

SUBSTITUTION OF COUNSEL

F-4

Self Help Center
1 South Sierra St., First Floor
Reno, NV 89501
775-325-6731
www.washoecourts.com

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**SUBSTITUTION
OF COUNSEL**

PACKET F-4

**USE THIS PACKET ONLY IF ALL
OF THE FOLLOWING REQUIREMENTS HAVE BEEN MET:**

- You have a current case open with this court.
- You have an attorney of record representing you and you want to represent yourself instead of having the attorney file your documents for you.

INSTRUCTIONS FOR COMPLETING FORMS

**CAREFULLY READ ALL INSTRUCTIONS BEFORE STARTING TO FILL OUT
ANY OF THE FORMS**

Use **black or blue ink only**. Neatly print the information requested.

Do not use correction fluid/ tape on the forms.

This packet contains the following forms:

1. Substitution of Counsel
2. Proof of Service

The penalty for willfully making a false statement under penalty of perjury is a minimum of 1 year, and a maximum of 4 years in prison, in addition to a fine of not more than \$5,000.00. N.R.S. §199.145.

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INSTRUCTIONS: STEP 1

Complete the Substitution of Counsel as Shown:

1) Print your name, address, telephone number, and email address.

2) Print the names of the parties, the Case No., and the Dept. No. just as they appear on all other documents in this case.

3) Print your name and your attorney's name.

4) Print your name, sign, and date page one.

1 Code: 4075
2 Name: _____
3 Address: _____
4 Telephone: _____
5 Acting In Proper Person
6
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 Plaintiff/Petitioner, Case No. _____
11 vs Dept. No. _____
12 Defendant/Respondent
13
14 **SUBSTITUTION OF COUNSEL**
15
16 I hereby request and consent that _____ (Your Name)
17 acting in proper person, be substituted in the place and stead of my attorney
18 _____ as attorney of record
19 (Attorney's Name)
20 on my behalf, in the above-entitled action.
21 This document does not contain the Social Security Number of any person.
22 I declare, under penalty of perjury under the law of the State of Nevada, that the foregoing is
23 true and correct.
24 Date: _____
25
26 Print Name: _____
27 Signature: _____
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REV 12/2019 AA 1 F4 Substitution of Counsel

1 I, _____ (Attorney's Name), presently the attorney of
2 this matter, hereby consent to the substitution of _____ (Client's Name)
3 in my place and stead to act in Proper Person in the above-entitled matter.
4
5 This document does not contain the Social Security Number of any person.
6 I declare, under penalty of perjury under the law of the State of Nevada, that the foregoing is
7 true and correct.
8 Dated: _____
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10 Signature of Counsel: _____
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REV 12/2019 AA 2 F4 Substitution of Counsel

5) Print your attorney's name and your name.

6) Your attorney will need to date and sign the bottom of page two.

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Code: 4075
Name: _____
Address: _____

Telephone: _____
Acting In Proper Person

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

_____,
Plaintiff/Petitioner, Case No. _____
vs Dept. No. _____
_____,
Defendant/Respondent.
_____ /

SUBSTITUTION OF COUNSEL

I hereby request and consent that I, _____
(Your Name)
acting in proper person, be substituted in the place and stead of my attorney
_____ as attorney of record
(Attorney's Name)
on my behalf, in the above-entitled action.

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

I declare, under penalty of perjury under the law of the State of Nevada, that the foregoing is
true and correct.

Date: _____

Print Name: _____

Signature: _____

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I, _____, presently the attorney of record in
(Attorney's Name)

this matter, hereby consent to the substitution of _____
(Client's Name)

in my place and stead to act in Proper Person in the above-entitled matter.

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

I declare, under penalty of perjury under the law of the State of Nevada, that the foregoing is
true and correct.

Dated: _____

Signature of Counsel: _____

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INSTRUCTIONS: STEP 2

Electronically Filing and Serving the Documents

You will need to upload the original documents to eFlex. EFlex is available online at <https://wcefex.washoecourts.com/>, and at the Second Judicial District Court. Scanners are available at the Second Judicial District Court.

Sign into your eFlex account using the username and password you created and electronically file the:

- Substitution of Counsel.

