

**Nevada Supreme Court, Administrative Office of the Courts
Security Incident Reporting Form**

Court: _____

Name of Person Filing Report: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Date of Incident: _____ Time of Incident: _____

Type of Incident:

- Threat Assault
 Bomb Threat Other (please explain): _____

Court Operations Suspended? Yes No If yes, duration of suspension: _____

Incident Details

Threat: How was threat made? Phone Mail In Person

Was a weapon involved? Yes No

Was anyone in fear of being harmed? Yes No

Was anyone injured? Yes No

Were hostages involved? Yes No

Was law enforcement notified? Yes No

Was an arrest(s) made? Yes No

Description (Please provide a detailed description of the incident including all necessary details):

Attach additional sheets if necessary

Persons involved in the incident:

Witnesses to the incident:

Please return this form to:
John McCormick
Administrative Office of the Courts
201 South Carson Street, Suite 250
Carson City, NV 89701
(775) 687-9813 / Fax (775) 687-9811
jmccormick@nvcourts.nv.gov