

**MOTION FOR REVIEW AND
MODIFICATION OF CHILD
SUPPORT**

Packet M-3

GENERAL INFORMATION

The forms included in this Packet are:

1. Family Court Information Sheet
2. Motion for Review and Modification of Child Support (*If you are also requesting a judgment on child support arrears, you must file a Declaration of Arrears with your Motion. The Declaration of Arrears is available at the Self- Help Center.*)
3. Financial Declaration
4. Proof of Service
5. Reply to Response to Motion for Review and Modification of Child Support
6. Request for Submission
7. Proof of Service

NOTE: This packet contains two Proof of Service documents. One is used after service of the Motion and one is used after service of the Reply to Response and Request For Submission.

The steps for filling in the Motion for Review and Modification of Child Support should be followed carefully, fully and in order. Take special notice of how the documents are to be filled out, how they are to be copied, how they are to be filed, and how they are to be served on the other party or the other party's lawyer.

When filling out the forms, if they are not typed use black **ink** and **print neatly**. **Do not use white-out on the forms**. If you make a mistake, simply run a single line through the mistake and initial above the line. **The Court Clerk will not accept forms with white-out on them.**

You are responsible for the proper copying and filing of documents. **You** will need at least the original and **2** copies of your documents. It is less expensive if you make your copies before coming to the Courthouse to file them. The Filing Clerks may make copies of your documents if they have time, but the Clerks must charge you **\$.50 per page** for any copies.

The penalty for making a false statement in a declaration that is made under penalty of perjury is a minimum of 1 year and a maximum of 4 years in prison, with the possibility of an additional fine of \$5000 or more if authorized or required by statute. See N.R.S. §199.145

STEP 1

FILLING IN THE DOCUMENTS

Family Court Information Sheet

In the upper-left hand corner, print your name, address and telephone number.

The heading of the case (Plaintiff, Defendant, Case No., Dept. No) is the same as on all other documents in this case.

If the original heading in the case lists both of you as Petitioners, print your name as the Plaintiff and the Other Party's Name as the Defendant.

If you have more than one case filed against the Other Party (such as a divorce, child support action with the District Attorney's Office or a TPO) make sure the case number and heading on your documents for this Motion are the same as the heading in case in which your child support was ordered.

Fill in the information requested in each space. Do not leave any spaces blank. If there is a question you cannot answer or that does not apply, print a response:

Example: You do not have a driver's license: Print "Do Not Have One"
 You are unemployed: Print "Not Employed"
 Don't know the children's social security numbers: Print "Don't know"

Motion for Review and Modification of Child Support

Starting in the left corner, print your name, address and telephone number.

The heading of the case (Plaintiff, Defendant, Case No., Dept. No) is the same as on all other documents in this case.

Carefully review the form *before starting to fill it in*. If you have any questions regarding how to fill in the spaces, see a private attorney or go to the Self-Help Center for guidance. Do not leave any spaces blank.

Financial Declaration

In the upper-left hand corner, print your Name, Address and Telephone Number.

The heading of the case (Plaintiff, Defendant, Case No., Dept. No) is the same as on all other documents in this case.

Read the questions carefully and fill in the information as it relates to you.

Your answers to the questions must be as accurate as possible. This Declaration may be your only chance to present your financial status to the court. Therefore, it is **very important to you** to make this a true picture of your finances.

In calculating your expenses, remember that the figures should be your monthly expenses. If you pay your vehicle insurance every six months, figure out what one month would be and add that to your monthly expenses.

The Declaration requires you to attach your three (3) most recent paycheck stubs. You may also attach any documents or lists of other expenses you want the court to consider in your total financial status.

IMPORTANT

*If you are requesting that the Court enter a judgment for child support arrears or you are requesting that the Court affirm a past order for arrears a **SCHEDULE OF ARREARS** **MUST** be filed with this Motion. The form can be obtained from the Self-Help Center.*

STEP 2

COPYING AND FILING THE DOCUMENTS

Make 2 copies of all documents. Be sure to make copies of all attachments and exhibits you are including with your documents so that each copy is a complete set, like the original documents being filed.

Take all originals and copies to the Filing Clerk's Office located on the first floor of the courthouse at 801 Clark St Ely NV, for filing. The Filing Clerk will keep the original Motion and attachments and give you back the two file-stamped copies. One copy is for you and the other must be served on the other party of the other party's attorney.

