Case No. _____

Dept. No. _____

The undersigned hereby affirms that
this document does not contain the
social security number of any person.

_____

IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF CHURCHILL

_____,
(Your name)
Plaintiff

vs

COMPLAINT FOR DIVORCE

_____,
(Spouse's name)
Defendant

_____/

Plaintiff, _____, in proper person, and for a cause of
(Your name)
Action against the Defendant complaints and alleges as follows:

I.

The Plaintiff is a resident of the State of Nevada, County of _____, and for a period of more than six weeks immediately preceding the commencement of this action, has resided in, been physically present in, and is a bona fide resident and domiciliary of, the State of Nevada, and intends to continue to make the State of Nevada their home for an indefinite period of time.

The Defendant is a resident of the State of _____, County of _____.

II.

The parties were married on , _____, in the County
(Date of Marriage, including month, day and year)

of _____, State of _____, and ever
(County of which you were married) (State in which you were married)

since have been, and still are, Husband and Wife.

III.

Wife _____ pregnant at this time:
(is *or* is not)

If wife is pregnant at this time, answer the following questions.

If wife is not pregant, print "not applicable" or "N/A" in the spaces.

Husband _____ the father of the unborn child. The unborn child is due to be born on
(is *or* is not)

_____.
(date of expected birth)

IV.

There are no minor children born to, or adopted through, this union.

V.

Division of Assets

Initial ONLY ONE of the statements below. Print "not applicable or N/A" in the spaces you do not use. Be sure to address all retirement accounts, bank accounts and vehicles. Include VINs when listing vehicles.

1. _____ All of the community assets and property have been previously divided and each is to keep the property he/she has in his/her possession at this time.

2. _____ There is no community property to be divided.

3. _____ The community property should be divided as follows: (Include retirement accounts, bank accounts and vehicles with VINs)

WIFE SHALL RECEIVE THE FOLLOWING:

_____ _____

_____ _____

_____ _____

_____ _____

HUSBAND SHALL RECEIVE THE FOLLOWING:

(If more room is needed, attach additional sheets. Make sure the sheets are clearly identified as a continuation of the division of assets. Write only on one side of the page of additional sheets. Each additional sheet must be initialed by both parties.)

There may be additional community assets of the parties, the exact amounts and descriptions of which are unknown to Plaintiff at this time. Plaintiff asks permission of this Court to amend this Complaint to insert this information when it becomes known to Plaintiff, or at the time of trial.

VI.

Division of Debts

Initial ONLY ONE of the statements below. Print "not applicable or N/A" in the spaces you do not use. Be sure to address all retirement accounts, bank accounts and vehicles. Include VINs when listing vehicles.

1. _____ All of the community debts have been previously divided and each is to keep those debts assigned to him/her and hold the other party harmless from those debts.

2. _____ There is no community debts to be divided.

3. _____ The community debts should be divided as follows: (Be sure to list specific debts with the last four numbers of the account, if available.

WIFE SHALL RECEIVE THE FOLLOWING DEBTS
AS HER SOLE AND SEPARATE DEBT:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

HUSBAND SHALL RECEIVE THE FOLLOWING DEBTS
AS HIS SOLE AND SEPARATE DEBT:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

(If more room is needed, attach additional sheets. Make sure the sheets are clearly identified as a continuation of the division of debts. Write only on one side of the page of additional sheets. Each additional sheet must be initialed by both parties.)

There may be additional community debts of the parties, the exact amounts and descriptions of which are unknown to Plaintiff at this time. Plaintiff asks permission of this Court to amend this Complaint to insert this information when it becomes known to Plaintiff, or at the time of trial.

VII.

Spousal Support (Alimony)
Initial only ONE of the statements below. If you initial one of the statements which makes a provision for spousal support, be sure to fill in all spaces in the statement. Do not leave any spaces blank in this section. Print "not applicable" or "N/A" in the spaces you do not use.

