

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: _____
