Apply for Services Form

Client Information

1. Date of Request: __________

2. First Name: __________

3. Last Name: __________

4. Email: __________

5. Telephone: __________

6. Safe to Contact?: __________

6a. If no, how may we contact you?: __________

7. Legal Issue: __________

8. Opposing Party: __________

9. Language Preference: __________

10. County of Residence: __________

11. Does your case involve domestic violence?: __________

11a. If yes, do you have a protection order in place?: __________

12. How did you hear about VARN?: __________

Please print this form and fax it to: 775-883-7211 or bring it into our offices at 904 N. Nevada St. Carson City NV 89703. You can also email the form to info@varn.org. Please call 883-8278 or 1-866-448-8276 if you have any questions.