

Supreme Court of Nevada
 ADMINISTRATIVE OFFICE OF THE COURTS
**MINIMUM ACCOUNTING STANDARDS
 ACKNOWLEDGEMENT FORM**

Submission Year:	
1	I hereby affirm that I have completed a review of the court's written procedures in comparison to the active version of the Minimum Accounting Standards to the best of my ability and the information contained therein is true and accurate and in compliance with the Minimum Accounting Standards.
Signature of Reviewer of Written Procedures	
Name and Title:	Date:

2	I hereby affirm that I have reviewed the attached written procedures and that I concur with the documented written procedures contained therein to be true and accurate to the best of my knowledge.
Signature of Court Administrator (if applicable) or other accountable staff	
Name and Title:	Date:

3	I hereby affirm that I have reviewed the court's written procedures and that I concur with the information documented in the written procedures contained therein to be true and accurate to the best of my knowledge.
Signature of Judge (Chief Judge, if applicable)	
Name and Title:	Date:

I hereby affirm that I have reviewed the court's written procedures and that I concur with the information documented in the written procedures contained therein to be true and accurate to the best of my knowledge.	
Signature of Additional Judge	
Name and Title:	Date:

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I hereby affirm that I have reviewed the court's written procedures and that I concur with the information documented in the written procedures contained therein to be true and accurate to the best of my knowledge.	
Signature of Additional Judge	
Name and Title:	Date:

I hereby affirm that I have reviewed the court's written procedures and that I concur with the information documented in the written procedures contained therein to be true and accurate to the best of my knowledge.	
Signature of Additional Judge	
Name and Title:	Date:

4	I hereby affirm the Administrative Office of the Courts, Audit Unit has received a copy of the court's written procedures.	
	Signature of Administrative Office of the Courts – Audit Unit Staff	
	Name and Title:	Date Checklist Received: