Case No.	
Dept. No.	
The undersigned hereby affirms that this document does not contain the	
ocial security number of any person.	
IN THE TENTH HIDICIAL DIST	RICT COURT OF THE STATE OF NEVADA
IN AND FOR THI	E COUNTY OF CHURCHILL
Plaintiff,	
7. 	MOTION FOR TEMPORARY SPOUSAL SUPPORT AND PRELMINARY ATTORNEY'S FEES
Defendant.	
(Your name)	, in proper person, hereby moves this
Court for an Order granting me temporary	spousal support in the amount of \$
per month and preliminary attorney's fees	in the amount of \$
This Motion is made and based on	the attached Points and Authorities, my Affidavit and
the pleadings, papers and records on file he	erein.
Date:	(Print Name
	(Signature
	(Address

POINTS AND AUTHORITIES The other party and I separated on __ (Date of Separation) and I request temporary spousal support because: Fully explain why you need financial help to pay the community bills or why you feel you should be awarded temporary spousal support.

	e space, you may attach additional sheets of paper. re to write only on one side of the sheet.
I cannot afford an attorn	ey and need preliminary attorney's fees because:
(Explain why you cannot affor	ord to hire an attorney and why you need to hire an attorney)
If you need more	e space, you may attach additional sheets of paper. re to write only on one side of the sheet.
Be sur	
	is at this time.
(The other party's name)	is at this time. (Employed or unemployed)
(The other party's name) If other party is employed, of	is at this time. (Employed or unemployed) answer the following questions. If the other party is plicable" in the spaces and go on to the next section.
(The other party's name) If other party is employed, of unemployed, print "not app	answer the following questions. If the other party is plicable" in the spaces and go on to the next section.
(The other party's name) If other party is employed, of unemployed, print "not app	answer the following questions. If the other party is
(The other party's name) If other party is employed, of unemployed, print "not app (Other party's name)	answer the following questions. If the other party is plicable" in the spaces and go on to the next section.

Answer the following only if the other person is unemployed. If you have answered the questions above, print "not applicable" in the spaces in this section. _____ has been unemployed since _____ (Other party's name) (date of last employment) At that time, _____ was employed by _____ and earning (name of last employer) (he or she) ____ per ___ (Hour, week, month, year) (Amount) __ collecting unemployment at this time. (Other party's name) (Is or is not) collecting Social Security Benefits at this time. (Other party's name) (Is or is not) I am requesting that this Court enter an order stating that the spousal support payment be due and payable to me on or before the __ _ day of each month. (Date you want the support paid) LAW The Law, as I understand it, allows this Court to order the other party to pay me temporary spousal support to help me financially until this matter is concluded, and preliminary attorney's fees so I can hire an attorney to help me properly prepare and present my case to the Court. I understand it is Nevada Resaved Statute 125.040 that gives this Court the authority to enter such orders. I request that this Court take into consideration the Financial Affidavits and the facts as I have presented them to the Court and enter an order granting me the amount of \$ per month in temporary spousal support and \$ _____ preliminary attorney's fees so I can retain an attorney to protect properly prepare my case and to protect my rights.

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AFFIDAVIT 1 2 STATE OF NEVADA 3) ss: COUNTY OF ______) 4 I, _______, being first duly sworn, under penalties of perjury, state the following: (Your name) 5 6 1. That I am the ______ in this case. (Plaintiff or Defendant) 7 2. That the other party and I were married on _____ and that (Date you were married) 8 9 we separated on ______. (Date you separated) 10 11 3. That I am unable to pay the community debts and bills on my own and I need financial help from the other party for necessities of life. 12 4. That my expenses are stated in the financial declaration which I filed. 13 5. That because of my financial situation I am unable to afford an attorney to help me in 14 the preparation of my case. I have no property that can be sold and I cannot borrow the money to pay for an attorney. Without an attorney, my rights will not be protected. I cannot properly 15 prepare this case by myself. 6. I ask that this Court help me by granting me temporary spousal support and money to 16 retain an attorney. 17 DATE: _____ 18 (Print Name) 19 20 (Signature) 21 (Address) 22 23 (Telephone number) 24 SUBSCRIBED and SWORN to before me 25 This _____, day of _______, _____. 26 27 **NOTARY PUBLIC**