STEP 3

SERVING THE DOCUMENTS

Service of a copy of the Motion and any attachments may be made on the Other Party or the Other Party's attorney by personal service, by regular first class mail or by certified mail with return receipt requested.

STEP 4

FILLING IN AND FILING THE FIRST PROOF OF SERVICE

The importance of filling in and filing the Proof of Service cannot be emphasized strongly enough! Without properly filing the Proof of Service, the Court cannot even look at your Motion when it is submitted for a decision.

The FIRST Proof of Service must be filled in and filed with the Filing Clerk after copies of the Motion and supporting documents are served either by mail or personally.

The Proof of Service must be signed by the person who actually mails or personally serves the documents on the Other Party or the Other Party's attorney.

Filling In The First Proof of Service

In the upper-left hand corner, print YOUR Name, Address and Telephone Number.

The heading of the case (Plaintiff, Defendant, Case No., Dept. No) is the same as on all other documents in this case.

Carefully read the instructions under each space and fill in the information required.

The person who actually mailed or personally served the documents on the Other Party or the Other Party's attorney must sign the Proof of Service.

Copying And Filing The First Proof of Service

After the Proof of Service is filled in and signed, make 1 copy of the document. Take the original and copy to the Filing Clerk's office to file them in. The Clerk will keep the original and return the file-stamped copy to you for your records.

If the Motion is mailed to the Other Party, the Other Party has **13 working days from the date of mailing** (not counting weekends and non-judicial days) to file a Response to the Motion.

If the Motion is personally served on the Other Party, the Other Party has **10 working days from the date of service** (not counting weekends and non-judicial days) to file a Response to the Motion.

IF THE OTHER PARTY FILES A RESPONSE go to Step 5.

IF THE OTHER PARTY DOES NOT FILE A RESPONSE go to Step 6.

STEP 5

IF THE OTHER PARTY FILES A RESPONSE

If the other party personally serves you their Response or Opposition to the Motion, you have **5 working days from the date you were served with the Response** (not counting weekends and non-judicial days) to file the Reply to Response form that is included in this packet.

If the other party mails the Response to you, you have **8 working days** (not counting weekends and non-judicial days) **from the postmark date** to file a Reply to Response.

Your Reply to Response is limited to what the other party refers to in the filed Response. You can agree or disagree with what the other party states in the Response, but no new issues can be added to your Reply to Response. New issues must be set out in a new motion.

Filling In The Reply To Response to Motion

In the upper-left hand corner, print YOUR Name, Address and Telephone Number.

The heading of the case (Plaintiff, Defendant, Case No., Dept. No) is the same as on all other documents in this case.

Print in detail your reply to the other party's statements in the Response. If you want a hearing on your Motion, state that and the reason you believe a hearing is necessary.

Filling In The Request for Submission

The Request for Submission directs the Filing Clerk to send your file from the Clerk's Office to the Judge for consideration and a ruling on your Motion. The Judge and the Judge's Law Clerk have not yet seen your Motion or any other documents supporting the Motion.

In the upper-left hand corner, print your Name, Address and Telephone Number.

Fill in the heading of the case just as it appears on your other documents.

Carefully review the form before you start to fill in the information, then fill in the blanks as directed. If you have any questions regarding what information should be filled in on the document, see a private attorney for guidance.

Copying and Filing the Reply to Response and Request for Submission

After the documents are filled in and signed, make 2 copies of the Reply to Response and 2 copies of the Request for Submission.

Take the original and two copies of both documents to the Filing Clerk's Office. The Filing Clerk will keep the originals and return the file-stamped copies to you.

One copy is for your records. The other copy is to be served on the other party or the other party's attorney, either by personal service, regular first class mail or certified mail.

Filling In The Second Proof of Service

The second Proof of Service must be filled in and filed with the Filing Clerk copies of the Reply to Response and Request for Submission are served either by mail or personally.

The Proof of Service must be signed by the person who actually mails or personally serves the documents on the Other Party or the Other Party's attorney.

Filling In The Second Proof of Service

In the upper-left hand corner, print your Name, Address and Telephone Number.

The heading of the case (Plaintiff, Defendant, Case No., Dept. No) is the same as on all other documents in this case.

