

Justice Court, Henderson Township
CLARK COUNTY, NEVADA

Name: _____

Address: _____

Plaintiff,

CASE NO. _____

vs

DEPT NO. _____

Name: _____

Address: _____

Defendant.

AFFIDAVIT OF COMPLAINT

SMALL CLAIMS

STATE OF NEVADA)
COUNTY OF CLARK)

_____ states that the Defendant owes the Plaintiff the sum of _____
plus court costs for _____

_____ that demand for payment has been made; the Defendant refuses to pay; that the Defendant either resides, works or does business in the Henderson Township, County of Clark, State of Nevada.

Pursuant to NRS 53.045, I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Date: _____

Affiant's Signature

Plaintiff's Telephone Number: _____

Defendant's Telephone Number: _____

SUMMONS & ORDER TO APPEAR

NOTICE: YOU HAVE BEEN SUED. THE COURT MAY DECIDE AGAINST YOU WITHOUT YOUR BEING HEARD UNLESS YOU APPEAR ON THE FOLLOWING DATE.

YOU ARE HEREBY ORDERED TO APPEAR FOR TRIAL ON THE PLAINTIFF'S CLAIM AT:
HENDERSON JUSTICE COURT - 243 WATER STREET - HENDERSON, NEVADA 89015 - (702) 455-7978

on the _____ day of _____, 20____, at the hour of 8:00 a.m. in Dept. # _____
for the purpose of mandatory mediation prior to a hearing where you may present any defense you may have. Please be advised that all parties who appear on the scheduled court date must be authorized to potentially enter into binding agreements throughout the mediation process. You are further notified that in the event you do not appear on time, judgment will be given against you in the amount claimed due by the Plaintiff, which may result in the garnishment of wages and the seizure of property. **PLEASE BRING WITH YOU ALL WITNESSES, AN ORIGINAL AND 2 COPIES OF ANY EVIDENCE, RECEIPTS OR BOOKS NECESSARY TO PROVE YOUR CASE. INDIVIDUAL PIECES OF EVIDENCE SHOULD BE ORGANIZED AND CLEARLY MARKED FOR REFERENCE FOR THE COURT. PLEASE CONTACT COURT TO CONFIRM COURT DATE.**

APPROPRIATE COURTROOM ATTIRE REQUIRED
NO SHORTS, HALTER TOPS OR TANK TOPS
SHOES ARE REQUIRED
(NO FOOD, DRINK OR SMOKING PERMITTED)

COURT COSTS \$ _____
CONSTABLE/PS FEES \$ _____
TOTAL \$ _____

