nevada the foregoing is true and
correct.

Date: _____

Your Signature: _____

Print Your Name: _____