

JUSTICE COURT, MOAPA TOWNSHIP

CLARK COUNTY, NEVADA 1340 E. STATE HWY 168 MOAPA, NV 89025 702-864-2333 FAX: 702-864-2585

moapajusticecourt@clarkcountynv.gov

ATTORNEY CONTACT-INFORMATION FORM

(All information must be completed legibly by attorney and submitted to the Moapa Justice Court's Office.)

(/	This matter mast se completed legist, by atterner and submitted to the moupa sustice court's officer,
1.	PLEASE CHECK THE APPLICABLE BOX BELOW:
	☐ My contact information is not currently on file with the Moapa Justice Court.
	$\ \square$ My contact information is currently on file with the Moapa Justice Court, but some of that
inform	ation is no longer correct.
2.	PRINTED NAME OF ATTORNEY:
3.	ATTORNEY BAR NUMBER:
4.	ATTORNEY MAILING ADDRESS:
5.	ATTORNEY PHONE NUMBERS: (IF NOT APPLICABLE, PLEASE LIST AS N/A) WORK: FAX: OTHER:
6.	ATTORNEY'S EMAIL ADDRESS:
	(IF NOT APPLICABLE, PLEASE LIST AS N/A)
7.	ATTORNEY DECLARATION AND SIGNATURE:
	I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true
	and correct.
	I further declare and acknowledge that I must complete an updated Attorney Contact-
	Information Form in the event that any of the above information changes.
	DATE ATTORNEY SIGNATURE
This At	torney Contact Information Form may be submitted to the court via e-mail sent to the address above.
Clerk's	Initials: Date: