Case No	
Dept. No	
The undersigned hereby affirms that this document does not contain the social security number of any person.	
	CICT COURT OF THE STATE OF NEVADA COUNTY OF CHURCHILL
, Plaintiff	
vs	MOTION FOR TEMPORARY CUSTOI AND CHILD SUPPORT
Defendant,	
(Your name)	, in proper person, hereby move this Court
an Order granting me temporary custody of the Child's Name	Child's Birthdate
	been paying towards the
(Name of other party)	(has or has not)

This Motion is made based on the atta	ched Points and Authorities, my Affidavit an
pleadings. Papers and records on file herein.	
Date:	
	(Signature)
	(Print name)
	(Address)
	(Telephone Number)

POINTS AND AUTHORITIES

2	The other party and I congreted on and the child(rep) has/have
3	The other party and I separated on and the child(ren) has/have and the child(ren) has/have
4	lived with since the date of (name of person with whom child(ren) live)
5	
6	has had primary responsibility for the care of the child(ren) since (Name of primary caretaker)
7	(period of time)
8	I believe it is in the best interests of the child(ren) for this Court to enter an Order granting
9	me temporary physical custody of the child(ren) because:
10	Fully explain why you should be granted temporary physical custody of the child(ren).
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27	(If you need more room, you may attach additional sheets of paper. Make sure you write only on
28	one side of any additional sheets and identify it clearly as a continuation of this explanation.)

		is	at this ti	me.
	(Other party's name)	(employed or ur	at this ti	
	If the other party is employ unemployed, print "not app sections.			
		is ampleyed by		and 1
	(Other party's name)	is employed by	(Name of employer)	and i
been o	employed there for(state		·	
	(state	how many weeks/months/ye	ears)	
		earns \$	per(hour/week/month/y	
	(other party's name)	(amount)	(hour/week/month/y	year)
	Answer the following only questions above, print "not			
	(Other party's name)	has been unemploy	yed since(date of last employ	
	at time, was employ (he or she)	ed by(name of last en	and earning \$(a	mount)
per	(hour/week/month/year)			
	(other party's name)	, collec	eting unemployment at this	s time.
	(other party's name)	(is or is not) collec	eting Social Security Bene-	fits at this
time.	At the present time, I(am o	receiving we remain not)	elfare benefits for the child	d(ren).
	If you are receiving welfare receiving. If you are not rebelow.		• •	
	At the present time, I	have a child s	support action filed with the	ne District

1	I am requesting that this Court enter an Order granting me temporary custody of the					
2	child(ren) and temporary child support in the amount of \$ per month.					
3	I am requesting that this Court enter an Order stating that the child support payment be due					
4	and payable to me on or before the day of each month.					
5	(date you want the support paid)					
6	The following is the Law regarding temporary custody and child support, as I understand					
7	it.					
8	<u>LAW</u>					
9	Nevada Revised Statute 125.510 gives this Court the jurisdiction to enter temporary child					
10	custody and child support orders.					
11	It is under this law that I request temporary child custody and temporary child support.					
12	DATE:					
13						
14	(Signature)					
15	(Print name)					
16	(Address)					
17						
18	(Telephone number)					
19						
20 21						
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1	<u>AFFIDAVIT</u>
2 3	STATE OF NEVADA)) ss:
4	COUNTY OF)
5	I,, being first duly sworn, under penalties of perjury, state
6	that the assertions of this affidavit are true.
7 8	1. That I am the in the case before this Court. (Plaintiff/Petitioner or Defendant/Respondent)
9	2. That I have read the attached Motion for Temporary Custody and Temporary Child
10	Support and that I am the one that filled out the information in this Motion.
11	3. That the information contained in this Motion is true to my own knowledge except
12	for those matters I stated that I believe to be true but have no actual proof of the
13	truth. As for those matters, although I do not actually know them to be true, I
14	believe them to be true.
15	
16	(signature)
17	SUBSCRIBED and SWORN to before me
18	This,
19 20	
20	
21	NOTARY PUBLIC
23	
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	<u>IMPORTANT</u>
	YOU HAVE BEEN SERVED WITH A LEGAL MOTION TO CHANGE OR CLARIFY
	AN ORDER, TO RECONSIDER AN ORDER, TO TAKE ACTION OR FOR OTHER
Ī	REASONS.
	IF YOU DO NOT FILE A WRITTEN RESPONSE TO THIS MOTION WITHIN A
Ī	CERTAIN TIME, THE COURT MAY MAKE RULINGS AGAINST YOUR
	INTERESTS IN THIS CASE.
1	***
	f you were served by mail, you have thirteen (13) days from the postmarked date on the envelope in which to file a written response with the Court.
	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.
Sure	our response must be filed with the Court Clerk's office located at 73 N. Maine Street, nite B, Fallon, NV 89406, on the second floor. There may be a filing fee to file your sponse. You can contact the Court Clerk's office at (775) 423-6088 or go to the ourt's website at www.churchillcounty.org to view the fee schedule.
Ì	
	f you have any questions on how to file a response to this Motion, contact a private attorney.