_____ Alimony is not appropriate in this case.

OR

_____ Wife shall receive spousal support in the amount of

$_____ per _____, due and payable on the _____
(amount wife to receive) (week or month) (date amount due)

of each _____ for a period of period of _____. The spousal
(week or month) (number of weeks/months/years)

support shall begin on _____ and end on _____.
(number of weeks/months/years) (Date last spousal support payment to be made)

OR

_____ Husband shall receive spousal support in the amount of

$_____ per _____, due and payable on the _____
(amount husband to receive) (week or month) (date amount due)

of each _____ for a period of period of _____. The spousal
(week or month) (number of weeks/months/years)

support shall begin on _____ and end on _____.
(number of weeks/months/years) (Date last spousal support payment to be made)

VIII.

Former Name
If Wife is filing, wife should Initial ONLY ONE of the following statements and print "not applicable" or "N/A" in the spaces you do not use. If Husband is filing, husband should print "not applicable or N/A" in ALL spaces.

_____ Wife does not wish to return to her former name.

_____ Wife wishes to return to her former name of

_____.

_____ Wife never changed her name and therefore does not request restoration of her former name.

IX.

The parties are incompatible in marriage and there is no hope for reconciliation, and/or the parties have lived separate and apart for more than one year without cohabitation.

X.

The Plaintiff cannot afford to retain counsel to protect _____ rights and the rights
(his or her)
of the children and should be awarded attorney's fees and costs.

WHEREFORE, Plaintiff prays for judgment against Defendant as follows:

1. That the bonds of matrimony heretofore and now existing between the Plaintiff and Defendant be forever dissolved and that each of the parties be restored to the status of unmarried persons.
2. That the Court grants Plaintiff the relief requested in this Complaint.
3. For other and further relief as the Court may deem just and proper in this action.

DATE: _____

_____
(Print Name)

_____
(Signature)

_____
(Address)

_____

_____
(Telephone number)

VERIFICATION AND ACKNOWLEDGEMENT

STATE OF NEVADA)
) ss:
COUNTY OF _____)

_____, being first duly sworn, under penalties of perjury, deposes
(Your name)
and says:

I am the Plaintiff/Petitioner in the above-entitled action; that I have read the foregoing document and am competent to testify of its contents of my own knowledge and the contents are true of my own knowledge except for those matters stated therein on information and belief, and, as to those matters, I believe them to be true.

_____
(Signature)

SUBSCRIBED and SWORN to before me
This ____ day of _____, _____.

_____
NOTARY PUBLIC

STATE OF NEVADA)
) ss:
COUNTY OF _____)

On this _____ day of _____, _____, personally appeared before me, the undersigned, a Notary Public in and for the County of _____, State of Nevada, _____, personally known to me or proved to me, to be the person whose name is subscribed to the attached instrument who acknowledged to me that he/she did so freely and voluntarily and for the uses and purposes herein stated.

_____
NOTARY PUBLIC

Case No.

Dept. No.

IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF CHURCHILL

_____,

Plaintiff,

v. **SUMMONS**

_____,

Defendant.

_____/

TO THE DEFENDANT: YOU HAVE BEEN SUED. THE COURT MAY DECIDE AGAINST YOU WITHOUT YOUR BEING HEARD UNLESS YOU RESPOND WITHIN 20 DAYS. READ THE INFORMATION BELOW VERY CAREFULLY. *(The State of Nevada, its political subdivisions, agencies, officers, employees, board members, commission members, and legislators, each has 45 days after service of this summons within which to file an answer to the complaint.)*

A civil complaint has been filed by the plaintiff against you for the relief as set forth in that document (see complaint). When service is by publication, add a brief statement of the object of the action. See Rules of Civil Procedure, Rule 4(b).

1. If you intend to defend this lawsuit, you must do the following within 20 days after service of this summons, exclusive of the day of service:

   a. File with the Clerk of this Court, whose address is shown below, a formal written answer to the complaint, along with the appropriate filing fees, in accordance with the rules of the Court.
   b. Serve a copy of your answer upon the attorney or plaintiff whose name and address is shown below.

2. Unless you respond, a default will be entered upon application of the plaintiff and this Court may enter a judgment against you for the relief demanded in the complaint.

Dated this _____ day of _____, 20____.

