

1 Case No. _____
2 Dept. No. _____

3 **IN THE JUSTICE COURT OF HENDERSON TOWNSHIP**
4 **COUNTY OF CLARK, STATE OF NEVADA**

6 _____,)
7 **Employer,**)
8 **vs.**)
9 _____)
10 **Adverse Party.**)

**MOTION FOR AN AWARD OF
COSTS AND/OR ATTORNEY FEES
(NRS 33.270)**
**(HARASSMENT IN THE
WORKPLACE)**

11 **This motion is being brought by:**

12 Employer Adverse Party

13 who is the prevailing party in this action.

14 **(1) COSTS**

15 The costs that were incurred in this action are as follows:

16 **FILING FEES:** \$ _____
17 **SERVICE:** \$ _____
18 **OTHER** _____ \$ _____
19 _____ \$ _____
20 **TOTAL:** \$ _____

21 **(2) ATTORNEY FEES:**

22 This party was not represented by an attorney. Therefore, no attorney fees are
23 allowed.

24 This party was represented by the following attorney(s):

25 _____

and incurred \$ _____ in attorney fees.

1 PLEASE ATTACH SUPPORTING DOCUMENTATION THAT
2 ITEMIZES THE ATTORNEY FEES INCURRED IN THIS ACTION.
3 THIS DOCUMENTATION MUST INCLUDE A SWORN
4 STATEMENT, BY THE ATTORNEY, WHICH INDICATES THAT
5 THE AMOUNT CLAIMED IS CORRECT AND THAT THE
6 ATTORNEY FEES WERE REASONABLE AND NECESSARILY
7 INCURRED IN THIS ACTION.

8 **DECLARATION**
9 **(NRS 53.045)**

10 I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF
11 NEVADA THAT: (1) I AM THE EMPLOYER/AUTHORIZED AGENT OF EMPLOYER
12 OR ADVERSE PARTY HEREIN, (2) I HAVE READ THE STATEMENTS CONTAINED
13 HEREIN OR HAVE HAD THEM READ TO ME, (3) I BELIEVE THESE STATEMENTS
14 TO BE TRUE, AND (4) THE REQUESTED RELIEF IS APPROPRIATE.

15 _____
16 **DATE**

17 _____
18 **SIGNATURE**