

1 Case No.

2 Dept. No.

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4
5 IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
6 IN AND FOR THE COUNTY OF CHURCHILL

7
8 _____,

9 Plaintiff,

10 v.

**ANSWER TO COMPLAINT AND
COUNTERCLAIM**

11 _____,

12 Defendant.

13 _____/

14 COMES NOW Defendant, _____, in Proper Person,
15 (Your name)

16 and hereby Answers Plaintiff's Complaint as follows:

17 **I.**

18 **On the lines below, list the paragraphs in the Complaint of Petition with which**
19 **you agree. Make sure ALL the information in each paragraph is correct and you**
20 **agree with ALL the information.**

21 Defendant agrees with the allegations in paragraphs: _____

22 _____
23 _____

24 **II.**

25 **Insert the paragraph numbers from the Complaint that you do not agree with on**
26 **the line below**

27
28 Defendant disagrees with the allegations in paragraphs: _____

1 of the Complaint.

2 **III.**

3 **Insert the paragraph numbers from the Complaint that you do not know to be**
4 **true to false because you do not have enough information.**

5 After reasonable investigation, this Defendant is without sufficient information to form a
6 belief as to the truth or falsity of the matters alleged in paragraph(s) _____

7 Of the Complaint; the allegations are therefore denied with proof demanded at trial.

8 **COUNTERCLAIM**

9 Defendant, as and for a Counterclaim for Separate Maintenance against Plaintiff, alleges
10 as follows:

11 **I.**

12 The _____ is a resident of the State of Nevada, County of
13 (Plaintiff or Defendant)

14 _____, for a period of more than six weeks immediately preceding the
15 (County of residence)

16 Commencement of this action, has resided in, been physically present in, and is a bona fide
17 resident and domiciliary of, the State of Nevada, and intends to continue to make the State of
18 Nevada her/his _____ home for an indefinite period of time.

19 The _____ is a resident of the State of _____, County of
20 (Plaintiff or Defendant)

21 _____.
22 (County of residence)

23 **II.**

24 The parties were married on _____, in _____
25 (date of marriage) (City of County of Marriage)

26 State of _____, and ever since that day have been, and are now,
27 (State in which marriage took place)

28 husband and wife.

III.

1 Wife _____ pregnant at this time:
(is or is not)

2
3 ***If wife is pregnant at this time, answer the following questions.
4 If wife is not pregant, print "not applicable" or "N/A" in the spaces.***

5 Husband _____ the father of the unborn child. The unborn child is due to be born on
6 (is or is not)

7 _____
8 (date of expected

9 **IV.**

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

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

15 Name Age Date of Birth

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|----|-------|-------|-------|
| 16 | _____ | _____ | _____ |
| 17 | _____ | _____ | _____ |
| 18 | _____ | _____ | _____ |
| 19 | _____ | _____ | _____ |
| 20 | _____ | _____ | _____ |

21 **V.**

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

24 The state of residence of the children is as follows:

25 Name State of Residence Length of time child
26 has lived in that State

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| 27 | _____ | _____ | _____ |
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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)

VII.

Physical custody of the children

*There are **TWO** different choices in the following paragraph: (a) joint physical custody or (b) primary 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.

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.*

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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)

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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.

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_____ The support obligation amount is not the amount required in 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 only reasons you can deviate from the statutory formula, and list your reasons below)

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 ONLY ONE 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 collecting child support shall open the 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 “N/A” in the spaces you do not use.

1. _____ All of the community assets and property have been previously divided and each is to keep the property they have in their 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 and the last four numbers of all bank account, if available)

WIFE SHALL RECEIVE THE FOLLOWING:

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HUSBAND SHALL RECEIVE THE FOLLOWING:

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(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:**

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| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**HUSBAND SHALL RECEIVE THE FOLLOWING DEBTS
AS HIS SOLE AND SEPARATE DEBT:**

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|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

1 (If more room is needed, attach additional sheets. Make sure the sheets are clearly identified as a
2 continuation of the division of debts. Write only on one side of the page of additional sheets.
3 Each additional sheet must be initialed by both parties.)

4 **XIII.**

5 **Spousal Support (Alimony)**

6 ***Initial only ONE of the statements below. If you initial one of the statements which makes
7 a provision for spousal support, be sure to fill in all spaces in the statement. Do not leave
8 any spaces blank in this section. Print "not applicable" or "N/A" in the spaces you do not
9 use.***

10 _____ Alimony is not appropriate in this case.

11 _____ Wife shall receive spousal support in the amount of

12 \$ _____ per _____, due and payable on the _____
13 (amount wife to receive) (week or month) (date amount due)

14 of each _____ for a period of period of _____. The spousal
15 (week or month) (number of weeks/months/years)

16 support shall begin on _____ and end on _____.
17 (number of weeks/months/years) (Date last spousal support payment to be made)

18 **OR**

19 _____ Husband shall receive spousal support in the amount of

20 \$ _____ per _____, due and payable on the _____
21 (amount husband to receive) (week or month) (date amount due)

22 of each _____ for a period of period of _____. The spousal
23 (week or month) (number of weeks/months/years)

24 support shall begin on _____ and end on _____.
25 (number of weeks/months/years) (Date last spousal support payment to be made)

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XIV.

The parties are incompatible in marriage and there is no hope for reconciliation.

XV.

The Defendant 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, Defendant prays for judgment against Plaintiff 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 the relief requested in this Answer and Counterclaim; and
3. For other and further relief as the Court may deem just and proper in this action.

///

///

DATE: _____

(Print Name)

(Signature)

(Address)

(Telephone number)

1 VERIFICATION AND ACKNOWLEDGEMENT

2 STATE OF NEVADA)
3) ss:
4 COUNTY OF _____)

5 _____, being first duly sworn, under penalties of perjury,
6 (Your name)

7 deposes and says:

8 I am the Defendant/Respondent in the above-entitled action; that I have read the
9 foregoing document and am competent to testify of its contents of my own knowledge and the
10 contents are true of my own knowledge except for those matters stated therein on information
11 and belief, and, as to those matters, I believe them to be true.

12 _____
13 (Signature)

14 SUBSCRIBED and SWORN to before me

15 This ____ day of _____, _____.

16 _____

17 NOTARY PUBLIC

18 STATE OF NEVADA)
19) ss:
20 COUNTY OF _____)

21 On this ____ day of _____, _____, personally appeared before me, the
22 undersigned, a Notary Public in and for the County of _____, State of
23 Nevada, _____, personally known to me or proved to
24 me, to be the person whose name is subscribed to the attached instrument who acknowledged to
25 me that he/she did so freely and voluntarily and for the uses and purposes herein stated.

26 _____
27 NOTARY PUBLIC

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)

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)