

NEIGHBORHOOD JUSTICE CENTER INTAKE SHEET

330 S. Third Street, Suite #600, Las Vegas, NV 89129

702-455-3898 ◊ mediation.works@clarkcountyNV.gov

Date _____

Case# _____

Case Mgr _____

Complainant Name: _____ Bus. Name: _____ Title: _____ Address: _____ _____ Phone: _____ (Home/ Work/ Cellular) Email: _____ ADDITIONAL PARTY: _____ Phone: _____ Brief Description This dispute is about _____ _____ _____	Respondent Name: _____ Bus. Name: _____ Title: _____ Address: _____ _____ Phone: _____ (Home/ Work/ Cellular) Email: _____ ADDITIONAL PARTY _____ Phone: _____ ATTORNEY: _____ _____ Phone: _____
Third Party Authorization I _____ have requested mediation assistance from the Clark County Neighborhood Justice Center. My account number is _____ The last four digits of my SS # are ____ _ My birth date is ____ / ____ / ____	Third Party Authorization Signature: _____