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)

and ever 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.

In the following paragraph, list all children born of this union, whether born prior to marriage or during the marriage, and also include any children who were adopted during the time of the marriage.

That there are _____ minor children born to, or adopted through, this union.
(number of minor children)

Name	Age	Date of Birth

V.

In the following paragraph, print each child's name and indicate in what State each child presently resides and how long the child has resided in that state.

The state of residence of the children is as follows:

Name	State of Residence	Length of time child has lived in that State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If the children have not been physically present in the State of Nevada for the past six months, STOP HERE. There may be a jurisdictional issue regarding the authority of the Court to enter orders concerning custody and visitation of the child(ren), and you should seek legal assistance on this matter before going any further.

VI.

Legal custody of the Children

***WARNING*: Your choice of custody terms will have a direct effect on your legal rights to your child(ren). Be sure you are familiar with the legal definitions of the different kinds of custody before you choose how custody will be stated in these documents.**

The policy of the State of Nevada is to grant parties joint legal custody. Sole legal custody is only granted in extreme or unusual circumstances.

Initial ONLY ONE of the following statements and print "not applicable or N/A" in the other space.

***WARNING*: if you select "SOLE CUSTODY" you must describe facts that demonstrate the other parent is not fit to have joint legal custody and you may be required to appear in Court to justify your choice of sole legal custody.**

_____ Mother and father are fit and proper persons to share joint legal custody of the minor child(ren), _____.
(Names of the Children)

OR

_____ _____ is fit and proper persons to have sole legal custody of the
(Mother or Father)

minor child(ren), _____,
(Names of the Children)

And the other parent is not fit to have joint legal custody because:

_____

VII.

Physical custody of the children

There are THREE different choices in the following paragraph: (a) joint physical custody
or (b) primary physical custody; or (c) sole physical custody Choose only ONE. Both parties are to initial ONE
choice you agree upon. In the space for the other choice, print "not applicable" or "N/A."

(a)
Joint Physical Custody

_____ Mother and Father are fit and proper persons to be awarded joint physical custody of the minor child(ren), _____.
(Names of the Children)

(b)
Primary Physical Custody

_____ _____ is a fit and proper person to have the primary
(Name of custodial parent)
physical custody of the minor child(ren), _____
(Name of the Children)
with visitation by the non-custodial parent as set forth in the following visitation schedule.

(c)
Sole Physical Custody

_____ _____ is a fit and proper person to have the sole
(Name of custodial parent)
Primary physical custody of the minor child(ren), _____
(Name of the Children)
with visitation by the non-custodial parent as set forth in the following visitation schedule.

VII.

Weekly/Monthly and Summer Visitation

Visitation must be set out in specific detail, including a full weekly or monthly schedule with the day(s) the exchange will take place, the time(s) of the exchange and who will provide transportation. Also include specific details regarding holiday sharing and summer vacation periods. Without very detailed and specific visitation, a Decree will not be granted. Terms such as "reasonable visitation" and "visitation at reasonable times and places" will NOT be accepted.

_____

_____

_____

The parents may, from time to time, adjust the transportation provision or the times of scheduled visitation by agreement.

HOLIDAY VISITATION

You may add or subtract any holiday(s) on the following list. If you choose not to exchange the chil(ren) on a specific holiday, print "not applicable" or "N/A" in the space for that holiday. If no changes for the holidays are to be made in the regular visitation schedule, state that clearly in the next paragraph and print "not applicable" or "N/A" on the lines provided for the individual holiday(s).

The major holidays will be handled in the following manner:

(Name each specific holiday, such as Thanksgiving, Christmas, Easter, Passover, Hanukkah)

_____

_____

_____

_____

_____

New Year's Day will be alternated with _____ having the child in the
(Mother or Father)
year _____ and each _____ year thereafter.
(Odd or even)

Martin Luther King's Birthday will be alternated with _____ having the
(Mother or Father)
child in the year_____ and each _____ year thereafter.
(Odd or even)

President's Day will be alternated with _____ having the child in the
(Mother or Father)
year _____ and each _____ year thereafter.
(Odd or even)

Memorial Day will be alternated with _____ having the child in the
(Mother or Father)
year _____ and each _____ year thereafter.
(Odd or even)

Fourth of July will be alternated with _____ having the child in the
(Mother or Father)
year _____ and each _____ year thereafter.
(Odd or even)

Labor Day will be alternated with _____ having the child in the
(Mother or Father)
year _____ and each _____ year thereafter.
(Odd or even)

Nevada Day will be alternated with _____ having the child in the
(Mother or Father)
year _____ and each _____ year thereafter.
(Odd or even)

Halloween will be alternated with _____ having the child in the
(Mother or Father)
year _____ and each _____ year thereafter.
(Odd or even)

Veterans' Day will be alternated with _____ having the child in the
(Mother or Father)
year _____ and each _____ year thereafter.
(Odd or even)

Child's birthday will be alternated with _____ having the child in the
(Mother or Father)
year _____ and each _____ year thereafter.
(Odd or even)

Mother shall have the child(ren) on Mother's Day and Father shall have the child(ren) on Father's Day.

