

**JUSTICE COURT, LAS VEGAS TOWNSHIP
CLARK COUNTY, NEVADA
COPY / RESEARCH REQUEST**

COPY REQUEST

Fee: \$0.50 per page

Case Number: _____

Case Type: _____

Document Title: _____

Filed Date: _____

Name of Requestor: _____

Phone Number: _____

Document requested to be: Certified Copy (\$3.00 per transaction)
 Plain Copy (\$0.50 per page)
 Exemplified Judgment (\$6.00 per transaction)
 Letter of "No Record" Requested (no fee)

Return Method: Mail Copies Pickup Copies

Mailing Address: _____

Return Envelope Provided? YES NO

RESEARCH REQUEST

Fee: \$1 per Name per Year (Last 10 years maximum)

Name to Search: _____

Years to Search: _____ years

Name of Requestor: _____

Phone Number: _____

Document requested to be:

Certified Copy (\$3.00 per transaction)
 Plain Copy (\$0.50 per page)
 Exemplified Judgment (\$6.00 per transaction)
 Letter of "No Record" Requested (no fee)

Return Method: Mail Copies Pickup Copies

Mailing Address: _____

Return Envelope Provided? YES NO

By submitting this signed request, I acknowledge that I am responsible for promptly paying all required fees. My failure to pay the required fees within 5 days of receipt of any copies and/or research will result in the suspension of any pending requests and the denial of any future requests. (Draw Down Accounts that are to be provided for payment need to be submitted on a Draw Down Authorization form.)

Signed: _____ DATE: _____

Typed or printed name: _____

To Be Completed by Clerk's Office

Received By: _____

Tendered Type: _____

Tendered Amount: _____

Fulfilled By: _____

TOTAL COST OF REQUEST: _____

Receipt Number Issued: _____

RETURNED REQUESTED ITEM VIA:

Mailed in Return Envelope Provided Mailed in Envelope Placed in Pickup Bin (Folder _____)