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1 **IMPORTANT** 2 3 YOU HAVE BEEN SERVED WITH A LEGAL MOTION TO CHANGE OR CLARIFY 4 AN ORDER, TO RECONSIDER AN ORDER, TO TAKE ACTION OR FOR OTHER 5 REASONS. 6 IF YOU DO NOT FILE A WRITTEN RESPONSE TO THIS MOTION WITHIN A 7 CERTAIN TIME, THE COURT MAY MAKE RULINGS AGAINST YOUR 8 9 INTERESTS IN THIS CASE. 10 **** 11 If you were served by mail, you have thirteen (13) days from the postmarked date on the 12 envelope in which to file a written response with the Court. 13 If you were served in person, you have ten (10) days from the date of service in which to file a written response with the Court. 15 16 Your response must be filed with the Court Clerk's office located at 73 N. Maine Street, Suite B, Fallon, NV 89406, on the second floor. There may be a filing fee to file your 17 response. You can contact the Court Clerk's office at (775) 423-6088 or go to the 18 Court's website at www.churchillcounty.org to view the fee schedule. 19 20 If you have any questions on how to file a response to this Motion, contact a private attornev. 21 22 23 24 25 26 27 28

CERTIFICATE OF SERVICE

2	The undersigned hereby certifies that they are 18 years of age or older, and on this date
3	served a true and correct copy of the document/s entitled:
4	
5	(Clearly list all documents you served
6	In the following way: (check the appropriate blank, and fill in the appropriate information)
7	IF THE DOCUMENTS WERE SERVED BY MAIL:
8	by placing a copy enclosed in a sealed envelope upon which first class postage was fully prepaid
10	by placing a copy enclosed in a sealed envelope and mailing it certified, return receipt requested
11	The envelope was addressed to:
13	(Name) at
14	(Address)
15	
16 17	And that there is regular communication by mail between the place of mailing and the place addressed.
18	IF THE DOCUMENTS WERE PERSONALLY SERVED:
19	by personally serving:
20	
21	
22	(Address)
23	
24	
25	DATED: This day of,
26	
27	
28	(Signature of person who performed service)

Case No.				
Dept. No.				
The undersigned hereby aff this document does not con- social security number of ar	tain the			
IN THE TEN	NTH JUDICIAL DIS	STRICT COURT	OF THE STATE OF N	EVADA
	IN AND FOR T	THE COUNTY C	OF CHURCHILL	
Plaintiff,	······································			
v.		RE	PLY TO OPPOSTION	TO MOTION
Defendant.	,	/		
I.			, in proper person, res	ponds to the
Opposition filed by	(Your name)	on		as follows
Opposition filed by _	(Your name) (Name of other party)		(date Opposition filed) s response or opposition	
Opposition filed by _	(Your name) (Name of other party)			
Opposition filed by _	(Your name) (Name of other party)			
Opposition filed by _	(Your name) (Name of other party)			
Opposition filed by _	(Your name) (Name of other party)			
Opposition filed by _	(Your name) (Name of other party)			
Opposition filed by _	(Your name) (Name of other party)			

	If you need more space, you may attach ad Be sure to write only on one side	
	request a hearing on this matter.	
If a	a hearing is requested, please state why you feel	a hearing is necessary:
Date:		
		(Print Nam
	_	
		(Signatur
	_	(Addre
	_	
	_	(Telephone numb
	2	(Telephone numb

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13	(Name) at
14	(Address)
15	
16 17	And that there is regular communication by mail between the place of mailing and the place addressed.
18	IF THE DOCUMENTS WERE PERSONALLY SERVED:
19	by personally serving:
20	(Name)at
21	
22	(Address)
23	
24	DATED. This day of
25	DATED: This day of,
26	
27	(Signature of person who performed service)
28	(organizate of person who performed service)

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2	2 Dept. No		
3 4	this document does not contain the		
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6	6		
7	7 IN THE TENTH JUDICIAL DISTRICT COURT (OF THE STATE OF NEVADA	
8	8 IN AND FOR THE COUNTY OF	CHURCHILL	
9	9		
10	10		
11	Plaintiff,		
12	ll .		
13	vs. <u>]</u>	REQUEST FOR SUBMISSION	
14			
15	Defendant 15		
16	16 /		
17	17		
18	18 J	in this motton	
19	I,, the, (Plainti	ff or Defendant)	
20	request the	filed on	
21	(Title of Document you want submitted to the Court	(Title of Document you want submitted to the Court) (Date document filed)	
22	in this case be submitted to the Judge for consideration and	determination.	
23	23		
24	Dated:		
25	25		
26	Your Signatu	re:d):	
27	Addragg	u).	
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	11		
	II		

1	Case No
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7	IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
8	IN AND FOR THE COUNTY OF CHURCHILL
9	
10	Plaintiff,
11	
12	vs. <u>ORDER</u>
13	, Defendant
14	Defendant
15	
16	It appears to the satisfaction of the Court from the Motion
17	(Name of Motion)
18	, filed on, and the Court hereby finds, (Date Motion filed)
19	and good cause appearing,
20	IT IS HEREBY ORDERED that (note exactly what you want the Court to Order.)
21	
22	
23	
24	
25	
26	Dated: This,
27	
28	DISTRICT COURT JUDGE