

JUSTICE COURT, HENDERSON TOWNSHIP
CLARK COUNTY, NEVADA

VICTIM INFORMATION WORKSHEET

Business Name: _____
AKA (if applicable): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Business Telephone Number: _____
Business Fax Number: _____
Business E-Mail Address (if applicable): _____
Business Web Address (if applicable): _____
Authorized Agent for Plaintiff: _____
Direct Telephone Number for Authorized Agent: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

(1) Does this business have a prior relationship with the Defendant?

(For example, is the Defendant a former employee/customer/neighboring business owner/etc.?)

Yes. (Please describe the relationship.)

No.

(2) Have there been any other court actions between your business and the Defendant?

Yes. (Please describe the prior court actions.)

No.

(3) Are there specific employees and/or customers who are the focus of the harassment?

Yes. (Please list the names and job titles, if applicable, of all individuals.)

No.

(4) Is the business being represented by an attorney who will appear in this case?

Yes. **NAME:** _____
ADDRESS: _____
PHONE: _____

No.

CONFIDENTIAL