Carefully read the instructions under each space and fill in the information required. The person who actually mailed or personally served the documents on the other party or the other party's attorney must sign the Proof of Service.

Copying and Filing the Second Proof of Service

After the Proof of Service is filled in and signed and notarized and the Request for Submission completed, you must make 1 copy of each document. The original and copy must be filed with the Filing Clerk located on the first floor of the courthouse at 801 Clark Street. The Clerk will keep the original and return the file-stamped copy to you for your records.

You have now completed your Motion and it will be submitted to the Court for a decision. The Court may do a number of things, such as: (1) file an order based upon the documents you have submitted, (2) require you to file additional documents or (3) file an order requiring you to set a hearing.

If you receive an order and do not know what to do next, contact a private attorney
. DO NOT IGNORE A COURT

ORDER.

STEP 6

THE OTHER PARTY DOES NOT FILE A RESPONSE

You WILL NOT use the Reply to Response to Motion form if the Other Party does not file a Response; you will only use the Request For Submission and the second Proof of Service in your packet.

Before continuing on with these instructions, be sure to check with the Filing Clerk's office. The Other Party may have filed a Response but not yet served you with a copy.

If the Other Party does not file a Response to your Motion in the time allowed for response, you must file a Request for Submission to get your Motion before the Judge for review and a decision.

Filling in the Request for Submission

The Request for Submission directs the Filing Clerk to send your file from the Clerk's Office to the Judge for consideration and a ruling on your Motion. The Judge and the Judge's Law Clerk have not yet seen your Motion or any other documents supporting the Motion.

In the upper-left hand corner, print your Name, Address and Telephone Number.

The heading of the case (Plaintiff, Defendant, Case No., Dept. No) is the same as on all other documents in this case.

Carefully review the form before you start to fill in the information, and then fill in the blanks as directed. If you have any questions regarding what information should be filled in on the document, see a private attorney

Copying and Filing the Request for Submission

Make 2 copies of the Request for Submission

Take the original and two copies of the Request to the Filing Clerk's Office. The Filing Clerk will keep the original and return the file-stamped copies to you.

One copy is for your records. The other copy must be served on the other party or the other party's attorney, either by personal service, first class mail, or certified mail.

Filling in the Second Proof of Service

The second Proof of Service must be filled in and filed with the Filing Clerk a copy of the Request for Submission is served either by mail or personally.

In the upper-left hand corner, print YOUR Name, Address and Telephone Number.

The heading of the case (Plaintiff, Defendant, Case No., Dept. No) is the same as on all other documents in this case.

Carefully read the instructions under each space and fill in the information required.

The Proof of Service must be signed by the person who actually mailed or personally served the document on the other party or the other party's attorney.

Copying and Filing the Second Proof of Service

After the Proof of Service is filled in, make 1 copy. Take the original and copy to the Filing Clerk, located on the first floor of the courthouse at 801 Clark St, Ste 4, Ely, NV. The Clerk will keep the original and return the file-stamped copy to you for your records.

You have now completed your Motion and it will be submitted to the Court for a decision. The Court may do a number of things, such as: (1) file an order based upon the documents you have submitted, (2) require you to file additional documents or (3) file an order requiring you to set a hearing.

If you receive an order and do not know what to do next, contact a private attorney

DO NOT IGNORE A COURT

ORDER.

AFFIRMATION PAGE INSTRUCTIONS

Every document filed with the Court must contain written Affirmation stating whether or not the document has a social security number written in it. These instructions are included for documents that have a separate Affirmation page. Not all documents have a separate Affirmation page.

At the top of the attached Affirmation page, there are two lines where you are to **write the name of the document that is attached to the Affirmation page**. There are two lines because some documents' titles are very long. The names of most documents are found in the middle of the page, in all capital letters and underlined.

Some Family Court documents have their titles in different places. The "Civil (Family Related) Cover Sheet" title is at the top, center of the page. The "Confidential Family Court Information Sheet" title is at the top, right side of the page. The "Family Court Motion/Opposition Notice" title is in a box on the top, right side of the page. So, check the top center and top right of your documents for these titles.

The next line on the Affirmation page asks for the case number. If your case is not new, you should have a case number. **Write the case number in the blank**. If your case is new and does not yet have a case number, do not write anything on that line.