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 on the other party) In the following way: (check the appropriate blank, and fill in the appropriate information)
6	IF THE DOCUMENTS WERE SERVED BY MAIL:
7 8	by placing a copy enclosed in a sealed envelope upon which first class postage was fully prepaid
9 10	by placing a copy enclosed in a sealed envelope and mailing it certified, return receipt requested
11	The envelope was addressed to:
12	(Name)at
13	(Address)
14	
15	And that there is regular communication by mail between the place of mailing and the place
16	addressed.
17	IF THE DOCUMENTS WERE PERSONALLY SERVED:
18	by personally serving:
19	(Name)at
20 21	(Address)
22	
23	
24	DATED: This day of
25	
26	
27	(Signature of person who performed service)

1	Case No.:				
2	Department No.:				
3					
4					
5					
6	IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA,				
7	IN AND FOR THE COUNTY OF CHURCHILL				
8	,				
9	,				
10	Plaintiff, GENERAL FINANCIAL DISCLOSURE				
11	vs. FORM				
12					
13	Defendant.				
14	The judge uses this form to understand the financial position of the Plaintiff and the				
15	Defendant. You must fill this form out completely and truthfully.				
16	A. Personal Information:				
17	What is your full name? (first, middle, last)				
18	2. How old are you?				
19	3. What is your date of birth?				
20	4. What is your occupation?				
21	5. What is your highest level of education?				
22	B. Employment Information: (check one)				
23	1. Are you currently employed?				
24	□ No				
25	Yes If yes, what is the name of your employer?				
26					
27					
28					

1			Date of Hire	Employer Name	Job Title	Work Schedule (days)	Work Schedule (Shift times)					
2												
3												
4												
5		2.	Are you disa	ıbled? (⊠ check o	ne)							
6			☐ No									
7			☐ Yes	If yes, what is your	level of disability	?						
8			,	What agency certif	ied you disabled?							
9			,	What is the nature	of your disability?	·						
10												
11		3.		ment: If you are u han 2 years, comp			at your current					
12			Prior Employ	/er:								
13			Date of Hire	 :								
14			Date of Terr	nination:								
15			Reason for I	Reason for Leaving:								
16	C A++	orna	ov Informatio	n: Complete the fo	allowing contonoo	0.						
17	C. All			•	· ·		half for this case					
18		1.	An Attorney	· <u></u>		etained on my bel	ndii ioi inis case.					
19		2.	•	the attorney has be	een paid a total of	f \$						
20		_	on my behal			•						
21				lit with my attorney		\$						
22				ve my attorney a to	·							
23		5.	I owe my price	or attorney at total	of <u>\$</u>							
24												
25												
26												
27												
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1	8
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2	0
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Sa	ction	1.	Personal Income	_
ЭH	CHON		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	\$	Х		Х		=	
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:

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?
1 st				
2 nd				
3 rd				
4 th				
5 th				

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	1 st Child	2 nd Child	3 rd Child	4 th Child	5 th 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	\$			
НОА	\$			
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				

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1	6
1	7
1	8
1	9
2	0
2	1
2	2
2	3
2	4
2	5
2	6
2	7

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	\$	

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)

	Total	1					
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 V	alue of Assets (add lines 1-20)	\$	-	\$	=	\$	

1	B.	Complete this Chart by listing all of	your unsecured de	bt, the amount owed on	
2	each account, and whose name the debt is under. If more than 5 unsecured				
3	debts, attach a separate sheet.				
4	Line	Description of Credit Card or Other unsecured Debt	Total Amount owed	Whose Name is on the Account? You, Your Spouse/Domestic Partner or	
5	#			Both	
6	1		\$		
7	2		\$		
8	3		\$		
9	4		\$		
10	5		\$		
11	Total U	nsecured Debt (add lines 1-5)	\$		
12					
13	 IMPORTANT: Read the following paragraph carefully.				
14			•		
15	l am th	ne ($igtie$ $check one) igsqcup Plaintiff igsqcup Defend$	ant in the above action	on. I swear or affirm under	
16	penalty of perjury that I have read and followed all instructions in completing this Financial				
17	Disclosure Form. I understand that, by my signature, I guarantee the truthfulness of the				
18	information on this Form. I also understand that if I knowingly make false statements, I may be				
19	subject to punishment, including contempt of court.				
20	Subjec	t to purishment, including contempt of c	ourt.		
21					
22					
23					
24	Your	Signature	Date		
25					
26					
27					
28					
- 1	1				

