

IN THE SUPREME COURT OF THE STATE OF NEVADA

_____, Appellant, vs. _____, Respondent.	Supreme Court No. _____ District Court No. _____
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MOTION FOR STAY FORM
FOR PARTIES WITHOUT ATTORNEYS

INSTRUCTIONS: Write only in the space allowed on the form. **Additional pages and attachments are not permitted.** The Nevada Supreme Court prefers short and direct statements. Citation to legal authority or the district court record is not required but would be helpful to the Court.

Any form you file with the Nevada Supreme Court must be mailed or delivered to all other parties to this appeal or to the parties' attorneys.

You may file your forms in person or by mail. You must file the original and 2 copies with the Clerk of the Nevada Supreme Court. If you want the clerk to return a file-stamped copy of your form, you must submit the original and 3 copies and include a self-addressed, stamped envelope. Documents cannot be faxed or e-mailed to the Clerk's Office.

This form must be filed with the Clerk of the Nevada Supreme Court at the following address:

Clerk of the Court
Supreme Court of Nevada
201 South Carson Street
Carson City, Nevada 89701
Telephone: (775) 684-1600 or (702) 486-9300

Harm to You. What serious harm will you experience if a stay is denied?
(Your answer must be provided in the space allowed.)

Harm to Others. What harm will the other side experience if the stay is granted?
(Your answer must be provided in the space allowed.)

Success on Appeal. Why are you likely to win this appeal? (Your answer must be provided in the space allowed.)

CERTIFICATE OF SERVICE

I certify that on the date indicated below, I served a copy of this completed appeal statement upon all parties to the appeal as follows:

- By personally serving it upon him/her; or
- By mailing it by first class mail with sufficient postage prepaid to the following address(es):

DATED this _____ day of _____, 20____.

Signature of Moving Party

Print Name of Moving Party

Address

City/State/Zip

Telephone