| 1  | NOTEC  |
|----|--|
| 1  | NOTC<br>[FIRM NAME]  |
| 2  | [ATTORNEY NAME]<br>[BAR NUMBER]  |
| 3  | [ATTORNEY ADDRESS]   |
| 4  | Las Vegas, Nevada<br>Telephone:  |
| 5  | Facsimile: Attorneys for Defendant/Plaintiff   |
| 6  | Autorneys for Defendant/Flamum   |
| 7  | DISTRICT COURT   |
| 8  | CLARK COUNTY, NEVADA   |
| 9  | )  |
| 10 | Plaintiff, ) Case No.:   |
| 11 | ) Dept. No.:<br>vs.  |
| 12 | )  |
| 13 | , ) Hearing Date: N/A<br>) Hearing Time: N/A   |
| 14 | Defendant. )   |
| 15 | NOTICE OF CLAIM OF LIEN  |
| 16 | NOTICE IS HEREBY GIVEN that [Attorney/Firm Name], (hereinafter, "Counsel") claims                  |
| 17 | a retaining lien pursuant to NRS 18.015(1)(b) against (hereafter, "Client"), in                    |
| 18 | the amount of \$ for legal services provided and costs advanced on Client's                        |
| 19 | behalf.  |
| 20 | Pursuant to NRS18.015(4)(b), this lien attaches to any property or file documents, including       |
| 21 | copies of original documents, in the possession of Counsel pursuant to Counsel's representation of |
| 22 | Client in the above-entitled action.   |
| 23 | DATED this day of  |
| 24 | [FIRM NAME HERE]   |
| 25 |  |
| 26 | By:  |
| 27 | [ATTORNEY NAME AND BAR NUMBER] [ATTORNEY ADDRESS]  |
| 28 | [CITY], Nevada   |
|    |  |

| CERTIFICATE OF SERVICE BY MAIL  |
|---|
| I, the undersigned, hereby certify that I am employed in the County of Clark, State of                  |
| Nevada, am over the age of 18 years and not a party to this action. My business address is that of      |
| [FIRM NAME],[FIRM   |
| ADDRESS].   |
| On this day of, 2014, I served the within <b>NOTICE OF CLAIM</b>  |
| <b>OF LIEN</b> on the parties in said action or proceeding by placing a true copy thereof enclosed in a |
| sealed envelope, addressed as follows:  |
|   |
| [Must mail to Client and to opposing counsel (or opposing party if no counse)]                          |
| and placing the envelope in the mail bin at the firm's office.  |
| I am readily familiar with the firm's practice of collection and processing correspondence fo           |
| mailing. Under that practice, it is deposited with the U.S. Postal Service on the same day it is placed |
| in the mail bin, with postage thereon fully prepaid at [County], Nevada, in the ordinary course of      |
| business.   |
| I certify under penalty of perjury that the foregoing is true and correct, and that this                |
| Certificate of Service By Mail was executed by me on this of, 2014, at                                  |
| [County], Nevada.   |
|   |
| ·   |
| An Employee of [FIRM NAME]  |
|   |
|   |