



PAYMENT DUE DATE:

North Las Vegas Municipal Court
Attorney Session Request / Fax Adjudication Form
<http://municipalcourt.cityofnorthlasvegas.com>

TO ENSURE THE COURT HAS RECEIVED YOUR FAX REQUEST, VISIT OUR WEBSITE AND LOOK FOR "ATTORNEY SPECIAL" IN THE DOCKET ONE WEEK FROM THE DATE OF FAXING.

FAX: (702) 633-2491

Telephone Contact: Sherrie (702) 633-1130 ext. 6069

I, _____, Esq., am an Attorney licensed to practice in the State of Nevada. I have been retained by the defendant named below, for the purpose of representing him/her in court. I have confirmed the identity of the defendant by comparing his/her driver's license photograph with his/her person. I hereby request the North Las Vegas Municipal Court accept the plea (s) entered below for each of the defendant's violations. I have advised the defendant of all of his/her Constitutional rights, including the right to appear in Court, and my client freely, voluntarily, and intelligently waives/gives up these rights. I am also asking the North Las Vegas Municipal Court to adjudicate the case (s) listed below according to the current Court Procedures for Non-Mandatory Traffic Violations. I understand that if the plea (s) is accepted, the North Las Vegas Municipal Court will fax a copy of the adjudication to the number that I have provided. It is my responsibility to inform said defendant of the adjudication (s) and sentencing requirements. The defendant has confirmed that she/he understands that it is her/his responsibility to comply with the Court's sentencing requirements in the time given as to each case or a Bench Warrant will be issued for the defendant's arrest. Cases not listed below will continue to be processed by the City of North Las Vegas Municipal Court in the normal fashion, including, but not limited to the issuance of Bench Warrants for non-appearance and/or non-compliance with Court orders. If there is a mandatory court appearance on any of the defendant's traffic cases, none of the defendant's cases will be adjudicated by fax.

DEFENDANT NAME: _____ **BIRTH DATE:** _____ ***CC = COURT COSTS**

CITATION NUMBER	CHARGE DESCRIPTION	APPEARANCE DATE	PLEA (PLEASE CIRCLE)	ADJUDICATION (COURT USE)	FINE (COURT USE)
			Guilty Nolo		
			Guilty Nolo		
			Guilty Nolo		
TOTAL:					

BALANCE DUE WITHIN 30 DAYS OR \$100 PER MONTH, STARTING IN 30 DAYS, WITH A PAYMENT PLAN FEE OF \$40

I certify that the above information is true and correct copy of the Fax Adjudication Request Form, and do hereby submit this request to the North Las Vegas Municipal Court on behalf of the said defendant.

ATTORNEY SIGNATURE

BAR NUMBER

DATE

ATTORNEY FAX NUMBER

ATTORNEY NAME PRINT

ATTORNEY PHONE NUMBER

OFFICE CONTACT PERSON

***** ALLOW 3 TO 4 WEEKS FOR PROCESSING *****