

1 Code: 3860

2 Name: _____

3 Address: _____

4 Telephone: _____

5 Email: _____

6 Self-Represented Litigant

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

11
12 _____,
13 Plaintiff/Petitioner/ Joint Petitioner, Case No. _____

14 vs. Dept. No. _____

15 _____,
16 Defendant/Respondent/ Joint Petitioner.

17
18 REQUEST FOR SUBMISSION

19
20 I request that the MOTION FOR REIMBURSEMENT OF HEALTH CARE EXPENSES that
21 was filed on _____ be submitted to the Court for decision.
22 (Date the document was filed with the Court)

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

25
26 Date: _____ Your Signature: _____

27
28 Print Your Name: _____