Holidays not specifically time definite shall begin at _____ a.m. and end at _____ on that same day. The parent who has the holiday will pick the child(ren) up and return the child(ren) to the other parent at the end of the scheduled time.

Should a holiday fall on a three-day weekend and it is the other parent's weekend to have the child(ren), the three-day holiday will be handled as follows:

_____

_____

_____

_____

IX.

Child Support

The child support MUST be based on the formula as set out in the Nevada Revised Statutes. You may not just state an arbitrary amount and you may not state "no child support to be paid."

_____ shall pay child support in the amount of $_____ per
(Mother or Father)
month, per child, for a total monthly child support obligation of $ _____. The child support shall be paid on or before the _____ day of each month.

This amount is based upon the following information:

Husband's gross monthly income is $_____.
(amount earned per month before deductions)

Wife's gross monthly income is $ _____.
(amount earned per month before deductions)

Initial one of the following three choices.
Print "not applicable" or "N/A" on those lines you do not use.

_____ _____ is the non-custodial parent and the amount of
(Mother or Father)
Child support agreed upon in the aforementioned lines is in compliance with NRS 125B.070 and is _____%
(18%, 25%, 29%, 31%)
of _____ gross monthly income.
(Mother's or Father's)

OR

_____ Because Petitioner are joint physical custodians, the amount of child support agreed upon in the aforementioned lines meets the statutory requirement.

OR

_____ The Support obligation amount that has been agreed upon by the Parties is not the amount required in the statutes. Under the statutes, The child support obligation for _____ would be
(Mother or Father)

$_____ per month, per child.

However, Petitioners have agreed to change that amount because:

(*Please see NRS 125B.080 for the <u>only</u> reasons you can deviate from the statutory formula, and list your reasons below*)

_____

_____

_____

_____

_____

_____

The amount of child support agreed upon meets the children's financial needs.

The child support obligation for each child shall continue until that child reaches the age of eighteen years; or if the child is still attending high school at the age of eighteen years, until the child reaches the age of nineteen years or graduates from high school; or is otherwise emancipated, whichever occurs first.

A wage assignment for the child support _____ be immediately put in place.
(will *or* will not)

You must initial <u>ONLY ONE</u> of the following statements regarding child support. On all other lines, print "Not applicable or N/A."

1. _____ There is already a Child Support action through the District Attorney's Office and payment of the child support shall continue to be handled through that office.

2. _____ The children are receiving Welfare benefits and the Welfare Department has, or will have, a child support case through the District Attorney's Office and the District Attorney's Office shall continue to handle the support payments.

3. _____ No formal child support obligation has ever previously been established and this will be the first Court Order for child support,

and the parent paying child support will pay the support directly to the receiving parent.

4. _____ Although this is the first Court Order for child support, the payments will be handled through the District Attorney's Office and the parent who will be receiving child support shall open a case with the District Attorney's Office.

X.

Health Care

Provisions must be made for health care for the child(ren). If neither parent has health insurance on the child(ren), that must be stated. If the child(ren) is/are on Medicaid, that must be stated. Fill in all spaces. Do not leave any spaces blank.

The child(ren) presently _____ covered by a health insurance policy.
(is/are *or* is/are not)

The child(ren) presently _____ on Medicaid.
(is/are *or* is/are not)

_____ shall maintain health insurance on the child(ren) through his/her/their
(Husband or Wife or both)
employment.

The parties shall each share equally any health expenses incurred on behalf of the child(ren) that are not covered by insurance, and each party shall be responsible for one half of the deductible and one half of the insurance premium.

XI.

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.)

XII.

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.

XIII.

<u>Spousal Support (Alimony)</u>
Initial only <u>ONE</u> 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)

V.

<u>Former Name</u>
If Wife is filing, wife should Initial <u>ONLY ONE</u> 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.

XV.

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.

XVI.

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.:

Department No.:

IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA,

IN AND FOR THE COUNTY OF CHURCHILL

_____, Plaintiff, vs. _____, Defendant.	**GENERAL FINANCIAL DISCLOSURE FORM**

The judge uses this form to understand the financial position of the Plaintiff and the Defendant. You must fill this form out completely and truthfully.

