

1 Code: 3860

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

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

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

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

Self-Represented Litigant

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

9 \_\_\_\_\_, Case No. \_\_\_\_\_

10 Petitioner 1,

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

11 and

12 \_\_\_\_\_,

13 Petitioner 2.

14 \_\_\_\_\_/

15  
16  
17 REQUEST FOR SUBMISSION

18  
19 I request that the Joint Application to Waive Fees and Costs filed on \_\_\_\_\_  
20 be submitted to the Court for decision. (Date the form was filed)

21  
22 This document does not contain the personal information of any person as defined by NRS  
23 603A.040.

24  
25 Date: \_\_\_\_\_

Your Signature: \_\_\_\_\_

26  
27 Print Your Name: \_\_\_\_\_

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