

SMALL CLAIMS INSTRUCTION SHEET

The law requires that prior to filing a claim, you must make a demand for payment from the person who owes you money. If they fail to pay, you may then file your claim. Small Claims actions can only be for money damages.

The Defendant must reside, work, or conduct business in Carson City at the time the cause of action arose or at the time the complaint is filed. In a case involving injury to the person or property or in a case involving a person who has contracted to perform an obligation at, or relating to, a particular place in Carson City. See NRS 73.010. Please verify first that the address you provide for the Defendant is actually in Carson City. Many outlying areas, such as Washoe Valley and Moundhouse, have Carson City mailing addresses, but are not within our jurisdiction. This may be verified with the Post Office.

Once this has been verified, complete the "Small Claims Worksheet," the "Affidavit of Complaint and Order" and the "Affirmation." Please type or print neatly. Sign the "Affidavit and Order" on the line that specifies "Plaintiff or Declarant." Return all (3) three forms and include a check or money order for the appropriate amount.

SMALL CLAIMS FILING FEES:

| | |
|--|-------|
| Amount up to \$1,000 | \$111 |
| Amount from \$1,000.01 - \$2,500 | \$131 |
| Amount from \$2,500.01 - \$5,000 | \$151 |
| Amount from \$5,000.01 - \$7,500 | \$191 |
| Amount from \$7,500.01 - \$10,000 | \$241 |
| Service of each additional Defendant | \$ 45 |

Upon receipt of these completed forms and the required filing fees, a hearing date will be scheduled within approximately 30 days and a copy of the Affidavit of Complaint and Order with your court date will be returned to you. You must appear on that date or the case may be dismissed.

The Court uses a process server to serve the Defendant. Those fees are included in the small claims filing fees listed above. You will be notified by mail only if the process server was unable to serve the Defendant. If you wish to verify service was successful, you may call the Court approximately two weeks after filing.

If you have any further questions, please contact the Court.

**IN THE JUSTICE COURT OF CARSON TOWNSHIP
IN AND FOR CARSON CITY, STATE OF NEVADA**

_____,
Plaintiff,
vs.

Defendant,
_____ /

Case No: _____

Address for service: _____

AFFIDAVIT OF COMPLAINT

I, the undersigned _____ residing at _____ under penalty of perjury, Say, either upon my knowledge or my information and belief, defendant(s) is (are) indebted to the plaintiff in the sum of \$ _____, plus court costs, for the following reason(s) _____

_____ This declarant has demanded payment of said sum. The defendant(s) refused to pay the same and no part has been paid. At the commencement of this action, the defendant resides, does business, or is employed in the Carson Township.

Pursuant to NRS 53.045 I declare under penalty of perjury this declaration is executed in this state under the laws of the State of Nevada that the foregoing is true and correct.

Date: _____
_____ Plaintiff or Declarant

ORDER

THE PEOPLE OF THE STATE OF NEVADA, to the within-named defendant(s): You are hereby directed to appear and answer the foregoing claim, in the above entitled court at:

885 EAST MUSSER STREET, SUITE #2007, CARSON CITY, NEVADA

On _____, at _____ M. Reset for _____, at _____ M.
Reset for _____, at _____ M. Reset for _____, at _____ M.

By _____
CLERK

PLAINTIFF AND DEFENDANT: YOU SHOULD EACH BRING ANY WITNESSES YOU WISH TO HAVE TESTIFY, AND **TWO EXTRA** SETS OF COPIES OF ANY DOCUMENTS, PICTURES, STATEMENTS, ETC., THAT YOU WILL PRESENT AT THE TRIAL. ONE SET WILL BE FOR THE JUDGE AND THE OTHER SET FOR THE OPPOSING PARTY.

APPEAL: IF YOU ARE DISSATISFIED WITH THE JUDGMENT, YOU MAY APPEAL THE COURT'S DECISION WITHIN 5 DAYS AFTER THE DATE OF ENTRY OF THE JUDGMENT. THE JUDGMENT IS ENTERED 5 DAYS AFTER YOUR COURT APPEARANCE. THE PARTY APPEALING IS REQUIRED TO POST A CASH BOND. THE COURT DOES NOT PROVIDE ANY FORMS OR ASSISTANCE IN FILING YOUR APPEAL. IF YOU NEED LEGAL ADVICE OR ASSISTANCE IN FILING YOUR APPEAL, YOU MAY CONSIDER CONSULTING WITH AN ATTORNEY.

DEFENDANT: FOR MORE INFORMATION ON WHAT TO DO NEXT, SEE PAGE 2 OF THIS DOCUMENT.

