

**FILED**

DEC 30 2010

Administrative Office of the Courts  
BY AE



JUDICIAL FINANCIAL DISCLOSURE STATEMENT FOR YEAR ENDING  
DECEMBER 31, 20 10

**GENERAL INFORMATION**

- Name JOHN S. MCGROARTY
- Title DISTRICT COURT JUDGE-
- Mailing address 3121 SIENA CIR.  
LAS VEGAS, NV, 89128
- Length of residence in Nevada 57 YEARS
- County in which you are registered to vote CLARK
- Length of residence in the county in which you are registered to vote 49 YEARS

**COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES**

- Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. See Code of Judicial Conduct Rule 3.15 (A)(1). Attach additional sheets if necessary.

Date	Nature and Place of Activity	Name of Payor	Amount
	<u>NONE</u>		

**INCOME**

- Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from such sources should be disclosed under a general heading such as "professional services." Attach additional sheets if necessary.

Source of Income	Recipient
<u>STATE OF NEVADA RETIREMENT</u>	<u>JOHN S. MCGROARTY</u>
<u>" " " "</u>	<u>NANCY M. MCGROARTY</u>
<u>* SOCIAL SECURITY</u>	

**REAL PROPERTY**

9. Disclose the specific location, nature, and particular use of any real estate which has a fair market value of \$2,500 or more, other than your personal residence, in which you or a member of your household has a legal or beneficial interest, and is located in Nevada or any adjacent state. Specific addresses are required – list the street address or legal description. You must designate whether the property is unimproved vacant land, agricultural land, commercial building, apartments, single-family, rental, etc. Attach additional sheets if necessary.

<i>Specific Location</i>	<i>Nature/Particular Use</i>	<i>Interest Holder</i>
_____	N/A	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CREDITORS**

10. Disclose the name of each creditor to whom you or a member of your household owes \$5,000 or more unless: (a) the debit is secured by a mortgage or deed of trust on real property which is not required to be listed under question 9 above, or (b) the debt is one for which a security interest in a motor vehicle for personal use was retained by the seller or its assignee or designee. Attach additional sheets if necessary.

<i>Name of Creditor</i>	<i>Name of Debtor</i>
N/A	_____
_____	_____
_____	_____
_____	_____
_____	_____

**BUSINESS ENTITIES**

11. List each business entity in which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner (in whole or in part), limited or general partner, or holder of any class of stock or security representing one percent or more of the total outstanding stock or securities issued by the business entity. Attach additional sheets if necessary.

<i>Business Entity</i>	<i>Nature of Involvement</i>	<i>Person Involved</i>
N/A	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**GIFTS, BEQUESTS, FAVORS, OR LOANS**

12. Disclose the date, place, name of the donor, amount, and nature of any gift, bequest, favor or loan to you or to a member of your family residing in your household if its value exceeded \$200. See Code of Judicial Conduct Rule 3.15(A)(2). Attach additional sheets if necessary.

Date	Name and Place of Gift	Name of Donor	Amount
	N/A		

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND COMPLETE.

12-13-10  
Date

John McQuarty  
Signature

File this form with the State Court Administrator.

Deliver or mail to:

**State Court Administrator  
Attn: Cynthia Sampson  
Administrative Office of the Courts  
201 S. Carson Street, Suite 250  
Carson City, Nevada 89701-4702**

**Telephone: (775) 684-1744**



\* 1 7 1 4 \*

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SCR 78.5 ACKNOWLEDGEMENT/CERTIFICATION OF COMPLIANCE AND CONSENT

All ACTIVE members MUST complete this section, so please select ONE option.

Every active member of the State Bar of Nevada must acknowledge compliance and consent to the Rule annually. Active members include every person licensed to practice law in Nevada. By signing below you agree to follow and acknowledge you are in compliance with and consent to the provisions of SCR 78.5.

[X] I certify that I am EXEMPT from the provisions of SCR 78.5 because I handle no client or third party funds in the State of Nevada. If you check this box, you are done with this disclosure. Please sign at the bottom.

[ ] I or my firm maintains the trust account/s listed below. Please list all trust accounts maintained by you or the law firm in which you work.

Trust Account No. 1: Is this account an interest on lawyer trust account (IOLTA) created in accordance with SCR 217? [ ] Yes [ ] No

Account Name

[Empty text box for Account Name]

Account No.

[Empty grid for Account No.]

Name of Financial Institution

[Empty grid for Name of Financial Institution]

Address

[Empty grid for Address]

Suite [Empty grid]

PO Box [Empty grid]

ZIP Code [Empty grid]

City [Empty grid]

State [Empty grid]

Trust Account No. 2: Is this account an interest on lawyer trust account (IOLTA) created in accordance with SCR 217? [ ] Yes [ ] No

Account Name

[Empty text box for Account Name]

Account No.

[Empty grid for Account No.]

Name of Financial Institution

[Empty grid for Name of Financial Institution]

Address

[Empty grid for Address]

Suite [Empty grid]

PO Box [Empty grid]

ZIP Code [Empty grid]

City [Empty grid]

State [Empty grid]

I certify all of the above statements required by SCR 78.5 are true and complete.

Signature: John McGroarty Date: 12-13-10



\* M A N D O C S B \*

December 1, 2010

2011 Required Disclosures

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SCR 79 PROFESSIONAL LIABILITY INSURANCE DISCLOSURE

All members, active or inactive, MUST complete this section. Please select ONE of the three following options:

- I am engaged as a full-time government lawyer or judge; or I am employed by an organizational client and do not represent clients outside that capacity; or I am not currently representing clients.
I am engaged in the private practice of law and do not maintain professional liability insurance.
I am engaged in the private practice of law and maintain professional liability insurance with the following carrier (if you check this box, you MUST disclose the following):

Name of Insurance Carrier (not broker)

Grid for Name of Insurance Carrier

Address

Grid for Address

City

Grid for City

State

Grid for State

ZIP Code

Grid for ZIP Code

NRS 7.034 and NRS 425.520 LICENSE RENEWAL DISCLOSURE

All members, active or inactive, MUST complete this section. Please select ONE option.

