

1 Code:
Name: _____
2 Address: _____
3 _____
Telephone: _____
4 Email: _____
5 Name: _____
6 Address: _____
7 _____
Telephone: _____
8 Email: _____
Self-Represented Litigant

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

12
13 _____ Plaintiff, Case No. _____
vs. Dept. No. _____
14 _____
15 _____ Defendant.
16 _____/

17 EX PARTE JOINT REQUEST TO REINSTATE

18 _____ and _____
(Plaintiff's name) (Defendant's name)

19 jointly request that the _____ in this matter be reinstated.

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

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

23
24 DATED this _____ day of _____, 20____.

25
26 _____
(Plaintiff's Signature) (Defendant's Signature)