

REQUEST FOR ASSIGNMENT OF A SENIOR JUDGE TO THE DISTRICT COURT

The _____ Judicial District Court, Department _____, County of _____

requests the assignment of a district judge or senior judge for:

Name of Judge requiring coverage (if any): _____

Reason for request for assignment:

- | | |
|--|---|
| <input type="checkbox"/> Judicial illness/death | <input type="checkbox"/> Disqualification (attach copy) |
| <input type="checkbox"/> Judicial retirement | <input type="checkbox"/> Peremptory challenge (attach copy) |
| <input type="checkbox"/> Mandatory judicial education | <input type="checkbox"/> Statutory time conflicts (i.e., 5-year rule) |
| <input type="checkbox"/> Caseload management/congested docket | <input type="checkbox"/> Judicial vacation |
| <input type="checkbox"/> Other Judicial education or conferences | |
| <input type="checkbox"/> Other (please explain and attach appropriate documentation) _____ | |

Type of assignment (check one):

Durational Assignment (for a specific period of time):
Start & end dates: _____

- | | | |
|---|--|--|
| <input type="checkbox"/> Criminal calendar | <input type="checkbox"/> Motion calendar | <input type="checkbox"/> Family Court calendar |
| <input type="checkbox"/> Specialty Court Assignment (mental health court, drug court) | | |
| <input type="checkbox"/> Trial (please specify case name & number): _____ | | |

Case Assignment
Case name and number: _____
Hearing Date(s) (if set): _____
Case type (please specify): _____
Counsel of record, Name and Address (attach additional sheet if necessary): _____

Settlement Conference: Civil Family
Case name and number: _____
Date(s) (if set): _____
Counsel of record _____

Other (please explain):

Per policy and procedure, I acknowledge coverage will depend on the availability of funds and senior judges and will be filled at the discretion of the Senior Judge Program Coordinator.

Dated: _____
Signature of Chief Judge (2nd or 8th JD) or Requesting Judge (other than 2nd or 8th JD) or Court Administrator or Court Executive Officer if authorized by the Chief or Requesting Judge

Mail, fax, or email to: Paige Flippin, Senior Judge Program Coordinator, AOC 408 E. Clark Ave. Las Vegas, NV 89101 Phone: (702) 486-9349 Email: pflippin@nvcourts.nv.gov	AOC use only: RFA #: _____ S.J.: _____ Order #: _____
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