

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**JUSTICE COURT, TOWNSHIP OF HENDERSON  
CLARK COUNTY, NEVADA**

_____ <p style="text-align: center;">PLAINTIFF</p> <p style="text-align: center;">vs.</p> _____ <p style="text-align: center;">DEFENDANT</p>	CASE NO.: _____ DEPT NO.: _____ HEARING DATE: _____
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**REQUEST FOR REMOTE APPEARANCE**

I, \_\_\_\_\_ (Plaintiff / Defendant / Witness / Attorney), submit this Request for Remote Appearance for the case currently scheduled for \_\_\_\_\_. I prefer to connect via (audio / video) technology. For this appearance, I can be reached at telephone number \_\_\_\_\_. The email address to schedule this event is \_\_\_\_\_. I understand it is my responsibility to ensure I can be reached at the provided telephone number and email address on the date and time of the hearing and failing to do so will be considered a nonappearance. I also understand that due to the unpredictable nature of court proceedings, the hearing may be called at a time other than the scheduled time. Further, I understand it is my responsibility to remain available until notified by the Court. **This notice must be submitted four (4) judicial days prior to the court hearing to [HNDRemoteAppear@ClarkCountyNV.gov](mailto:HNDRemoteAppear@ClarkCountyNV.gov). Additionally, I understand that prior to the court hearing, any and all evidence must be submitted with the case number either in person or via U.S. mail to Henderson Justice Court, 243 Water Street, Henderson, NV 89015.**

Reason for request for remote appearance:

Date: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_

**FOR OFFICIAL COURT USE ONLY**

Department No.: _____
Date login sent: _____
Login sent by: _____