

IN THE SMALL CLAIMS COURT OF SPARKS TOWNSHIP
COUNTY OF WASHOE, STATE OF NEVADA

SMALL CLAIMS APPLICATION

Case No.:

Mediation Date:

Plaintiff Name(s): _____

Physical Address(es): _____

Mailing Address(es): _____

Telephone No(s): _____ Email Address(es): _____

Defendant Name(s): _____

Physical Address(es): _____

Mailing Address(es): _____

Telephone No(s): _____ Email Address(es): _____

Defendant Employer(s): _____

Employer Address(es): _____

Resident Agent Name *(if applicable-see instructions)*: _____

Resident Agent Address: _____

Have you and defendant ever sued each other before? ☐ No ☐ Yes When/Where? _____

Amount Defendant(s) owe(s) *(this case)*: \$ _____ (Do not include costs for filing and/or serving this lawsuit.)

Summarize why you believe defendant(s) owe(s) the amount listed above: _____

State all details involving your case including names, dates, and locations (attach separate page if more space is needed):

[illegible]