NRS 7.034 and NRS 425.520 require that all licensed attorneys in Nevada report information regarding the existence OR absence of child support obligations annually.

- I am NOT subject to a court order for the support of a child.
I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

RPC 6.1 ANNUAL PRO BONO REPORTING FORM

REPORTING PERIOD: JANUARY 1, 2010 - DECEMBER 31, 2010

All members, active or inactive, MUST complete this section.

- I did not provide any pro bono service as described in RPC 6.1. If you check this box, you are done, please sign this page at the bottom.

- I provided pro bono service as described in RPC 6.1. Please complete the questions below.

Number of hours of direct legal services provided for no fee to low-income clients:

Grid for direct legal services

Number of hours of legal services provided to organizations addressing needs of persons of limited means:

Grid for legal services to organizations

Number of hours of activities provided improving the law or law-related education:

Grid for law-related education

Check all that apply

- I received my cases through OR donated \$ to Legal Aid Center of Southern Nevada
I received my cases through OR donated \$ to Las Vegas Senior Law Project
I received my cases through OR donated \$ to Nevada Legal Services
I received my cases through OR donated \$ Volunteer Attorneys for Rural Nevadans
I received my cases through OR donated \$ Washoe County Senior Law Project
I received my cases through OR donated \$ to Washoe Legal Services

Please indicate to the nearest whole dollar. Do NOT include cents, periods, or commas.
\$1,000 1 , 0 0 Wrong!
\$1,000 1 0 0 0 Correct!

I certify all of the above disclosures required by SCR 79, NRS 7.034, NRS 425.520, and RPC 6.1 are true and complete.

Signature: John McGroarty Date: 12-13-10



2011 STATE BAR OF NEVADA DUES INVOICE  
 AND DISCLOSURE FORMS  
 Hon. John Steven McGroarty, Bar No. 1729  
 December 1, 2010  
 Page 1  
 1st Notice



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**PLEASE RETURN THIS INVOICE WITH PAYMENT OR PAY ONLINE**

**INSTRUCTIONS:** This invoice lists your current public address, mailing address, public and private e-mail addresses, license status, fees, and section(s) you previously joined. Your particular fee is listed below. Please add or delete items as noted and total your remittance. If paying by credit card, please login to your SBN account online to make payment.

*If you would like to change your status to inactive, please remit inactive request form, affidavit (available at [www.nvbar.org/forms](http://www.nvbar.org/forms)) and payment prior to March 1, 2011 to avoid paying active dues.*

Current Contact Information	Current Membership		Current Fees
<p><b>PLEASE MAKE ADDRESS AND E-MAIL CHANGES ONLINE AT <a href="http://WWW.NVBAR.ORG">WWW.NVBAR.ORG</a>, USERNAME AND PASSWORD INFORMATION ARE AVAILABLE AT LOG IN PAGE</b></p> <p><b>Your SCR 79 Public Address - Published on SBN Website (Active members only):</b></p> <p>Hon. John Steven McGroarty</p> <p>3121 Siena Cr. Las Vegas, NV 89128 UNITED STATES OF AMERICA Phone: (702) 804-1936 SCR 79 E-mail:</p> <p><b>Your preferred mailing address:</b></p> <p>Hon. John Steven McGroarty</p> <p>3121 Siena Cr. Las Vegas, NV 89128 UNITED STATES OF AMERICA Phone: (702) 804-1936 Alternate E-mail: <a href="mailto:jn2lv1978@cox.net">jn2lv1978@cox.net</a></p>	5 Years Or More Active 2011		\$ 450
	<b>Sections</b>		
	Administrative Law	\$ 15.00	
	Alternative Dispute Resolution	\$ 25.00	
	Bankruptcy Law	\$ 25.00	
	Business Law	\$ 25.00	
	Construction Law	\$ 30.00	
	Elder Law	\$ 25.00	
	Energy, Utilities and Communication Law	\$ 25.00	
	Environmental and Natural Resources Law	\$ 25.00	
	Family Law	\$ 35.00	
	Gaming Law	\$ 25.00	
	Insurance and Health Law	\$ 25.00	
	Intellectual Property Law	\$ 25.00	
	Labor and Employment Law	\$ 25.00	
	Probate and Estate Law	\$ 25.00	
	Public Lawyers	\$ 25.00	
	Real Property Law	\$ 25.00	
	Tax Law	\$ 20.00	
	Young Lawyers	\$ 25.00	
	<b>Voluntary Donations</b>		
	Clients' Security Fund	\$ 25.00	
	Payment in lieu of Pro Bono Service	\$ 500.00	
NV Bar Foundation/Law-Related Education	\$ <input type="text"/>		
Nevada Law Foundation	\$ <input type="text"/>		
<b>Total Dues, Sections, and Donations</b>		\$ <b>450<sup>00</sup></b>	

Credit Card Payments

Credit card payments must be made online at [www.nvbar.org](http://www.nvbar.org). Username and password instructions are provided at log in.

Other Remittances

Please remit all other payments to:

State Bar of Nevada  
 PO Box 50  
 Las Vegas, NV 89125-0050

Questions: (702) 317-1430 or (702) 317-1424

Late fee attaches March 1, 2011



\* I N V O I C E \*