| Case No Dept. No   |  |
|--|--|
| IN THE JUSTICE COURT OF _                                    | TOWNSHIP   |
| COUNTY OF  | , STATE OF NEVADA  |
| ys. ,)  Employer,)  or o | MOTION FOR AN AWARD OF<br>COSTS AND/OR ATTORNEY FEES<br>(NRS 33.270)<br>(HARASSMENT IN THE<br>WORKPLACE) |
| Adverse Party.)  |  |
| This motion is being brought by:                             |  |
| Employer   | Adverse Party  |
| who is the prevailing party in this action.                  |  |
| (1) COSTS The costs that were incurred in this action        | are as follows:  |
| FILING FEES:   | \$   |
| SERVICE:   | \$<br>\$   |
| OTHER  | \$   |
|  | \$<br>\$   |
| TOTAL:   | \$   |
|  |  |
| (2) ATTORNEY FEES:   |  |
| This party was not represented by a allowed.                 | an attorney. Therefore, no attorney fees are   |
| This party was represented by the f                          | following attorney(s):   |
| and incurred \$  | in attorney fees.  |

PLEASE ATTACH SUPPORTING DOCUMENTATION THAT ITEMIZES THE ATTORNEY FEES INCURRED IN THIS ACTION. THIS DOCUMENTATION MUST INCLUDE A SWORN STATEMENT, BY THE ATTORNEY, WHICH INDICATES THAT THE AMOUNT CLAIMED IS CORRECT AND THAT THE ATTORNEY FEES WERE REASONABLE AND NECESSARILY INCURRED IN THIS ACTION.

## DECLARATION (NRS 53.045)

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF NEVADA THAT: (1) I AM THE EMPLOYER/AUTHORIZED AGENT OF EMPLOYER OR ADVERSE PARTY HEREIN, (2) I HAVE READ THE STATEMENTS CONTAINED HEREIN OR HAVE HAD THEM READ TO ME, (3) I BELIEVE THESE STATEMENTS TO BE TRUE, AND (4) THE REQUESTED RELIEF IS APPROPRIATE.

DATE SIGNATURE