Justice Court, Henderson Township CLARK COUNTY, NEVADA

Name:		
Address:		
Telephone:	Email:	CASE NO DEPT NO
VS	Plaintiff,	
Name:		AFFIDAVIT OF COMPLAINT SMALL
Address:		CLAIMS
Telephone:	Email:	
	Defendant,	
STATE OF NEVADA COUNTY OF CLARA		
I, (insert your full name)		, state that the Defendant owes the Plaintiff the sum of
\$	The reason for this indebtedness is:	

Demand for payment has been made, and the Defendant refuses to pay the same. Henderson Justice Court, in the County of Clark, State of Nevada has jurisdiction because the defendant resides, does business in, or is employed in Henderson Township at the time of the filing of the complaint, or was so when the cause of action arose; or in cases involving injury to the person or property, Henderson Township is the location where the injury occurred; or in cases involving a contract to perform an obligation, where the obligation is or was to be performed.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct (NRS 53.045).

(Affiant's Signature)	(Date)

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

on the ______ day of ______, 20____, at the hour of 8:30AM in Dept. #______ and present any defense you may have. All parties who appear in Court must be authorized to potentially enter into binding agreements through a 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. BRING WITH YOU ALL WITNESSES AND THREE (3) COPIES OF ANY EVIDENCE NECESSARY TO PROVE YOUR CASE. VIDEO AND AUDIO FILES MUST BE PROVIDED ON A REMOVABLE PORTABLE STORAGE DEVICE IN A FORMAT SUPPORTED BY WINDOWS MEDIA PLAYER. INDIVIDUAL PIECES OF EVIDENCE SHOULD BE ORGANIZED AND CLEARLY MARKED FOR REFERENCE BY THE COURT.

Contact Henderson Justice Court to confirm court date: (702) 455-7980.

 COURT COSTS
 \$______

 CONSTABLE/PS FEES
 \$_______

 TOTAL
 \$_______

AFFIDAVIT OF SERVICE

ST	ΓATE OF NEVADA)	
СО	:ss OUNTY OF CLARK)	
rec	being duly sworn says: e United States, over 18 years of age, not a party to or interested in the proc ceived copy(ies) of the Affidavit of Complaint Small Claims on the and served the same on the day of	day of,
	(Affiant must complete the appropr	iate paragraph)
1.	Delivering and leaving a copy with the Defendantat (insert address)	
2.	Serving the Defendant	, a person of suitable age and discretion
	(Use paragraph 3 for service upon agent	r, completing A or B)
3.	Serving the Defendant	
	 a. With	
	b. With	above address, which address is the address of the filed with the Secretary of State.
	depositing a copy in a mailbox of the United States Post Office, enclosed in <i>method</i>):	a sealed envelope postage prepaid (check appropriate
	Certified mail, return receipt requested Registered 1 addressed to the Defendant	
	which is: (insert address)	
	(For valid service by mail, a copy of the Certificate of Mailing or Return l	Receipt must be attached hereto.)

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. Executed in the State of Nevada, County of Clark.

(Date)

(Signature of Person Making Service)

(Phone Number)

(Printed Name of Person Making Service)

NOTATIONS