SECOND JUDICIAL DISTRICT COURT



COPY REQUEST FORM

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Questions? E-mail records@washoecourts.us

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	Second Judici Attn: Rec 75 Cou			ail to: ial District Court cords Request urt Street NV 89501			
Name:				Case number:			
Address:			Plaintiff's Date of Birth:				
Phone:				Defendant's Date	of Birth:		
E-mail:							
Date filed		Docu	<u>ment title</u>		Request certification	<u>1</u>	CLERK USE ONLY
Revised: 10/19/2023					Total fees:		