

**JUSTICE COURT, TOWNSHIP OF NEW RIVER
CHURCHILL COUNTY, NEVADA**

Owner's Name: _____
Business Name: _____
Agent's Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
E-Mail: _____

Case No.: _____
Dept. No.: _____

Landlord,
vs.

Tenant's Name: _____
Tenant.

**LANDLORD'S COMPLAINT FOR
SUMMARY EVICTION FOR
NONPAYMENT OF RENT**

Landlord or Landlord's authorized agent states as follows pursuant to NRS 40.253:

1. I am the (check one box) owner or owner's agent of the rental premises located at
(insert rental's address) _____,
in the city of (insert city name) _____, Nevada.

2. The tenancy started on (insert date) _____.

3. The amount of Tenant's rent is (insert amount) \$ _____ per (check one)
 month, week, or other (specify) _____.

4. Tenant paid the following deposits (insert amounts): Rent deposit of \$ _____,
security deposit of \$ _____, and cleaning deposit of \$ _____.

5. Tenant's rent became delinquent on (insert date) _____, and Tenant has
remained in possession without paying rent since that date.

6. I verified Tenant continued in possession of the rental premises following the expiration of
the Notice to Pay Rent or Quit on (insert date you checked rental premises) _____.

7. Tenant owes the following amounts:

\$ _____ in periodic rent

\$ _____ in late fees

\$ _____ TOTAL now due and delinquent.

1 8. Tenant was served with a written notice to pay rent or quit on *(insert date notice served)*
2 _____ in compliance with NRS 40.280, and a copy of that notice and proof of service is
3 attached or submitted with this complaint.

4 9. Tenant *(check one box)* did not sign a written rental agreement, or did sign a written
5 rental agreement, and a copy of that agreement is attached or submitted with this complaint.

6 10. Tenant's rent *(check one box)* is not, or is subsidized by a public housing authority or
7 governmental agency, and a copy of the Housing Assistance Payment Contract (or "HAP") is attached or
8 submitted with this complaint and I have provided Southern Nevada Regional Housing Authority with a
9 copy of the eviction notice pursuant to 24 C.F.R. § 982.310(e)(2)(ii).

10 11. I do not do request to mediate this issue. *(Answer the following questions even if you*
11 *are not requesting mediation.)*

12 12. If sent to mediation, I prefer *(check one box)* an in-person mediation a telephonic
13 mediation a video-conference mediation.

14 13. The following individual has the authority to settle the case and would participate in
15 mediation if mediation proceeds: *(check all that apply)* myself other individual with authority:
16 *(write the names of all the individuals with authority who plan to be at the mediation)*
17 _____

18 14. The mediator may contact me/the individual with settlement authority at the following.

19 Phone number: *(insert the best phone number for the mediator to make contact)*

20 _____ - _____ - _____

21 Email: *(insert the best email for the mediator to make contact)*

22 _____

23 Mailing Address: *(insert best mailing address for mediator to make contact)*

24 *(Street Address):* _____

25 *(City, State, Zip):* _____

