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APR 02 2021

ELIZABETH A. BROWN  
CLERK OF SUPREME COURT  
BY *Elizabeth A. Brown*  
DEPUTY CLERK

PIFP  
(Your Name) MARY-ANNE COLT/STACEY KANTER  
(Address) 9700-2039 W. Sunset Rd.  
Las Vegas, Nevada 89148  
(Telephone) 702-695-4777  
(Email Address) maryannecolt@gmail.com

**DISTRICT COURT FAMILY DIVISION  
CLARK COUNTY, NEVADA**

MARY-ANNE COLT/STACEY KANTER

Plaintiff,

and

ALYSA MARIE PLUMMER

Defendant.

CASE NO.: D-17-560076-C

DEPT NO.: 1

**Application and Affidavit to Proceed in Forma Pauperis (Recording OR Transcript Fees)**

Pursuant to NRS 12.015, and based upon the information contained in this Application and Affidavit, I am the ☒ Plaintiff / ☐ Defendant and I request permission from this Court to have reporting, recording, or transcription services performed at the expense of the county, at the reduced rate as provided in NRS 12.015 because I lack sufficient financial income, assets, or other resources.

I am requesting ☒ recording OR ☒ transcription services from the following hearings ONLY (insert the dates of the hearings you want to obtain video/transcripts

*From* DECEMBER 2017 - JANUARY 29, 2021

APR 01 2021

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Revised 2014 OFC

1B-Application-Fee-Waiver.doc  
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Personal Income		
A	If you are Employed ♦ write the Name of Employer & Job Title If you are Self-employed ♦ write the Name of your Company If you are Unemployed – write "Unemployed"	
B	Total Monthly Income Before Taxes: (If you are unemployed indicate how much money you receive each month from unemployment benefits)	\$ 678.00
C	Amount of Money Received Each Month from Public Benefits/Assistance such as TANF, SSD, SSI, etc...:	\$
Other Income		
D	Amount of Money Received from other Sources of Income: (Such as contributions from roommates or family members)	\$
E	Monthly Child Support Received	\$
Total Income (Add lines B-E)		\$678/00

Household Information		
A	How Many Adults (over 18) Live with You?	1
B	How Many Children (under 18) Live with You?	0
Total Number of People Living with you? (Add lines A&B)		1 + Self

Monthly Expenses		
Write "\$0.00" in the amount spent per month column for any expense you do not have.		
	Type of Expense	Amount Spent per Month
A	Food	\$ 150.00
B	Child Care	\$
C	Rent/Mortgage	\$ 329.00
D	Medical Expenses (including health insurance)	\$
E	Transportation (including car insurance, gas, bus fare, etc...)	\$ 160.00
F	Other <u>Utility&amp;householdItems</u>	\$ 108
Total Monthly Expenses (Add lines A -F)		\$ 748.00

Assets			
Each blank must be completed. If you do not have an asset listed, write "none" in the Type/Make/Model column and "\$0.00" in the Value and Loan Balance columns.			
Description of Asset	Type/ Make/Model	Value	Loan Balance
Home/Property		\$	\$
Bank Account		\$	\$
Automobile	Car/Honda/Civic	\$ 800.00	\$ 0
Other		\$	\$

### Affidavit in Support of Request to Proceed In Forma Pauperis

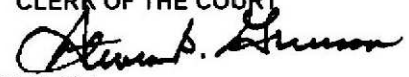
Briefly explain your current financial situation and why you are unable to pay the fees to obtain transcripts and/or video. For example, if you are unemployed explain why, for how long, and what efforts you are making to obtain employment. If you are temporarily living with a friend or relative explain for how long and how they help you financially.

I am unemployed due to the pandemic.

Pursuant to NRS 53.045, I declare under penalty of perjury that the foregoing is true and correct.

Executed on (date) March 18, 2021

(Signature) Mary Anne Colt  
 (Printed Name) Mary Anne Colt



IN THE SUPREME COURT OF THE STATE OF NEVADA

MARY-ANNE COLT/STACEY KANTER

Appellant,

vs.

ALYSA MARIE PLUMMER

Respondent.

Supreme Court No. \_\_\_\_\_

District Court No. D-17-560076-C

TO: EIGHTH JUDICIAL DISTRICT COURT FAMILY DIVISION, DEPARTMENT I

Court Reporter Name

MARY-ANNE COLT requests preparation of a transcript of the proceedings before the district court, as follows:

Judge or officer hearing the trial or hearing: JUDGE CHERYL MOSS AND JUDGE GERALD HARDCASTLE

Date(s) of trial or hearing: ALL HEARINGS COVERING THE PERIOD FOR THE JUDGES AS FOLLOWS:

DECEMBER 2017 TILL NOVEMBER 2020 AND JANUARY 28, 2021 AND JANUARY 29, 2021

Portions of the transcript requested: ALL

Number of copies required: 1

MARY-ANNE COLT

Name of person requesting transcripts

9700 W Sunset Rd Apt 2039

Address

Las Vegas, Nevada 89148

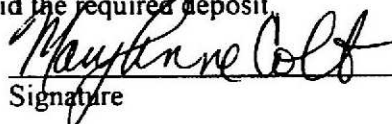
City/State/Zip

702-695-4777

Telephone number

**CERTIFICATION**

I certify that on this date I ordered these transcripts from the court reporter(s) named above by mailing or delivering this form to the court reporter(s) and I paid the required deposit.



Signature

March 18, 2021

Date

### CERTIFICATION

I certify that on the date indicated below, I served a copy of this completed transcript request form upon the court reporter(s) and all parties to the appeal:

- ☐ By personally serving it upon him/her; or
- ☒ By mailing it by first class mail with sufficient postage prepaid to the following address(es) (list names and address(es) of parties served by mail):

EIGHTH JUDICIAL DISTRICT COURT FAMILY DIVISION, COURT REPORTER DEPARTMENT I  
601 N. PECOS RD  
Las Vegas, NV 89155

Hurtik Law & Associates  
6767 W. Tropicana Ave Ste 200  
Las Vegas, NV 89103

Bob Cerceo  
10000 W. Charleston Blvd. Suite 110  
Las Vegas, NV 89135

DATED this 18 day of March

, 2021

Maryanne Colt  
Signature

Mary-Anne Colt  
Print Name

9700 W Sunset Rd Apt 2039  
Address

Las Vegas, Nevada 89148  
City/State/Zip

702-695-4777  
Telephone number