Casa	NT.	
	No	
Dept.	No	
this docu	ersigned hereby affirms that ument does not contain the ecurity number of any person.	
		AL DISTRICT COURT OF THE STATE OF NEVADA
	IN AND	FOR THE COUNTY OF CHURCHILL
	Plaintiff/Obligee	
	vs	OBJECTION TO MASTER'S RECOMMENDATIONS
	Defendant/Obligor	
TO:	(Other party's name)	, and his/her attorney of record,
	(Other party's attorney or District	ct Attorney assigned to child support case)
	Notice is hereby given that	, the
		(Your Name)
(Plainti	ff or Defendant)	in this matter, does hereby request a review of the Master'
Recon	nmendations entered on	
ACCUIT		(Date Recommendations entered)
		ndations is requested for the following reasons:

1		
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12		
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14		
15	Date:	
16		
17		(Signature)
18		(Print name)
19		
20		(Address)
21		
22		(Telephone Number)
23		
24	SUBSCRIBED and SWORN to before me	
25	This,	
26		
27		
28	NOTARY PUBLIC	
۵۵		

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	(Address)
21	
22 23	
24	DATED: This,
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	_eaving:			
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							
28							

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Sa	ction	1.	Personal Income	_
ЭE	CHOH		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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2	0
2	1
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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	T					
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 Va	alue of Assets (add lines 1-20)	\$	-	\$	=	\$	

1	B. Complete this Chart by listing all of your unsecured debt, 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	 IMPOF	RTANT: Read the following paragraph of	arefully.					
14			•					
15	l am th	ne ($igties$ $check one) igsqcup Plaintiff igsqcup Defend$	ant in the above action	on. I swear or affirm under				
16		y of perjury that I have read and followed						
17		sure Form. I understand that, by my sig						
18		ation on this Form. I also understand th	-					
19		t to punishment, including contempt of c		raise statements, rinay se				
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 date			
3	served a true and correct copy of the document/s entitled:			
4				
5	(Clearly list all documents you served on the other) In the following way: (check the appropriate blank, and fill in the a			
6	IF THE DOCUMENTS WERE SERVED BY MAIL:			
7 8	by placing a copy enclosed in a sealed enverogence by placing a copy enclosed in a sealed enverogence by placing a copy enclosed in a sealed enverogence by placing a copy enclosed in a sealed enverogence by placing a copy enclosed in a sealed enverogence by placing a copy enclosed in a sealed enverogence by placing a copy enclosed in a sealed enverogence by placing a copy enclosed in a sealed enverogence by placing a copy enclosed in a sealed enverogence by placing a copy enclosed in a sealed enverogence by placing a copy enclosed in a sealed enverogence by placing a copy enclosed in a sealed enverogence by placing a copy enclosed in a sealed enverogence by placing a copy enclosed in a sealed enverogence by the copy enclosed enverogence by the copy enclosed enverogence by the copy enverogence by the co	elope upon which first class		
9 10	by placing a copy enclosed in a sealed envergeturn receipt requested	elope and mailing it certified,		
11	The envelope was addressed to:			
12	(Name)	at		
13	(Address)	<u> </u>		
14		<u> </u>		
15 16	And that there is regular communication by mail between the pla addressed.	ce of mailing and the place		
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	(Signature of pe	erson who performed service)		
27				