

DIDS Quarterly Reporting

Date Range for Quarter Att	orney Name			
Attorney Office	Prefe		eferred Email Address	
	Supplemental Ca	seload Data		
County of Practice #1	County #2 (if applicable)		County #3 (if applicable)	
# of Attorneys in ofc	# Support Staff in ofc		# Investigators in ofc	
Number of Investigator Hours this Quarter	Number of Expert Hours this Quarter		Number of trials this Quarter (Jury & Bench)	
Do you take private cases? (yes or no)		If yes, approximately how many hours did you spend on private cases this Quarter?		
Attorney Signature				
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