Issued on behalf of plaintiff or plaintiff's attorney:

Name: _____

Address: _____

_____

Phone No. _____

SUE SEVON
COURT ADMINISTRATOR

By: _____
Deputy Clerk

Tenth Judicial District Court
73 N. Maine Street Ste. B
Fallon, NV 89406
(775) 423-6080

Case No. _____

Dept. No. _____

The undersigned hereby affirms that this document does not contain the social security number of any person.

_____

IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF CHURCHILL

In the Matter of the Marriage Of

_____,
(Your name)

and

AFFIDAVIT OF RESIDENT WITNESS

_____,
(Spouse's name)

Joint Petitioners. /

STATE OF NEVADA)
) ss:
County of _____)

I, _____, do hereby swear under penalty of perjury that
(Resident witness's name)
the assertions of this affidavit are true.

1. I am over the age of eighteen and competent to testify of my own knowledge to the following.

2. I have lived in the State of Nevada for _____ years and presently live at

_____, City of _____, State of Nevada.
(Street address of person making the affidavit)
I intend to live in the State of Nevada for the foreseeable future.

3. To my personal knowledge, _____, lives at
(Name of person whose residency is being established)

_____, State of Nevada and has been
(Street address of the person whose residency is being established)

physically living within the State of Nevada on a daily basis for at least six (6) weeks prior to the filing of this Joint Petition on _____.
(Date Joint Petition was filed)

4. To my personal knowledge, _____ has physically lived in the State of Nevada since _____.
(State date you know the person has lived in Nevada)

5. I see the Petitioner on the average of _____ time(s) a week. The Petitioner is _____.
(Fill in how you know the person, such as a friend, relative, co-worker, etc.)

6. I know of my own personal knowledge that _____
(Name of resident Petitioner)

is a bona fide resident of the State of Nevada.

DATED _____.

_____
(Signature of person making this Affidavit)

SUBSCRIBED and SWORN to before me

This _____ day of _____, 20_____.

_____
NOTARY PUBLIC

Once the other party is served with a copy of the Complaint, they have **twenty (20) days** after the date of service to respond.

If the Defendant does NOT file an Answer within 20 days, you may fill out the appropriate **Default** packet and submit the documents to the Court for a final review and decision by the Judge. Without these documents, your action will not become final and will eventually be dismissed.

If the Defendant DOES file an Answer within 20 days, you should receive a copy of the document by mail or personal service. If the Defendant does not have an attorney, however, they may not send you a copy of the Answer. It is important to check with the Court Clerk's office to see if an Answer has been filed. If an Answer is filed, both parties must file a Financial Declaration with ten (10) days after the Answer is filed.

If the Defendant files an Answer and a Counterclaim within 20 days, you must file a Reply to Counterclaim within 20 days of receipt of the counterclaim, if personally served, or within 23 days from the postmarked date if it was mailed to you. If you do not respond to the counterclaim, the other party may be granted what they ask for in the counterclaim.

After service is complete, NOTHING AUTOMATICALLY HAPPENS. It is your responsibility to keep the case moving. Once the appropriate timelines for filing an Answer and/or Reply have run, the Plaintiff must file an Application for Setting Case Management Conference (if there was an Answer) or file for Default (if there was no Answer).

Case No.

Dept. No.

The undersigned hereby affirms that this document does not contain the social security number of any person.

_____

IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF CHURCHILL

_____,

Plaintiff,

v.

FINANCIAL DECLARATION

_____,

Defendant.

_____/

Attached is the Financial Declaration of _____, the _____ in the above action. I swear under penalty of perjury, that the content of the Financial Declaration is true to the best of my knowledge as of this date.

(Plaintiff or Defendant)

Date: _____

_____
(Print Name)

_____
(Signature)

_____
(Address)

_____

_____
(Telephone number)

SUBSCRIBED and SWORN to before me

This ____ day of _____, _____.