CERTIFICATE OF SERVICE

2	The undersigned hereby certifies that they are 18 years of age or older, and on this dat		
3	served a true and correct copy of the document/s entitled:		
4			
5	(Clearly list all documents you served on the other party) In the following way: (check the appropriate blank, and fill in the appropriate information)		
6	IF THE DOCUMENTS WERE SERVED BY MAIL:		
7 8	by placing a copy enclosed in a sealed envelope upon which first class postage was fully prepaid		
9 10	by placing a copy enclosed in a sealed envelope and mailing it certified, return receipt requested		
11	The envelope was addressed to:		
12	(Name)at		
13	(Address)		
14			
15	And that there is regular communication by mail between the place of mailing and the place		
16	addressed.		
17	IF THE DOCUMENTS WERE PERSONALLY SERVED:		
18	by personally serving:		
19	(Name) at		
20	(Address)		
21 22			
23			
24	DATED: This,		
25			
26			
27	(Signature of person who performed service)		

1	Case No			
2	Dept. No			
3	The undersigned hereby affirms that this document does not contain the			
4	social security number of any person.			
5				
6				
7	IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA			
8	IN AND FOR THE COUNTY OF CHURCHILL			
9				
10				
11	Plaintiff			
12	vs. REQUEST FOR SUBMISSION			
13	ALL VOLUME TO A SOLUTION OF THE SOLUTION OF TH			
14	Defendant			
15				
16				
17				
18	I, in this matter, (Your Name) (Plaintiff or Defendant)			
19	request thefiled on			
20	(Title of Document you want submitted to the Court) (Date document filed)			
21	in this case be submitted to the Judge for consideration and determination.			
22				
23	Dated:			
24	Your Signature:			
25	Name (Printed):			
26	Address:			
27	Phone:			
28				

Case No		
Dept. No		
The undersigned hereby affirms that		
this document does not contain the social security number of any person.		
IN THE TENTH JUDIO	CIAL DISTRICT COUR	RT OF THE STATE OF NEVADA
IN AN	D FOR THE COUNTY	OF CHURCHILL
Plaintiff	,	
VS.		<u>ORDER</u>
	,	
	/	
It appears to the satisfac	ction of the Court from the	ne Motion(Name of Motion)
	filed on	, and the Court hereby finds
		otion filed)
and good cause appearing,		
IT IS HEREBY ORDE	ERED that (<i>note exactly</i>	what you want the Court to Order.)

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. REPLY TO OPPOSTION TO MOTION Defendant. I,, in proper person, responds to the Opposition filed by, on as follows:					
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. REPLY TO OPPOSTION TO MOTION Defendant. / I,	Case No.				
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. REPLY TO OPPOSTION TO MOTION Defendant. / I,, in proper person, responds to the	Dept. No.				
IN AND FOR THE COUNTY OF CHURCHILL	this document does not con-	tain the			
IN AND FOR THE COUNTY OF CHURCHILL					
Plaintiff, v. REPLY TO OPPOSTION TO MOTION Defendant.	IN THE TEN	——— NTH JUDICIAL DISTR	ICT COURT	OF THE STATE OF N	NEVADA
Plaintiff, v. REPLY TO OPPOSTION TO MOTION Defendant.		IN AND FOR THE	COUNTY O	F CHURCHILL	
v. REPLY TO OPPOSTION TO MOTION Defendant					
	Plaintiff,				
I,, in proper person, responds to the	v.		REP	LY TO OPPOSTION	TO MOTIO
(Your name)	Defendant.		/		
Opposition filed by on as follows: (Name of other party) (date Opposition filed)	I,			_, in proper person, res	sponds to the
(Name of other party) (date Opposition filed)	Opposition filed by	(Your name)	on		as follows:
		(Name of other party)		(date Opposition filed)	

1	
2	
3	
4	
5	
6	
7	
8 9	If you need more space, you may attach additional sheets of paper. Be sure to write only on one side of the sheet.
10	I, request a hearing on this matter.
11	(do or do not)
12	If a hearing is requested, please state why you feel a hearing is necessary:
13	
14	
15	
16	
17	
18	
19	Date:
20	
21	(Print Name)
22	
23	(Signature)
24 25	(Address
26	
	(Telephone number
	2
27 28	(Telephone number

CERTIFICATE OF SERVICE

2	The undersigned hereby certifies that they are 18 years of age or older, and on this dat		
3	served a true and correct copy of the document/s entitled:		
4			
5	(Clearly list all documents you served on the other party) In the following way: (check the appropriate blank, and fill in the appropriate information)		
6	IF THE DOCUMENTS WERE SERVED BY MAIL:		
7 8	by placing a copy enclosed in a sealed envelope upon which first class postage was fully prepaid		
9 10	by placing a copy enclosed in a sealed envelope and mailing it certified return receipt requested		
11	The envelope was addressed to:		
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18	by personally serving:		
19	(Name) at		
20	(Address)		
21			
22 23			
24	DATED: This,		
25			
26			
27	(Signature of person who performed service)		