Next, you will **mark** either **the box** next to the phrase that says the document "does not contain the social security number of any person" or the box next to the phrase that says the document "contains the social security number of a person"

In most Family Court cases, the only document that contains social security numbers in the "Confidential Family Court Information Sheet." For that document, you will mark the box that says there are social security numbers in the document and the last box before the date and signature lines, to indicate that the document contains social security numbers because it is the "Confidential Family Court Information Sheet."

If your document contains a social security number as required by some other law, select the box next to the appropriate phrase. If a specific State or Federal law requires the document to include a social security number, write the name of or cite of the applicable law on the line provided.

Finally, **write in the date, sign the signature line, and print your name** on the lines that say "Date," "Signature," and "Print Name." Leave the "Attorney for" line blank.

NRS 125B.145 states in part:

NRS 125B.145 Review and modification of order for support: Request for review; jurisdiction; notification of right to request review.

1. An order for the support of a child must, upon the filing of a request for review by:

(a)...

(b) A parent or legal guardian of the child, be reviewed by the court at least every 3 years pursuant to this section to determine whether the order should be modified or adjusted. Each review conducted pursuant to this section must be in response to a separate request.

2. If the court:

(a)...

(b) Has jurisdiction to modify the order and, taking into account the best interests of the child, determines that modification or adjustment of the order is appropriate, the court shall enter an order modifying or adjusting the previous order for support in accordance with the requirements NRS 125B.070 and 125B.080.

3. The court shall ensure that:

(a) Each person who is subject to an order for the support of a child is notified, not less than once every 3 years, that he may request a review of the order pursuant to this section; or

(b) An order for the support of a child includes notification that each person who is subject to the order may request a review of the order pursuant to this section.

4. An order for the support of a child may be reviewed at any time on the basis of changed circumstances. For the purposes of this subsection, a change of 20 percent or more in the gross monthly income of a person who is subject to an order for the support of a child shall be deemed to constitute changed circumstances requiring a review for modification of the order for the support of a child.

5. As used in this section:

(a) "Gross monthly income" has the meaning ascribed to it in NRS 125B.070.

(b) "Order for the support of a child" means such an order that was issued or is being enforced by a court of this State.

(Added to NRS by 1989, 859; A 1991, 1337; 1993, 2626; 1997, 2299; 2003, 546)

Rev. 0612005

**PRESUMPTIVE MAXIMUM AMOUNTS (PMA) OF CHILD SUPPORT
EFFECTIVE JULY 1, 2013 - JUNE 30, 2014**

NRS 125B.070

*PMA increased 1.7% pursuant to the Consumer Price Index (all items) increase
in Calendar Year 2012 (December - December) as published by the U.S. Department of Labor
<http://www.bls.gov/cpi/#tables>*

<u>INCOME RANGE</u>		<u>PRESUMPTIVE MAXIMUM AMOUNT (PMA)</u>
<i>If the Parent's Gross Monthly Income is at Least</i>	<i>But Less Than</i>	<i>The PMA the Parent May Be Required to Pay per Month per Child Pursuant to Paragraph (b) of Subsection 1 is</i>
\$0	- \$4,235	\$660
\$4,235	- \$6,351	\$726
\$6,351	- \$8,467	\$794
\$8,467	- \$10,585	\$858
\$10,585	- \$12,701	\$925
\$12,701	- \$14,816	\$990
\$14,816	- No Limit	\$1,058

The PMA are calculated and published by the Administrative Office of the Courts on or before April 1 of each year in accordance with the provisions of NRS 125B.070 (3). Please contact Deanna Bjork at (775) 684-1708 if you have any questions on how the amounts were calculated. Contact your district court if you have questions on how the amounts are applied based on circumstances.

Historical PMA are available on the Nevada Judiciary's website at www.nevadajudiciary.us. Type in the word "presumptive" after selecting the "search" option, which is found at the bottom of the website.

IMPORTANT

BEFORE
YOU START

READ ALL INSTRUCTIONS

VERY CAREFULLY

Do NOT use white-out

correction fluid on the documents.

The Filing Office will not accept documents
with white-out on them.

Use Black Ink

PRINT all information neatly

1 IN THE FAMILY DIVISION
2 OF THE 7TH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
3 IN AND FOR THE COUNTY OF WHITE PINE

4 **CONFIDENTIAL**
5 **FAMILY COURT INFORMATION SHEET**

6 _____
7 Plaintiff/Petitioner,

8 vs.