_____

NOTARY PUBLIC

Financial Statement Of

_____
(Your Name)

I. PERSONAL INFORMATION

WIFE	HUSBAND
_____	_____
Last Name First Initial	Last Name First Initial
Present home address	Present home address
_____	_____
_____	_____
_____	_____
Occupation_____	Occupation_____

Employed by	From	To	Employed by	From	To
_____	____	____	_____	____	____
_____	____	____	_____	____	____
_____	____	____	_____	____	____

How many adults (over 18) live with you? _____

How many of these help pay the household costs? _____

How much money do you receive from them each month? _____

If there are adults living with you who do not help financially, please explain:

_____

_____

How many children live with you? _____

How many of these are your own natural or adopted children? _____

What is your own average GROSS monthly income (before payroll deductions)? _____

How much is held out from your check each month (include all withholdings)? _____

How much is your average take home pay, each month? _____

II. INCOME AND EXPENSES

YOUR OWN INCOME

Average take home pay- wages and tips	$
Aid to Dependent	$
General Assistance	$
SSI	$
Social Security Retirement	$
Unemployment	$
Workers Compensation	$
Private pension	$
Rent, investment income	$
Child Support received	$
Other-describe each source	$
ATTACH COPY OF LAST PAY CHECK STUB TOTAL INCOME	$
EXPENSES-YOUR'S AND CHILDREN LIVING WITH YOU	$
Rent or mortgage	$
Health, doctors, medicine, etc.	$
Gas, power, water, garbage, telephone	$
Transportation, including car payments, gas insurance, repairs, bus	$
Clothing, cleaning, laundry, etc.	$
Child care, elder care	$
Child support paid out	$
Food	$
Recreation, education	$
Other	$
TOTAL EXPENSES	$
DIFFERNCE (INCOME-EXPENSES)	$

III. COMMUNITY ASSESTS AND LIABILITIES

WHAT YOU OWN (DESCRIBE)	WHAT IT'S WORTH	WHAT YOU OWE	DIFFERENCE OR NET
Home	$	$	$
Car/truck	$	$	$
Car/truck	$	$	$
Boats, RV, etc	$	$	$
Furniture, furnishings	$	$	$
Clothes, jewelry, personal items	$	$	$
Cash	$	$	$
Bank accounts, CD's Stocks	$	$	$
Tools, inventory	$	$	$
Pension or retirement fund	$	$	$
Credit Cards, charge accounts	$	$	$
Other	$	$	$
TOTAL VALUE	$	$	$

IV. MONTHLY PAYMENTS YOU MUST MAKE TO OTHERS

DESCRIBE EACH BILL	MINIMUM PAYMENT	DESCRIBE EACH BILL	MINIMUM PAYMENT
Housing	$	SUB-TOTAL FROM COLUMN 2	$
Auto/Truck	$	Other Bills	$
Auto/Truck	$		$
Boats, RV, etc.,	$		$
Furniture, furnishings	$		$
Credit Cards	$		$
Charge accounts	$		$
Medical Bills	$		$
SUB-TOTAL CARRY TO COL. 4.	$	TOTAL PAYMENTS	

CERTIFICATE OF SERVICE

The undersigned hereby certifies that they are 18 years of age or older, and on this date served a true and correct copy of the document/s entitled: _____

_____

(Clearly list all documents you served on the other party)

In the following way: ***(check the appropriate blank, and fill in the appropriate information)***

IF THE DOCUMENTS WERE SERVED BY MAIL:

_____ by placing a copy enclosed in a sealed envelope upon which first class postage was fully prepaid

_____ by placing a copy enclosed in a sealed envelope and mailing it certified, return receipt requested

The envelope was addressed to:

(Name) _____ at

(Address) _____

_____

And that there is regular communication by mail between the place of mailing and the place addressed.

IF THE DOCUMENTS WERE PERSONALLY SERVED:

_____ by personally serving:

(Name) _____ at

(Address) _____

_____

DATED: This ____ day of _____, _____.

_____

(Signature of person who performed service)

Case No. _____

Dept. No. _____

The undersigned hereby affirms that this document does not contain the social security number of any person.

_____

IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF CHURCHILL

_____,
(Plaintiff's name)

Plaintiff,

vs.

_____,
(Defendant's name)

Defendant.

_____/

APPLICATION FOR SETTING CASE MANAGEMENT CONFERENCE

_____, appearing in proper person, requests that this matter
(Your name)
be set for Case Management Conference, pursuant to Tenth Judicial District Rule 24(3).

DATED this _____ day of _____, _____.

_____
(Print name)

_____
(Signature)

_____
(Address)

_____

_____
(Telephone number)