A. Personal Information:

1. What is your full name? (first, middle, last) _____
2. How old are you? _____
3. What is your date of birth? _____
4. What is your occupation? _____
5. What is your highest level of education? _____

B. Employment Information: (☒ check one)

1. Are you currently employed?

☐ No

☐ Yes If yes, what is the name of your employer? _____

Date of Hire	Employer Name	Job Title	Work Schedule (days)	Work Schedule (Shift times)

2. Are you disabled? (☒ check one)

☐ No

☐ Yes If yes, what is your level of disability? _____

What agency certified you disabled? _____

What is the nature of your disability? _____

3. Prior Employment: If you are unemployed or have been working at your current job for less than 2 years, complete the following information

Prior Employer: _____

Date of Hire: _____

Date of Termination: _____

Reason for Leaving: _____

C. Attorney Information: *Complete the following sentences:*

1. An Attorney (*has/has not*) _____ been retained on my behalf for this case.
2. As of today, the attorney has been paid a total of $ _____ on my behalf.
3. I have a credit with my attorney in the amount of $ _____
4. I currently owe my attorney a total of $ _____
5. I owe my prior attorney at total of $ _____

Section 1: Personal Income

Before you can complete the next section you need to figure out your frequency. Your pay frequency is determined by the number of times you are paid each month.

Pay Frequency Table
1.00 = Paid one time per month
2.00 = Paid two times per month
2.17 = Paid every two weeks
4.00 = Paid every week

A. Year-to-Date Income.

As of the pay period ending _____

My Gross year to date pay is _____

B. Fill in the line that applies to you. Only complete line 1 OR line 2.

Line #	Income Question	Amount Earned		Number of Hours Worked Per Week		Pay Frequency (1.00, 2.00. 2.17, or 4.00)		Monthly Income
1	I am paid a hourly wage in the amount of	$	X		X		=	
2	I am paid a base salary in the amount of	$		N/A				

C. File in the amount of money you receive each month for the following types of income:

Line #	Income Question	Amount Received Monthly
3	Annuity or Trust Income	$
4	I regularly work overtime and each month earn an average of	$
5	I receive bonuses, commissions, or tips in the amount of	$
6	I receive a car, gas, housing, or other allowance in the amount of	$
7	I receive spousal support in the amount of	$
8	I receive social security in the amount of	$
9	I receive social security disability in the amount of	$
10	I receive workman's compensation benefits in the amount of	$
11	I receive unemployment benefits in the amount of	$
12	I receive pension or retirement income in the amount of	$
13	I receive net rental income in the amount of	$
14	I receive income from other sources in the amount of	$
15	Total Income Received (add lines 3-14)	$

D. Total monthly income from all sources:

Line #		
16	Total From Line 1 OR 2	$
17	Total From Line 15	$
18	Total Gross Monthly Income (add lines 16-17)	$

Section 2: Personal Deductions

A. Fill in the amount of money that is take out of <u>every paycheck</u> for each of the following deductions:

Line #	Name of Deduction	Amount Deducted Monthly
19	Court Ordered Child Support is deducted from every paycheck in the amount of	$
20	Federal Income Tax is deducted from every paycheck in the amount of	$
21	Social Security Tax is deducted from every paycheck in the amount of	$
22	Medicare is deducted from every paycheck in the amount of	$
23	Union Dues are deducted from every paycheck in the amount of	$
24	Health Insurance Cost is deducted from every paycheck in the amount of	$
25	Life, Disability, or Other Insurance Premiums are deducted from every paycheck in the amount of	$
26	Federal health Savings Plan contribution is deducted from every paycheck in the amount of	$
27	Retirement, pension, IRA or 401(k) contributions are deducted from every paycheck in the amount of	$
28	Savings are deducted from every paycheck in the amount of	$
29	Other:	$
30	Other:	$
31	**Total Monthly Deductions (add lines 19-30)**	$

Section 3: Income Summary

Line #		
32	Total from Line 18	$
33	Total from Line 31	$
	Net Monthly Income (**subtract** line 33 from line 32)	$

Section 4: Business/Self-Employment Income & Expense Schedule

A. What is your average gross monthly income/revenue from self-employment of business?

$_____.

B. Business Expenses: Attach an additional page if needed.

Type of Business Expense	Frequency	Amount	12 Month Average
Advertising			
Car and truck used for business			
Commissions, wages or fess			
Business Entertainment/Travel			
Insurance			
Legal and Professional			
Mortgage or Rent			
Other: (type of expense)			
Pension and profit-sharing plans			
Repairs and maintenance			
Supplies			
Taxes and Licenses			
Utilities			

Section 5: Child Information

A. Fill in the table below with the name and date of birth of each of your children, parent the child is living with, and whether the child is from this marriage or relationship?