9 _____
10 Defendant/Respondent.

Case No. _____

Dept. No. _____

11 Name: _____
12 Social Security #: _____
13 Date of Birth: _____

Name: _____
Social Security #: _____
Date of Birth: _____

14 **IF THIS CASE INVOLVES CHILDREN, PLEASE COMPLETE THE FOLLOWING:**

15 Residential Address: _____

Residential Address: _____

16 Mailing Address: _____

Mailing Address: _____

17 City, State, Zip: _____

City, State, Zip: _____

18 Telephone #: _____

Telephone #: _____

19 Are you employed? YES [] NO []

Are you employed? YES [] NO []

20 Name of Employer: _____

Name of Employer: _____

21 Business Address: _____

Business Address: _____

22 City, State, Zip: _____

City, State, Zip: _____

23 Telephone #: _____

Telephone #: _____

24 Driver's License #: _____

Driver's License #: _____

25 Date of Birth: _____

Date of Birth: _____

26 Ethnicity: [] White (Not Hispanic)

Ethnicity: [] White (Not Hispanic)

[] African-American [] Hispanic

[] African-American [] Hispanic

[] Asian or Pacific Islander

[] Asian or Pacific Islander

[] Native American/Alaskan Native [] Other

[] Native American/Alaskan Native [] Other

27 **CHILDREN INVOLVED IN THIS CASE**

28 Name: _____ SSN: _____ DOB: _____

If there are more than five children, list their names on a separate sheet of paper and attach.

Does this case involve family violence: [] Yes [] No

Are you requesting Child Support Enforcement Services

from the District Attorney's Office (IV-D) Services? [] Yes [] No

Court Personnel Only: [] Custodial Parent [] Non-Custodial Parent

1 SEVENTH JUDICIAL DISTRICT COURT
2 COUNTY OF WHITE PINE , STATE OF NEVADA

3 AFFIRMATION
4 Pursuant to NRS 239B.030

5 The undersigned does hereby affirm that the preceding document, _____

6 **Confidential Family Court Information Sheet**

7 (Title of Document)

8 filed in case number: _____

9 Document does not contain the social security number of any person

10 - OR -

11 Document contains the social security number of a person as required by:

12 A specific state or federal law, to wit:

13 _____
14 (State specific state or federal law)

15 - or -

16 For the administration of a public program

17 - or -

18 For an application for a federal or state grant

19 - or -

20 Confidential Family Court Information Sheet
21 (NRS 123.130, NRS 125,230, and NRS 125B.055)

22 Date: _____

23 _____
(Signature)

24 _____
(Print Name)

25 _____
(Attorney for)

26

Completing the General Financial Disclosure Form

1) Print your name, address, and telephone number.

Code: 1740
Name:
Address:
Telephone:

SECOND JUDICIAL DISTRICT COURT
WASHOE COUNTY, NEVADA

2) Print the names of the parties, the case number and department number just as they appear on all other forms in this case.

.....
Plaintiff / Petitioner, Case No.
vs. Dept. No.
.....
Defendant / Respondent.

3) Answer all of the questions on each page of the form. There are a total of ten (10) pages that need to be completed.

GENERAL FINANCIAL DISCLOSURE FORM

The judge uses this form to understand the financial position of the Plaintiff / Petitioner and the Defendant / Respondent. 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:

1. Are you currently employed?
 No
 Yes If yes, what is the name of your employer?
What date were you hired on? (mm/dd/yy)
2. Are you disabled?
 No
 Yes If yes, what is your level of disability?
What agency certified you disabled?
What is the nature of the your disability?

Code: 1740

Name: _____

Address: _____

Telephone: _____

SEVENTH JUDICIAL DISTRICT COURT

WHITE PINE COUNTY, NEVADA

_____ Plaintiff / Petitioner,	Case No. _____
vs.	
_____ Defendant / Respondent.	Dept. No. _____

GENERAL FINANCIAL DISCLOSURE FORM

The judge uses this form to understand the financial position of the Plaintiff / Petitioner and the Defendant / Respondent. 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:

1. Are you currently employed?
 - No
 - Yes If yes, what is the name of your employer? _____
 - What date were you hired on? (mm/dd/yy) _____
2. Are you disabled?
 - No
 - Yes If yes, what is your level of disability? _____
 - What agency certified you disabled? _____
 - What is the nature of the your disability? _____

C. Attorney Information: Complete the following sentences:

1. An Attorney (has/has not) _____ been retained on my behalf in 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 a total of \$ _____.