Once a document has been electronically filed, a Notice of Electronic Filing will be automatically generated and sent to any electronic filers in the case. All electronic filers have agreed to accept the notice as valid and effective service. This replaces the need for paper service.

If the other party has not yet signed up for electronic filing, or you do not know whether the other party is an electronic filer, please contact the Self Help Center. **Additional steps are required to complete service if the other party is not an electronic filer.**

The Notice of Electronic Filing does not replace the Proof of Service (*see* INSTRUCTIONS: STEP 3).

Make sure to keep the original documents you file for your personal records. File-stamped copies of your documents are available through your eFlex account.

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INSTRUCTIONS: STEP 3

Complete the Proof of Service as Shown:

This form must be completed by the person who serves the documents.

1) Print your name, address, telephone number, and email.

2) Print the names of the parties, the Case No. and Department No. just as they appear in all other documents in this case.

3) Print the name of the person served, and the date served.

4) Mark the box for how they were served. If serving by personal service, certified mail, or postage prepaid, write the address of where service was made.

5) The person who serves the document(s) must date, sign, and print their name.

1	Code: 3720
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	_____ Plaintiff / Petitioner / Joint Petitioner, Case No. _____
11	vs. Dept. No. _____
12	_____ Defendant / Respondent / Joint Petitioner.
13	<u>PROOF OF SERVICE</u>
14	I served a true and correct copy of SUBSTITUTION OF COUNSEL upon the following people:
15	1. Name: _____ Date: _____
16	By: <input type="checkbox"/> Service by eFlex <input type="checkbox"/> Personal Service
17	<input type="checkbox"/> Certified mail, return receipt attached <input type="checkbox"/> U.S. Mail, postage prepaid
18	<input type="checkbox"/> Other: _____
19	Address where service occurred, if applicable: _____
20	If more room is needed, attach additional sheets.
21	A copy of this Proof of Service has been electronically served, mailed, or personally delivered
22	to all parties or their lawyer.
23	This document does not contain the personal information of any person as defined by
24	NRS 603A.040.
25	Date: _____ Your Signature: _____
26	Print Your Name: _____
27	
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REV 9/2018 JCB 1 PROOF OF SERVICE

1 Code: 3720

Name: _____

2 Address: _____

3 Telephone: _____

Email: _____

4 Self-Represented Litigant

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

9 _____,
Plaintiff / Petitioner / Joint Petitioner,

Case No. _____

10 vs.

Dept. No. _____

11 _____,
12 Defendant / Respondent / Joint Petitioner.
13 _____/

14 PROOF OF SERVICE

15 I served a true and correct copy of SUBSTITUTION OF COUNSEL upon the following people:

16 1. Name: _____ Date: _____

17 By: Service by eFlex

Personal Service

18 Certified mail, return receipt attached

U.S. Mail, postage prepaid

19 Other: _____

20 Address where service occurred, if applicable: _____

21 If more room is needed, attach additional sheets.

22 A copy of this Proof of Service has been electronically served, mailed, or personally delivered
23 to all parties or their lawyer.

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

26 Date: _____

Your Signature: _____

27 Print Your Name: _____

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Legal Assistance

The information in this packet is provided as a courtesy only. This packet is not a substitute for the advice of an attorney. Counsel is always recommended for legal matters.

If you do not have an attorney, you are encouraged to seek the advice of a licensed attorney or visit the Family Division Self Help Center which is located at One South Sierra Street, Reno, NV. The Self Help Center cannot give legal advice but can give information regarding court procedures.

You may also wish to speak with a family law lawyer at no cost through the Law Library's "Lawyer in the Library" program, or to seek assistance from other free or reduced-cost legal resources in the area, to include:

LAWYER IN THE LIBRARY

First Floor (to the left of the filing office) of the courthouse located at:
75 Court Street, Reno, NV.
(775) 328-3250

www.washoecourts.com/lawlib

Tuesday Evenings - Arrive by 4:25 p.m.

Please Note The program is limited to 10 participants each evening.

NEVADA LEGAL SERVICES

204 Marsh Avenue Reno, NV 89509
(775) 284-3491– leave message if necessary
<http://nlslaw.net>

WASHOE LEGAL SERVICES

299 S. Arlington Avenue Reno, NV 89501
(775) 329-2727– leave message if necessary
<http://www.washoelegalservices.org>