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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