

IN THE SMALL CLAIMS COURT OF RENO TOWNSHIP IN AND FOR

THE COUNTY OF WASHOE, STATE OF NEVADA

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SMALL CLAIM WORKSHEET

This worksheet must be served with the Declaration of Complaint on all named Defendants.

Case Number _____

Mediation Date _____

Time of Mediation _____

(PLEASE TYPE OR PRINT NEATLY)

PLAINTIFF _____

PLAINTIFF'S FULL ADDRESS _____

PHONE # _____ (INCLUDE AREA CODE)

PLAINTIFF'S EMAIL ADDRESS: _____

DEFENDANT NAME(S) _____

RESIDENT AGENT (**Required for all legal entities e.g. LLC, Corporations, etc. include address of Resident Agent**)

DEFENDANTS FULL ADDRESS _____

DEFENDANTS EMAIL ADDRESS _____

PHONE # _____ (INCLUDE AREA CODE)

DEFENDANT'S EMPLOYMENT _____

DEFENDANT RESIDES, DOES BUSINESS, OR IS EMPLOYED IN THE RENO TOWNSHIP.

AMOUNT OF SUIT \$ _____ (DO NOT INCLUDE COSTS TO FILE & SERVE THIS SUIT).

BRIEFLY STATE THE REASON _____

HAVE YOU EVER SUED EACH OTHER BEFORE?

YES NO WHEN? _____ WHERE? _____

BELOW STATE ALL DETAILS INVOLVING YOUR CASE, INCLUDING DATES, NAMES AND LOCATIONS.

(USE THE BACK IF NECESSARY)

