| 11 | | | |
|---|--|--|--|
| Tenant's Name: | | Case No.: | |
| Address: City,State,Zip: | | | |
| Phone: | | | |
| E-Mail: | Tenant, | | |
| Landlord's | VS. | | |
| Name: | Landlord. | MOTION TO CONTINUE IN POSSESSION (Elderly or Disabled Tenants Only) | |
| | E: This motion is filed in response to a "no-co oonse to a "Five-Day Notice to Pay Rent or Q | ause" eviction notice or letter. You <u>cannot u</u> se this motio Juit" or any other eviction notice with cause. | |
| | enant, appearing in proper person, states as fol | lows pursuant to NRS 40.251(4): | |
| 1. | I am the Tenant of the rental premises locat | ed at (insert complete address of rental unit, including cit | |
| state, and z | zip): | | |
| | | | |
| 2. | The length of my rental agreement is as foll | | |
| | Indefinite with no specific expiration date. | | |
| | Indefinite with no specific expiration d | ate. | |
| | | ate. | |
| | Based on monthly rental payments. | | |
| | Based on monthly rental payments. Based on weekly rental payments. (If) | ate. you have a weekly tenancy, you cannot use this form.) | |
| | Based on monthly rental payments. | | |
| 3. | Based on monthly rental payments. Based on weekly rental payments. (If Other (explain): | | |
| | Based on monthly rental payments. Based on weekly rental payments. (If Other (explain): | you have a weekly tenancy, you cannot use this form.) | |
| | Based on monthly rental payments. Based on weekly rental payments. (If: Other (explain): I (check one box) have/ have not recommendation | you have a weekly tenancy, you cannot use this form.) | |
| | Based on monthly rental payments. Based on weekly rental payments. (If: Other (explain): I (check one box) a have/ have not record The notice or letter demanded that I vacate the | you have a weekly tenancy, you cannot use this form.) | |
| premises. | Based on monthly rental payments. Based on weekly rental payments. (If) Other (explain): I (check one box) have/ have not record The notice or letter demanded that I vacate the I am (check all that apply): | you have a weekly tenancy, you cannot use this form.) eived an eviction notice or letter to vacate the rental e rental premises by (insert date) | |
| premises. | Based on monthly rental payments. Based on weekly rental payments. (If 1) Other (explain): I (check one box) have/ have not record The notice or letter demanded that I vacate the | you have a weekly tenancy, you cannot use this form.) eived an eviction notice or letter to vacate the rental e rental premises by (insert date) | |
| premises. | Based on monthly rental payments. Based on weekly rental payments. (If | you have a weekly tenancy, you cannot use this form.) eived an eviction notice or letter to vacate the rental e rental premises by (insert date) | |
| premises. 4. | Based on monthly rental payments. Based on weekly rental payments. (If | you have a weekly tenancy, you cannot use this form.) eived an eviction notice or letter to vacate the rental e rental premises by (insert date) e verification of your age). a verification of your disability). | |
| 4. 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 | Based on monthly rental payments. Based on weekly rental payments. (If | you have a weekly tenancy, you cannot use this form.) eived an eviction notice or letter to vacate the rental e rental premises by (insert date) e verification of your age). a verification of your disability). evided Landlord with a written request to continue in proof of my age and/or disability. written request to continue in possession and/or you | |
| premises. 4. 5. possession <u>NOTE</u> | □ Based on monthly rental payments. □ Based on weekly rental payments. (If : □ Other (explain): □ Other (explain): □ I (check one box) □ have/ □ have not record The notice or letter demanded that I vacate the □ I am (check all that apply): □ Sixty (60) years of age or older (attach □ Physically or mentally disabled (attach □ I (check one box) □ have/ □ have not pro for an additional thirty (30) days along with p E: If you have not provided Landlord with a value of furnished proof of your age or disability y | you have a weekly tenancy, you cannot use this form.) eived an eviction notice or letter to vacate the rental e rental premises by (insert date) e verification of your age). a verification of your disability). evided Landlord with a written request to continue in proof of my age and/or disability. | |
| premises. 4. 5. possession <u>NOTE</u> have n | □ Based on monthly rental payments. □ Based on weekly rental payments. (If : □ Other (explain): □ Other (explain): □ I (check one box) □ have/ □ have not record The notice or letter demanded that I vacate the □ I am (check all that apply): □ Sixty (60) years of age or older (attach □ Physically or mentally disabled (attach □ I (check one box) □ have/ □ have not pro for an additional thirty (30) days along with p E: If you have not provided Landlord with a value of furnished proof of your age or disability y | you have a weekly tenancy, you cannot use this form.) eived an eviction notice or letter to vacate the rental e rental premises by (insert date) e verification of your age). a verification of your disability). evided Landlord with a written request to continue in proof of my age and/or disability. written request to continue in possession and/or you | |

For forms and information, visit www.CivilLawSelfHelpCenter.org

| 1 | 6. Landlord has | refused to provide me any extension of time. The | erefore, I ask the Court to order | |
|-----------------------|--|--|--|--|
| 2 | Landlord to allow me to remain in possession of my rental premises until (insert date), | | | |
| 3 | which is no more than thirty (30) days beyond the expiration of the eviction notice or letter I received. | | | |
| 4 | I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct. | | | |
| 5 | | | | |
| 6 | (Date) | (Type or print name) | (Signature) | |
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| © 2016 Civil Clark | Law Self-Help Center & County, Nevada | Page 2 of 3 | MOTION TO CONTINUE IN POSSESSION (ELDERLY OR DISABLED) (Rev. 2, 08-08-2016) | |

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| 1 | CERTIFICATE OF SERVICE | | | | |
|------|---|--|--|--|--|
| 2 | I CERTIFY that on (insert date document served), I | | | | |
| 3 | served Landlord the MOTION TO CONTINUE IN POSSESSION, pursuant to JCRCP 5(b), by the followin | | | | |
| 4 | method (check one box): | | | | |
| | Depositing a copy in the United States Mail in Las Vegas, Nevada, postage prepaid, to the address listed | | | | |
| 5 | below (on lines below insert name and mailing address of Landlord). | | | | |
| 6 | Delivering, by hand delivery, a copy to the address listed below and leaving it (i) with Landlord; (ii) at | | | | |
| 7 | the office of Landlord with a person in charge or in a conspicuous place; or (iii) at the dwelling house | | | | |
| 8 | Landlord with a person of suitable age and discretion residing therein (on lines below insert name and | | | | |
| 9 | mailing address of Landlord, Landlord's agent, or person of suitable age and discretion, as applicable). | | | | |
| 10 | | | | | |
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| 13 | | | | | |
| 14 | I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct. | | | | |
| 15 | I declare under penarty of perjury under the law of the state of Nevada that the foregoing is the and correct. | | | | |
| | | | | | |
| 16 | (Date) (Type or Print Name) (Signature) | | | | |
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| Clar | Law Self-Help Center Page 3 of 3 MOTION TO CONTINUE IN POSSESSION (ELDERLY OR DISABLED) (Rev. 2, 08-08-2016) | | | | |