

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 In the Matter of

11 \_\_\_\_\_, Case No. \_\_\_\_\_  
12 *(Initials of Requestor)* Dept. No. \_\_\_\_\_  
13 \_\_\_\_\_ /

14 REQUEST FOR SUBMISSION

15  
16 I request that the REQUEST FOR INTERVIEW FOR AUTHORIZATION FOR ABORTION  
17 WITHOUT PARENTAL CONSENT that was filed on *(date the Request was filed with the Court)*  
18 \_\_\_\_\_ be submitted to the Court for decision.

19 This document does not contain the personal information of any person as defined by NRS  
20 603A.040.

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

23  
24 Print your name: \_\_\_\_\_