

BUSINESS COURT CIVIL COVER SHEET

_____ **WASHOE** _____ County, Nevada
 Case No. _____
 (Assigned by Clerk's Office)

I. Party Information *(provide both home and mailing addresses if different)*

Plaintiff(s) (name/address/phone):	Defendant(s) (name/address/phone):
Attorney (name/address/phone):	Attorney (name/address/phone):

II. Nature of Controversy *(Please check the applicable boxes for both the civil case type and business court case type)*

<input type="checkbox"/> Arbitration Requested																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Civil Case Filing Types</th> </tr> <tr> <th style="width: 50%; text-align: center;">Real Property</th> <th style="width: 50%; text-align: center;">Torts</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> Landlord/Tenant <input type="checkbox"/> Unlawful Detainer <input type="checkbox"/> Other Landlord/Tenant Title to Property <input type="checkbox"/> Judicial Foreclosure <input type="checkbox"/> Other Title to Property Other Real Property <input type="checkbox"/> Condemnation/Eminent Domain <input type="checkbox"/> Other Real Property </td> <td style="padding: 5px;"> Negligence <input type="checkbox"/> Auto <input type="checkbox"/> Premises Liability <input type="checkbox"/> Other Negligence Malpractice <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Legal <input type="checkbox"/> Accounting <input type="checkbox"/> Other Malpractice </td> </tr> <tr> <td style="padding: 5px;"> Construction Defect & Contract Construction Defect <input type="checkbox"/> Chapter 40 <input type="checkbox"/> Other Construction Defect Contract Case <input type="checkbox"/> Uniform Commercial Code <input type="checkbox"/> Building and Construction <input type="checkbox"/> Insurance Carrier <input type="checkbox"/> Commercial Instrument <input type="checkbox"/> Collection of Accounts <input type="checkbox"/> Employment Contract <input type="checkbox"/> Other Contract </td> <td style="padding: 5px;"> Other Torts <input type="checkbox"/> Product Liability <input type="checkbox"/> Intentional Misconduct <input type="checkbox"/> Employment Tort <input type="checkbox"/> Insurance Tort <input type="checkbox"/> Other Tort </td> </tr> <tr> <td colspan="2" style="padding: 5px; 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_____ Signature of initiating party or representative