**NOT**

ATTORNEY INFORMATION

Attorneys for Plaintiff/Defendant

*In Conjunction with Legal Aid Center of Southern Nevada Pro Bono Project*

DISTRICT COURT

CLARK COUNTY, NEVADA

PLAINTIFF NAME )

 )

 Plaintiff, ) Case No.: CASE NO.

 )

vs. ) Dept. No.: DEPT. NO.

 )

DEFENDANT NAME, )

 )

 Defendant. )

 )

**NOTICE OF INTENT TO APPEAR BY COMMUNICATION EQUIPMENT**

 COMES NOW Plaintiff,\_\_\_\_\_\_\_\_\_\_\_ , by and through her attorney, \_\_\_\_\_. and requests this Court’s permission to appear telephonically pursuant to the Order adopting Part IX-B, Rule 4 of the Supreme Court Rules filed May 28, 2013, and hereby submits a Notice of Intent to Appear by Communication Equipment for the Case Management Conference currently scheduled for the \_\_\_\_\_\_.

 For the purposes of this appearance, Plaintiff/Defendant can be reached at the following telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. He/she understands that it is his/her responsibility to ensure that he/she can be reached at this telephone number on the date and time of the hearing. It is also understood that due to the unpredictable nature of court proceedings, the hearing may be called at a time, other than the scheduled time. Further, he/she understands that failure to be available at the above stated telephone number will constitute a non-appearance.

 DATED this DATE day of MONTH, YEAR.

 By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ATTORNEY INFORMATION

 Attorneys for Plaintiff/Defendant

 *In Conjunction with Legal Aid Center of Southern Nevada Pro Bono Project*

**CERTIFICATE OF MAILING**

I HEREBY CERTIFY that I am an employee of \_\_\_\_\_\_\_ and on the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_, 20\_\_, I placed a true and correct copy of the ***NOTICE OF INTENT TO APPEAR BY COMMUNICATION EQUIPMENT****,* in the United States Mail in Las Vegas, Nevada with first-class postage prepaid, addressed as follows:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 An employee of the \_\_\_\_\_\_\_