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)
Petitioner

vs

PETITION TO ESTABLISH VISITATION

_____,
(Other party's name)
Respondent,

_____/

Petitioner, _____, in proper person, petitions this
(Your name)
Court for an Order judicially establishing specific visitation for the following minor children:

Child's Name	Child's Birthdate
_____	_____
_____	_____
_____	_____
_____	_____

This request is made pursuant to NRS 125C.050.

Petitioner, _____, states as follows:
(Your Name)

///

///

I.

My relationship to the child(ren) is: _____

_____

My present address is : _____

_____

II.

The child(ren) presently live(s) at : _____

_____

The child(ren) is/are presently living with: _____
(State with whom the child(ren) is/are presently living)

III.

The mother of the child(ren) is: _____
(Name of the Mother)

And she resides at :

_____

_____

IV.

The Father of the child(ren) is: _____
(Name of the Father)

And he resides at :

_____

_____

V.

To my knowledge, the following visitation orders have been entered regarding the child(ren):

If any kind of visitation orders have been filed, including orders in Temporary Protective Orders, regarding the child(ren), state the provisions of the orders. If no orders have ever been filed print "NONE" in the space.

VI.

Fully explain the type of contact you have had with the child(ren), including physical contact, telephone contact, etc.

Up to the present time, I have had contact with the child/children in the following way:

I wish this Court to enter an Order for specific visitation of child(ren) by _____
(Petitioner)

_____ as follows:

Fully set out a detailed visitation schedule including days, times of exchange, and holiday and summer schedule.

WHEREFORE, Petitioner prays that this Court enter an Order granting the Petitioner's request regarding visitation as set forth above.

DATE: _____

_____
(Print name)

_____
(Signature)

_____
(Address)

_____

_____
(Telephone Number)

SUBSCRIBED and SWORN to before me

this _____ day of _____, _____.

_____
NOTARY PUBLIC

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.

_____

(Petitioner's 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 subscried 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: _____
City, State, Zip: _____
Phone No. _____

SUE SEVON
CLERK OF THE COURT

By: _____
Deputy Clerk
Tenth Judicial District Court
73 N. Maine Street, Ste. B
Fallon, NV 89406
(775) 423-6088

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

_____,

Petitioner,

v. **AFFIDAVIT OF SERVICE**

_____,

Respondent.

_____/

STATE OF _____)
)ss:
County of _____)

I, _____, do hereby swear under penalty of
(Name of person making service)

perjury that the assertions of this affidavit are true.

1. That I am: (check the appropriate blank)

   _____ a party in this action and am appearing in proper person.

   _____ a person not involved in this action and have no interest in this action and an over the age of 18 years.

2. That on the _____ day of _____, _____, I served a true and
   (date) (month) (year)

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 ON THE OTHER PARTY- OR THE OTHER PARTY'S LAWYER – FILL IN THE FOLLOWING:

_____ 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) _____

_____

IF THE DOCUMENTS WERE PERSONALLY SERVED ON THE OTHER PARTY- OR THE OTHER PARTY'S LAWYER –FILL IN THE FOLLOWING:

_____ by personally serving:

(Name) _____

(Address) _____

_____

Subscribed and Sworn to before me
This _____day of _____, _____.

_____
(print name)

_____
NOTARY PUBLIC

_____
(signature)

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

vs.

REQUEST FOR SUBMISSION

_____,
Defendant

_____/

I, _____, the _____ in this matter,
(Your Name) (Plaintiff or Defendant)

request the _____filed on _____
(Title of Document you want submitted to the Court) (Date document filed)

in this case be submitted to the Judge for consideration and determination.
Dated: _____

Your Signature: _____
Name (Printed): _____
Address: _____
_____
Phone: _____

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)