Section 1: Personal Income

Before you can complete the next section you need to figure out your pay 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. 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 an hourly wage in the amount of	\$	X		X		=	\$
2	I am paid a base salary in the amount of	\$		N/A	X		=	\$

B. Fill in the amount of money you receive each month from the following types of income.

Line #	Income Question	Amount Received Monthly
3	I regularly work overtime and each month earn an average of	\$
4	I receive bonuses, commissions, or tips in the amount of	\$
5	I receive a car, gas, housing, or other allowance in the amount of	\$
6	I receive spousal support in the amount of	\$

7	I receive social security in the amount of	\$
8	I receive social security disability in the amount of	\$
9	I receive workman's compensation benefits in the amount of	\$
10	I receive unemployment benefits in the amount of	\$
11	I receive pension or retirement income in the amount of	\$
12	I receive net rental income on the amount of	\$
13	I receive income from other sources in the amount of	\$
14	Total Income Received (add lines 3-13)	\$

C. Total monthly income from all sources:

Line #		
15	Total from Line 1 OR 2	\$
16	Total from Line 14	\$
17	Total Gross Monthly Income (add lines 15-16)	\$

Section 2: Personal Deductions

A. Fill in the amount of money that is taken out of every paycheck for each of the following deductions:

Line #	Name of Deduction	Amount Deducted Monthly
18	Court Ordered Child Support is deducted from every paycheck in the amount of	\$
19	Federal Income Tax is deducted from every paycheck in the amount of	\$
20	Social Security Tax is deducted from every paycheck in the amount of	\$
21	Medicare is deducted from every paycheck in the amount of	\$
22	Union Dues are deducted from every paycheck in the amount of	\$

23	Health Insurance Cost is deducted from every paycheck in the amount of	\$
24	Life, Disability, or Other Insurance Premiums are deducted from every paycheck in the amount of	\$
25	Federal Health Savings Plan contribution is deducted from every paycheck in the amount of	\$
26	Retirement, Pension, IRA, or 401(k) contributions are deducted from every paycheck in the amount of	\$
27	Savings are deducted from every paycheck in the amount of	\$
28	Other:	\$
29	Other:	\$
30	Total Monthly Deductions (add Lines 18-29)	

Section 3: Income Summary

Line #		
31	Total from Line 17	\$
32	Total from Line 30	\$
	Net Monthly Income (subtract Line 32 from Line 31)	\$

Section 4: 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 marriage/relationship? (Yes or No)
1 st			
2 nd			

3 rd			
4 th			
5 th			

B. Fill in the table below with the amount of money you spend each month 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	Clothes, Shoes, and Accessories	\$	\$	\$	\$	\$
2	Unreimbursed Medical Expenses	\$	\$	\$	\$	\$
3	Telephone and Internet	\$	\$	\$	\$	\$
4	Entertainment	\$	\$	\$	\$	\$
5	Food	\$	\$	\$	\$	\$
6	Insurance (other than health)	\$	\$	\$	\$	\$
7	Education Related Expenses	\$	\$	\$	\$	\$
8	Summer Camp/Programs	\$	\$	\$	\$	\$
9	Vehicle	\$	\$	\$	\$	\$
10	Transportation Cost for Visitation	\$	\$	\$	\$	\$
11	Total Monthly Expenses for Children (add Lines 1-11)	\$	\$	\$	\$	\$

Section 5: Household Information

A. I live with (number) _____ other adults, including children over the age of eighteen, who contribute to or pay the household expenses in the amount of \$ _____.

Section 6: Personal Expenses

A. 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	\$			

Expense	Monthly Amount of Expense	For Me	For the Other Party	For Both
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		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)		\$	-	\$	=	\$	

IMPORTANT: Read the following paragraph carefully.

