

1 Code: 3860

2 Name: \_\_\_\_\_

3 Address: \_\_\_\_\_

4 Telephone: \_\_\_\_\_

5 Email: \_\_\_\_\_

6 Self-Represented Litigant

7 IN THE FAMILY DIVISION  
8 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
9 IN AND FOR THE COUNTY OF WASHOE

10 \_\_\_\_\_, Case No. \_\_\_\_\_

11 Plaintiff / Petitioner / Joint Petitioner,

12 Dept. No. \_\_\_\_\_

13 vs.

14 \_\_\_\_\_,  
15 Defendant / Respondent / Joint Petitioner.

16 REQUEST FOR SUBMISSION

17 I request that the Application to Waive Fees and Costs filed on \_\_\_\_\_  
18 (Date the form was filed)

19 be submitted to the Court for decision.

20 This document does not contain the Social Security Number of any person.

21 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

22 Print Your Name: \_\_\_\_\_