

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

*FILE STAMP REQUIRED*

IN THE SEVENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA,  
IN AND FOR THE COUNTY OF WHITE PINE

**REQUEST TO SEAL DECRIMINALIZED OFFENSE(S)**

_____	)
Defendant	)
_____	)
Date of Birth	)

The above-named defendant hereby requests that the Court order the following criminal cases be sealed pursuant to NRS 179:

Case Number:	Offense/Charge:	Conviction Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: \_\_\_\_\_

\_\_\_\_\_  
Defendant Signature