



SUPREME COURT OF NEVADA
OFFICE OF THE CLERK
ELIZABETH A. BROWN, CLERK
201 SOUTH CARSON STREET, SUITE 201
CARSON CITY, NEVADA 89701-4702

Telephone
(775) 684-1600

January 24, 2024

Peter Helfrich
195 Ridge Crossing
Henderson, NV 89002

Re: Helfrich (Peter) vs. Clark County - 87833

Dear Mr. Helfrich,

This court is in receipt of the documents sent with "Motion for Leave to Supplement Exhibit 1 in Support of Indigence" in the above-captioned case.

The Nevada Supreme Court publicly files any documents received. Upon review of these documents, it is evident that personal information such as your social security number, among other personal and highly sensitive information, is disclosed fully, and may not be desirable to file in a public forum. For this reason, the court filed the motion, but is unable to file these documents; they are being returned to you, unfiled. Do not resubmit these documents to this office. No action will be taken on them.

Sincerely,

Melissa Fuller
Deputy Clerk

Enclosures

CONTINUING DISABILITY REVIEW REPORT JAN 24 2024

For SSA Use Only - Do not write in this box.		ELIZABETH A. BROWN CLERK OF SUPREME COURT
Date of your last medical disability decision:		BY <i>Melissa J. Jones</i> DEPUTY CLERK

SECTION 1 - INFORMATION ABOUT YOU

When a question refers to "you" or "your" it refers to the person receiving disability benefits. If you are completing this report for someone else, please provide information about them.

1.A. NAME (First, Middle, Last, Suffix) PETER HELFRICH	1.B. SOCIAL SECURITY NUMBER 092603484
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1.C. In the last 12 months, have you used any other names on your medical or educational records?
Examples include maiden name, other married names, other names, or nickname.

☒ YES

☐ NO

If YES, please list names used

1.D. MAILING ADDRESS (Street or PO Box) Include apartment number if applicable.

195 RIDGE CROSSING

CITY HENDERSON	STATE/Province NV	ZIP/Postal Code 89002	COUNTRY (if not USA)
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1.E. Is your residence address the same as your mailing address? ☐ YES ☐ NO - Complete **RESIDENT ADDRESS** below

RESIDENT ADDRESS (Include apartment number if applicable.)

CITY	STATE/Province	ZIP/Postal Code	COUNTRY (if not USA)
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1.F. DAYTIME PHONE NUMBER(S) where we can call to speak with you, or leave a message, if needed.
(Include area code, or IDD and country code if outside the USA or Canada.)

Primary: _____ Secondary: _____
(If available)

1.G. EMAIL ADDRESS

1.H. Can you speak and understand English? ☐ YES ☐ NO

If NO, what language do you prefer? _____

If you cannot speak and understand English, we will provide an interpreter free of charge.

1.I. Can you read and understand English? ☐ YES ☐ NO

1.J. Can you write more than your name in English? ☐ YES ☐ NO

SECTION 2 - SOMEONE WE CAN CONTACT

Please provide the name of someone (other than your doctors) we can contact who knows about your medical condition(s), and can help with your case and can help us reach you if you become unavailable. Examples include a family member, friend, or neighbor.

2.A. NAME (First, Middle, Last, Suffix) U.S. senator Jacky Rosen	2.B. Relationship to Person in 1.A. U.S. senator
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