**NOA**

ATTORNEY CONTACT INFO

Attorney for XXX

In conjunction with Legal Aid Center of Southern Nevada Pro Bono Project

DISTRICT COURT

FAMILY DIVISION - JUVENILE

CLARK COUNTY, NEVADA

In the Matter of: ) Case No.: J-

 ) Dept. No.:

NAME OF CLIENT, ) Courtroom:

DOB: )

 )

 A Minor. )

 )

**NOTICE OF APPEARANCE**

 XXXXX, Esq., files an appearance herein as attorney of record for, XXXXX, the protected minor, in the above-entitled action, and demands that all copies of notices, pleadings, and documents be served upon him at

DATED this Day day of Month, Year.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTORNEY CONTACT INFO

In conjunction with Legal Aid Center of Southern Nevada Pro Bono Project

**CERTIFICATE OF SERVICE**

 I HEREBY CERTIFY that on the \_\_\_\_\_\_\_ day the Day day of Month, Year, I served the foregoing ***NOTICE OF APPEARANCE***, by the Court’s electronic system (EFS E-File & Serve) and/or depositing in the U.S. Mail in a sealed envelope with first-class postage fully prepaid thereon, to the following:

(INSERT DISTICT ATTORNEY’S NAME), Esq.

Deputy District Attorney Juvenile

Attorney for the Department of Family Services

Family Court

@ClarkCountyNV.gov

(INSERT CASEWORKER’S NAME), Case Manager

Department of Family Services

@clarkcountynv.gov

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 An employee of

 Firm