I am the (check one) Plaintiff/Petitioner Defendant/Respondent 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

SEVENTH JUDICIAL DISTRICT COURT
COUNTY OF WHITE PINE, STATE OF NEVADA

AFFIRMATION
Pursuant to NRS 239B.030

The undersigned does hereby affirm that the preceding document, _____

GENERAL FINANCIAL DISCLOSURE FORM

(Title of Document)

filed in case number: _____

Document does not contain the social security number of any person

- OR -

Document contains the social security number of a person as required by:

A specific state or federal law, to wit:

(State specific state or federal law)

- or -

For the administration of a public program

- or -

For an application for a federal or state grant

- or -

Confidential Family Court Information Sheet
(NRS 123.130, NRS 125, 230, and NRS 125B.055)

Date: _____

(Signature)

(Print Name)

1 Code: 2380

2 Name: _____

3 Address: _____

4 Telephone Number: _____

5 Appearing in Proper Person

6 IN THE FAMILY DIVISION
7 OF THE 7TH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
8 IN AND FOR THE COUNTY OF WHITE PINE
9

10 _____ Plaintiff, Case No. _____
11 vs. _____ Dept. No. _____
12 _____ Defendant. /
13 _____

14
15 **MOTION FOR REVIEW AND MODIFICATION OF CHILD SUPPORT**

16
17 _____ hereby moves the Court to review and
18 (Your Name)
19 modify or adjust the child support obligation in this matter.

20 To the best of my knowledge, the last order for child support in this matter was entered on
21 _____ in case number _____
(Date of last order) (Case # of last child support order).

22 The names, ages and birth dates of the children the subject of this Motion are:

23	<u>NAME</u>	<u>AGE</u>	<u>DATE OF BIRTH</u>
24	_____	_____	_____
25	_____	_____	_____
26	_____	_____	_____
27	_____	_____	_____
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My child support _____ currently paid through the State of Nevada.
(is or is not)

If the child support is paid through the State of Nevada _____, state the Case Number
of the child support case: _____.

My child support _____ currently up to date.
(is or is not)

I _____ currently have a judgment for arrears. The judgment for arrears was
(do or do not)

entered _____ on _____ in the
(against me *or* in my favor) (date judgment was entered)

amount of \$ _____. (If there is no judgment, print "N/A" in the spaces.)

This Motion is made for the following reason(s):

Check all that apply

- _____ It has been three years or more since my child support has been reviewed.
- _____ There has been a substantial change in circumstances.
- _____ There has been a change of 20% or more of the gross monthly income of the parent who has the support obligation .
- _____ Other: _____

Explain why you are requesting the review, based on the statements you checked above:

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(If you need ore space, attach additional sheets of paper. Print only on one side of the paper and clearly indicate that it is a continuation of this explanation.)

A hearing regarding this matter _____ requested.
(is or is not)

If a hearing is requested, please explain, in detail, why you feel a hearing is necessary.

I am requesting that a hearing be set in this matter because _____

This document does **not** contain the Social Security number of any person.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Dated: _____

Signature

IMPORTANT

YOU HAVE BEEN SERVED WITH A LEGAL MOTION TO CHANGE
AN ORDER, CLARIFY AN ORDER, FOR RECONSIDERATION
OF AN ORDER, OR FOR OTHER REASONS.

IF YOU DO NOT FILE A WRITTEN RESPONSE TO THIS MOTION
WITHIN A CERTAIN TIME, THE COURT MAY MAKE RULINGS
AGAINST YOUR INTERESTS IN THIS CASE.

* * * *

If you were served by mail, you have 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 10 days in which to file a written response with the Court, not counting the day on which you were served.

Your written response must be filed with the Filing Clerk's Office located at 801 Clark St, Ste 4, Ely, Nevada. There may be a filing fee to file your response. You can call the File Clerk's Office at (775) 29306509 to check on the fee.

If you have any questions on how to file a response to this Motion, contact a private attorney

1 Code: 3720
2 Name: _____
3 Address: _____
4 Telephone: _____
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Appearing in Proper Person

7 IN THE FAMILY DIVISION
8 THE 7th JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
9 IN AND FOR THE COUNTY OF WHITE PINE

10 _____, Case No. _____
11 Plaintiff/Petitioner, vs. Dept. No. _____
12 _____, Defendant/Respondent.
13 _____ /

14 **PROOF OF SERVICE**

15 On the _____ day of _____, 20 _____, I served a true and correct
16 copy of the following document(s): _____
17 (Write the title(s) of each document served.)

