

1 **PET**

2 _____
(Name)

3 _____
(Address)

4 _____
(City, State, Zip Code)

5 _____
(Telephone number/E-mail Address)

Petitioner, In Proper Person

6 **EIGHTH JUDICIAL DISTRICT COURT**

7 **CLARK COUNTY, NEVADA**

8
9 In the Matter of the Estate of:

Case No.: P

Dept. No.: PC-1

10 _____,
11 Deceased.
12
13

14 **EX PARTE PETITION FOR ORDER TO RELEASE MEDICAL RECORDS**

15 Petitioner, (your name) _____, appearing in

16 Proper Person, respectfully alleges and shows as follows:

17 1. Petitioner files this request pursuant to Nevada Revised Statutes 629.061, and
18 requests that this Court enter an order authorizing the release of medical records of Decedent
19 (name of person who passed away) _____ (hereinafter "Decedent").

20 2. Petitioner is the (your relation to the decedent) _____ of Decedent (name of
21 person who passed away) _____ and resides at (your address)
22 _____

23 (hereinafter "Petitioner"). A copy of Petitioner's identification is attached hereto as **Exhibit A**.
24
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3. Decedent died on the (day, month, and year of death) _____, in
(county where the decedent died) _____ and, on the date of death, Decedent was a
resident of Clark County, Nevada. A certified copy of Decedent's death certificate is attached
herein as **Exhibit B**.

4. Jurisdiction is proper in this proceeding.

5. Decedent (check one) ☐ did not ☐ did execute a Last Will and Testament and/or an
Order for Cremation and Disposition pursuant to NRS 451.655. If Decedent did execute either a
Last Will and Testament or an Order for Cremation and Disposition, it is attached hereto as
Exhibit C.

6. The names, relationships, ages, and residence addresses of all the devisees,
legatees, heirs, and next-of-kin of Decedent, so far as known to Petitioner, are:

(You must include the name, relationship, age (if under 18), and address of (1) decedent's legally married spouse, (2) all decedent's children; (3) all other devisees, legatees, heirs, and next-of kin. List all persons, regardless of age, even if estranged or out of state. Include all addresses; if unknown, include last known address or state "unknown.")

<u>Name</u>	<u>Relationship to Decedent</u>	<u>Age</u> (If under 18, list age; if over 18, write "adult.")	<u>Address</u>

☐ Check here if you have more people to include, and attach a continuation sheet.

7. The devisees, legatees, heirs, and next-of-kin of Decedent who are listed above
either consent to the release of medical records, and I have attached the appropriate Consents to
Order of Release of Medical Records herein; or they have not consented, and an Affidavit in

Support of Petition for Order For Release of Medical Records explaining their lack of consent is herein attached as **Exhibit D**.

8. Petitioner is seeking medical records from:

(List names & addresses of all medical facilities and doctors from whom you are seeking records.)

<u>Medical Facility</u>	<u>Address</u>

WHEREFORE, Petitioner prays:

That the Court make and enter its order directing the officers of all the aforementioned medical facilities and/or doctors to release Decedent's medical records to

(your name) _____ of (insert your address) _____.

DATED THIS ____ day of _____, 20__.

Respectfully submitted,

(signature)

(Your name)

(Your address)

(Your city, state, and zip)

(Your phone number)

(Your email)

PETITIONER, IN PROPER PERSON

VERIFICATION IN SUPPORT OF
PETITION FOR ORDER TO RELEASE MEDICAL RECORDS

STATE OF NEVADA)
)ss
COUNTY OF CLARK)

(Your name) _____, being first duly sworn, declares under penalty of perjury under the law of the State of Nevada that the foregoing and following is true and correct:

I am the Petitioner in the above-entitled action. I have read the foregoing Ex Parte Petition for Order to Release Medical Records, and know the contents thereof. The Petition is true of my own knowledge except as to those matters that are stated on information and belief, and as to those matters, I believe them to be true.

DATED THIS _____ day of _____, 20____.

(Signature)

(Your name)

1
2 (Name)

3 (Address)

4 (City, State, Zip Code)

5 (Telephone number/E-mail Address)

In Proper Person

6 **EIGHTH JUDICIAL DISTRICT COURT**
7 **CLARK COUNTY, NEVADA**

8 In the Matter of the Estate of:

9 Case No.: P
10 Dept. No.: PC-1

11 _____,
12 Deceased.

13 **CONSENT TO ORDER TO RELEASE MEDICAL RECORDS**

14 COMES NOW (your name) _____, (state your
15 relationship to the decedent) _____ of Decedent, whose address is: (your address)

16 _____, being first duly sworn, declare
17 under penalty of perjury that I am aware of the Ex Parte Petition for Order to Release Medical
18 Records filed by (name of person who is filing the petition) _____

(“Petitioner”) requesting the release of medical records of the above decedent to Petitioner.

19 I FURTHER ACKNOWLEDGE that I am in agreement with the request to release
20 medical records to Petitioner and hereby consent to the release.