PROOF OF SERVICE

Case No. _____

State of Nevada, City of Carson

The undersigned, declares: I as, at the time of the service of the papers herein referred to, over the age of eighteen years and not a party to this action: I served the Declaration and Order in this action by delivering to and leaving with the persons hereinafter named, a copy, at the address and on the date set forth opposite each name below, in Carson City, Nevada:

| | | |
|------------------------------|--|------------------------|
| Defendant 1: | Street Address, Apt. Number, and City Where | |
| Name of Person Served | Served | Date of Service |

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Place of Service was ___ a business, ___ residence of party served, other, specify _____

Party was served on behalf of _____

Unable to Serve _____

| | | |
|------------------------------|--|------------------------|
| Defendant 2: | Street Address, Apt. Number, and City Where | |
| Name of Person Served | Served | Date of Service |

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Place of Service was ___ a business, ___ residence of party served, other, specify _____

Party was served on behalf of _____

Unable to Serve _____

| | |
|--------------------------------------|-------|
| _____ | _____ |
| Signature of person making affidavit | Date |

| | |
|-------------|-----------------------|
| _____ | _____ |
| Agency Name | Agency License Number |

INFORMATION FOR DEFENDANTS IN SMALL CLAIMS ACTIONS

- NON-APPEARANCE:** IF YOU DO NOT WISH TO CONTEST THE PLAINTIFF'S CLAIM YOU MAY: a) MAKE AN OUT-OF-COURT SETTLEMENT WITH THE PLAINTIFF BEFORE THE COURT DATE OR b) MAKE NO APPEARANCE AT THE TRIAL, IN WHICH CASE THE PLAINTIFF MAY BE GIVEN A JUDGMENT BY DEFAULT FOR THE AMOUNT CLAIMED, PLUS COSTS.
- DEFENSES:** IF YOU WISH TO CONTEST THE CLAIM AGAINST YOU, YOU MUST APPEAR ON THE DATE SET FOR MEDIATION WITH ALL BOOKS, PICTURES, PAPERS, ETC. NEEDED TO ESTABLISH YOUR DEFENSE.
- COUNTERCLAIMS:** IF YOU BELIEVE EITHER a) THE PLAINTIFF OWES YOU MORE MONEY THAN YOU OWE PLAINTIFF OR b) PLAINTIFF'S CLAIM SHOULD BE REDUCED BY A SUM PLAINTIFF OWES YOU, YOU MUST FILE A COUNTERCLAIM. IF YOU WANT TO FILE A COUNTERCLAIM, CONTACT THE CIVIL CLERK AS SOON AS POSSIBLE. THE PLAINTIFF WILL BE ENTITLED TO 10 DAYS NOTICE OF YOUR COUNTERCLAIM.
- 10 DAYS NOTICE:** YOU ARE ENTITLED TO BE SERVED WITH THIS COMPLAINT AND ORDER AT LEAST 10 DAYS PRIOR TO THE TRIAL DATE. IF YOU ARE SERVED LESS THAN 10 DAYS BEFORE TRIAL, YOU MAY a) APPEAR IN COURT AND REQUEST A CONTINUANCE OR b) APPEAR IN COURT, WAIVE YOUR STATUTORY RIGHT TO SUCH SERVICE, AND PROCEED WITH THE TRIAL.
- EVIDENCE:** AT THE TRIAL DATE PLEASE BRING TWO SETS OF COPIES OF ANY DOCUMENTS, PICTURES, STATEMENTS, ETC. THAT YOU WILL PRESENT. ONE SET OF DOCUMENTS WILL BE FOR THE PLAINTIFF AND THE OTHER SET FOR THE COURT.
- PAYMENT:** IF THE PLAINTIFF RECOVERS A JUDGMENT AGAINST YOU, HE OR SHE IS ENTITLED TO IMMEDIATE PAYMENT OF THE FULL AMOUNT PLUS COURT COSTS. PAYMENTS MUST BE MADE DIRECTLY TO THE PLAINTIFF.
- IF YOU HAVE ANY FURTHER QUESTIONS CALL THE COURT AT 775-887-2121

IN THE JUSTICE COURT OF CARSON TOWNSHIP
IN AND FOR CARSON CITY, STATE OF NEVADA

SMALL CLAIMS WORKSHEET

PLEASE PRINT OR TYPE:

Plaintiff: _____

Name of Person Signing Affidavit: _____

Address: _____
Street City State Zip Code

Phone Number: _____

Defendant: _____

Home Address: _____
Street City State Zip Code

Employment: _____

Amount of Suit (Do not include court costs): _____

Reason (Please be brief and specific): _____

THE LAW REQUIRES THAT YOU MAKE A DEMAND FOR PAYMENT OF THE CLAIMED AMOUNT PRIOR TO FILING SUIT. Fill in below when and how you made the demand for payment (for example, by letter, phone, in person, or another method).

Date Demand Made for Payment: _____

How Made: _____

1 (Your name or firm) _____

2 (Address) _____

3 (Telephone) _____

4
5 IN THE JUSTICE COURT OF CARSON TOWNSHIP
IN AND FOR CARSON CITY, STATE OF NEVADA

6
7 _____, Case No. _____
Plaintiff,
8 vs. Dept. No. _____
9 _____
Defendant.

10
11 **AFFIRMATION**
12 **Pursuant to NRS 239B.030/603A.040**
(Initial Appearance)

13 The undersigned does hereby affirm that upon the filing of additional documents in the above
14 matter, an Affirmation will be provided **ONLY** if the document contains a social security
15 number (NRS 239B.030) or "personal information" (NRS 603A.040), which means a natural
person's first name or first initial and last name in combination with any one or more of the
following data elements:

- 16 1. Social Security number.
17 2. Driver's license number or identification card number.
18 3. Account number, credit card number or debit card number, in combination with any
required security code, access code or password that would permit access to the
person's financial account.

19 The term does not include publicly available information that is lawfully made available to the
20 general public.

21 (Your signature) _____ (Date) _____

22 The purpose of this initial affirmation is to ensure that each person who initiates a case, or upon
23 first appearing in a case, acknowledges their understanding that no further affirmations are
necessary unless a pleading which is filed contains personal information.