18 _____
19 upon _____
20 (Write the name of the person served.)

21 in the manner(s) and at the location(s) described below:

22 **WRITE YOUR INITIALS ON THE APPROPRIATE LINE(S):**

23 a. _____ I placed a copy of the document(s) listed above in a sealed envelope upon
24 which first class postage was fully prepaid and mailed said document(s) via the United States
25 Post Office addressed as follows:

26 Name: _____
27 Address: _____
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b. _____ I placed a copy of the document(s) listed above in a sealed envelope and mailed said document(s) certified, return receipt requested via the United States Post Office addressed as follows: Name: _____ Address: _____

c. _____ I personally served _____ at the following location: _____

A copy of this Proof of Service has been mailed or personally delivered to all parties or their counsel.

This document does **not** contain the Social Security Number of any person.

I declare, under penalty of perjury under the law of the State of Nevada, that the foregoing is true and correct.

Dated this _____ day of _____, 20 _____.

Signature: _____
Printed Name: _____

S T O P

H E R E

The following forms are for filing at a later time.

Do not fill out and attempt to file with the Motion.

1 Code: 3795

2 Name: _____

3 Address: _____

4 Telephone Number: _____

5 Appearing in Proper Person

6 IN THE FAMILY DIVISION
7 OF THE 7TH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
8 IN AND FOR THE COUNTY OF WHITE PINE
9

10 _____ Plaintiff, Case No. _____
11 vs. _____ Dept. No. _____
12 _____ Defendant.
13 _____ /

14 **REPLY TO RESPONSE TO MOTION FOR REVIEW AND**
15 **MODIFICATION OF CHILD SUPPORT**

16 I, _____ hereby reply to the Response
17 (Your Name)

18 filed by _____ to my Motion for Review and Modification of
19 (Other Party's Name)

20 Child Support filed on _____
21 (Date Your Motion Was Filed)

22 ***State in detail Your reply to the other party's statements in the Response***
23

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(If you need more space, attach additional sheets of paper. Print only on one side of the paper and clearly indicate that it is a continuation of this reply.)

This document does not contain the Social Security Number of any person.

I declare, under penalty of perjury under the law of the State of Nevada, that the foregoing is true and correct.

DATED this _____ day of _____, 20_____.

(Your Signature)

1 Code: 3860

2 Name: _____

3 Address: _____

4 Telephone: _____

5 Appearing in Proper Person

6 IN THE FAMILY DIVISION

7 OF THE 7TH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

8 IN AND FOR THE COUNTY OF WHITE PINE

9
10 _____
11 Plaintiff/Petitioner,

Case No. _____

12 vs.

13 Dept. No. _____

14 _____
15 Defendant/Respondent.

16 REQUEST FOR SUBMISSION

17 I, _____, appearing in Proper Person,
18 (Print your name here.)

19 request that the _____ filed in this matter
20 (Print the name of the document to be submitted to the Court.)

21 on the _____ day of _____, 20_____, be submitted to the Judge for
22 consideration and determination.

23 DATED this _____ day of _____, 20_____.

24 This document does not contain the Social Security Number of any person.

25 Signature: _____

26 Print Your Name: _____

27 Address: _____

28 Telephone: _____

1 Code: 3720
2 Name: _____
3 Address: _____
4 Telephone: _____

5 **Appearing in Proper Person**

6 **IN THE FAMILY DIVISION**
7 **THE 7TH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA**
8 **IN AND FOR THE COUNTY OF WHITE PINE**

9 _____, Case No. _____
10 **Plaintiff/Petitioner,**
11 vs. Dept. No. _____
12 _____,
13 **Defendant/Respondent.**

14 **PROOF OF SERVICE**

15 On the _____ day of _____, 20 _____, I served a true and correct
16 copy of the following document(s): _____
17 (Write the title(s) of each document served.)
18 _____
19 upon _____
20 (Write the name of the person served.)

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26 Name: _____
27 Address: _____
28 _____

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Address: _____

c. _____ I personally served _____ at the following location: _____

A copy of this Proof of Service has been mailed or personally delivered to all parties or their counsel.

This document does not contain the Social Security Number of any person.

I declare, under penalty of perjury under the law of the State of Nevada, that the foregoing is true and correct.

Dated this _____ day of _____, 20 _____.

Signature: _____
Printed Name: _____