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IN THE JUSTICE COURT OF _____ TOWNSHIP
IN AND FOR THE COUNTY OF _____, STATE OF NEVADA

Name: _____
Address: _____
Phone: _____
Landlord/Plaintiff

vs.

CASE NO: _____

Name: _____
Address: _____
Phone: _____
Tenant/Defendant

DEPT. NO: _____

**APPLICATION TO WAIVE FEES AND COSTS
(Filing Fees/Service Only)**

Pursuant to NRS 12.015, and based on the attached Affidavit, I request permission from this Court to proceed without paying court costs or other costs and fees as provided in NRS 12.015 because I lack sufficient financial ability.

I request the Court hold a hearing on this Application if the Court is inclined to deny same, so that I may testify as to my indigent status.

Submitted by,

Date

Signature of Party

Print Name of Party