21 DATED THIS ____ day of _____, 20__.

22 Respectfully submitted,

23 _____
(Signature)

24 _____
(Your name)

1 **ORDR**

2 _____
(Name)

3 _____
(Address)

4 _____
(City, State, Zip Code)

5 _____
(Telephone number/E-mail Address)

Petitioner, In Proper Person

6 **EIGHTH JUDICIAL DISTRICT COURT**

7 **CLARK COUNTY, NEVADA**

8
9 In the Matter of the Estate of:

Case No.: P

Dept. No.: PC-1

10 _____,
11 Deceased.
12

13 **EX PARTE ORDER TO RELEASE MEDICAL RECORDS**

14 The Court, upon reading the verified ex-parte petition of (your name) _____,
15 and good cause appearing therefore:

16 **IT IS HEREBY ORDERED** that the following officers of

(List names & addresses of all medical facilities and doctors from whom you are seeking records).

<u>Medical Facility</u>	<u>Address</u>

21
22 ///

1 shall release Decedent's medical records to *(your name)* _____ of
2 *(your address)* _____.

3 DATED this ____ day of _____, 20____.

4 _____
5 DISTRICT COURT JUDGE

6 Respectfully submitted,

7 _____
(Signature)

8 _____
(Your name)

9 PETITIONER, IN PROPER PERSON
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EXHIBIT A
(Petitioner's Identification)

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EXHIBIT B
(Death Certificate)

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EXHIBIT C
(Last Will & Testament)

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EXHIBIT D
(Consents and/or Affidavits in Support of Petition)

DISTRICT COURT CIVIL COVER SHEET

County, Nevada

Case No. _____

(Assigned by Clerk's Office)

I. Party Information *(provide both home and mailing addresses if different)*

Plaintiff(s) (name/address/phone):

Defendant(s) (name/address/phone):

Attorney (name/address/phone):

Attorney (name/address/phone):

II. Nature of Controversy *(please select the one most applicable filing type below)*

Civil Case Filing Types

Real Property	Negligence	Torts
Landlord/Tenant <input type="checkbox"/> Unlawful Detainer <input type="checkbox"/> Other Landlord/Tenant Title to Property <input type="checkbox"/> Judicial Foreclosure <input type="checkbox"/> Other Title to Property Other Real Property <input type="checkbox"/> Condemnation/Eminent Domain <input type="checkbox"/> Other Real Property	<input type="checkbox"/> Auto <input type="checkbox"/> Premises Liability <input type="checkbox"/> Other Negligence Malpractice <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Legal <input type="checkbox"/> Accounting <input type="checkbox"/> Other Malpractice	Other Torts <input type="checkbox"/> Product Liability <input type="checkbox"/> Intentional Misconduct <input type="checkbox"/> Employment Tort <input type="checkbox"/> Insurance Tort <input type="checkbox"/> Other Tort
Probate	Construction Defect & Contract	Judicial Review/Appeal
Probate <i>(select case type and estate value)</i> <input type="checkbox"/> Summary Administration <input type="checkbox"/> General Administration <input type="checkbox"/> Special Administration <input type="checkbox"/> Set Aside <input type="checkbox"/> Trust/Conservatorship <input type="checkbox"/> Other Probate Estate Value <input type="checkbox"/> Over \$200,000 <input type="checkbox"/> Between \$100,000 and \$200,000 <input type="checkbox"/> Under \$100,000 or Unknown <input type="checkbox"/> Under \$2,500	Construction Defect <input type="checkbox"/> Chapter 40 <input type="checkbox"/> Other Construction Defect Contract Case <input type="checkbox"/> Uniform Commercial Code <input type="checkbox"/> Building and Construction <input type="checkbox"/> Insurance Carrier <input type="checkbox"/> Commercial Instrument <input type="checkbox"/> Collection of Accounts <input type="checkbox"/> Employment Contract <input type="checkbox"/> Other Contract	Judicial Review <input type="checkbox"/> Foreclosure Mediation Case <input type="checkbox"/> Petition to Seal Records <input type="checkbox"/> Mental Competency Nevada State Agency Appeal <input type="checkbox"/> Department of Motor Vehicle <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Other Nevada State Agency Appeal Other <input type="checkbox"/> Appeal from Lower Court <input type="checkbox"/> Other Judicial Review/Appeal
Civil Writ		Other Civil Filing
Civil Writ <input type="checkbox"/> Writ of Habeas Corpus <input type="checkbox"/> Writ of Mandamus <input type="checkbox"/> Writ of Quo Warrant <input type="checkbox"/> Writ of Prohibition <input type="checkbox"/> Other Civil Writ		Other Civil Filing <input type="checkbox"/> Compromise of Minor's Claim <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Other Civil Matters

Business Court filings should be filed using the Business Court civil coversheet.

Date

Signature of initiating party or representative

See other side for family-related case filings.