Child's Name	Child's Date of Birth	Whom is child living with? (Mom, Dad, or Both)	Is this child from this relationship?	Has this child been certified as special needs/disabled?
1st				
2nd				
3rd				
4th				
5th				

B. Fill in the table below with the amount of money you spend <u>each month</u> on the following expenses for the children.

	Children's Expenses	1st Child	2nd Child	3rd Child	4th Child	5th Child
1	Child Care	$	$	$	$	$
2	Clothes, Shoes and Accessories	$	$	$	$	$
3	Unreimbursed Medical Expenses	$	$	$	$	$
4	Telephone and Internet	$	$	$	$	$
5	Entertainment	$	$	$	$	$
6	Food	$	$	$	$	$
7	Insurance (other than health)	$	$	$	$	$
8	Education Related Expenses	$	$	$	$	$
9	Summer Camp/Programs	$	$	$	$	$
10	Vehicle	$	$	$	$	$
11	Transportation Cost for Visitation	$	$	$	$	$
12	Total Monthly Expenses for Children (add lines 1-10)	$	$	$	$	$

C. Fill in the table below with the names, ages, and the amount of money contributed by all persons living in the home over the age of eighteen. If more than 4 adult household members attached a separate sheet.

Name	Age	Person's Relationship to You (i.e. sister, friend, cousin, etc…)	Monthly Contribution

Section 6: Personal Expenses: Fill in the table with the amount of money you spend each month on the following expenses and check whether you pay the expense for you, for the other party, or for both of you.

Expense	Monthly Amount of Expense	For Me	For the Other Party	For Both
Home				
Mortgage/Rent/Lease	$			
Property Taxes	$			
HOA	$			
Home Owner's Insurance	$			
Lawn Care	$			
Pest Control	$			
Pool Service	$			
Security	$			
Other	$			
Utilities				
Water	$			
Electric	$			
Gas	$			
Sewer	$			
Home Phone	$			
Internet/Cable	$			
Other	$			
Medical				
Health Insurance	$			
Unreimbursed Medical Expenses	$			
Other	$			
Transportation				

Car Loan/Lease Payment	$			
Fuel	$			
Auto Insurance	$			
Other	$			
Personal				
Food (groceries and restaurants)	$			
Pets	$			
Cell Phone	$			
Membership Fees	$			
Clothing, Shoes, etc…	$			
Dry Cleaning	$			
Other	$			
Debts				
Credit Card Payments	$			
Child Support	$			
Alimony/Spousal Support	$			
Student Loans	$			
Other	$			
Total Monthly Expenses	$			

Section 7: Asset and Debt Chart

A. Complete the chart below by listing all assets and debts, the value of each, the amount owed on each, and whose name the asset or debt is under (You, the Other Party, or Both)

Line#	Description of Asset or Debt	Gross Value		Total Amount Owed		Net Value	Whose Name is on the Account? (Me, the Other Party or Both)
1		$	-	$	=	$	
2		$	-	$	=	$	
3		$	-	$	=	$	
4		$	-	$	=	$	
5		$	-	$	=	$	
6		$	-	$	=	$	
7		$	-	$	=	$	
8		$	-	$	=	$	
9		$	-	$	=	$	
10		$	-	$	=	$	
11		$	-	$	=	$	
12		$	-	$	=	$	
13		$	-	$	=	$	
14		$	-	$	=	$	
15		$	-	$	=	$	
16		$	-	$	=	$	
17		$	-	$	=	$	
18		$	-	$	=	$	
19		$	-	$	=	$	
20		$	-	$	=	$	
Total Value of Assets (add lines 1-20)		$	-	$	=	$	

B. Complete this Chart by listing all of your unsecured debt, the amount owed on each account, and whose name the debt is under. If more than 5 unsecured debts, attach a separate sheet.

Line #	Description of Credit Card or Other unsecured Debt	Total Amount owed	Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both
1		$	
2		$	
3		$	
4		$	
5		$	
Total Unsecured Debt (add lines 1-5)		$	

IMPORTANT: Read the following paragraph carefully.

I am the (☒ *check one*) ☐ Plaintiff ☐ Defendant in the above action. I swear or affirm under penalty of perjury that I have read and followed all instructions in completing this Financial Disclosure Form. I understand that, by my signature, I guarantee the truthfulness of the information on this Form. I also understand that if I knowingly make false statements, I may be subject to punishment, including contempt of court.

_____ _____

Your Signature *Date*

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)