RESPONSE TO MOTION FOR REVIEW AND MODIFICATION OF CHILD SUPPORT

A – 4

The District Court Filing Office
is located on the first floor at

801 CLARK ST, STE 4
ELY, NV 89301

(775) 293-6509

ATTENTION

THIS PACKET IS NOT A SUBSTITUTE FOR THE ADVICE OF AN ATTORNEY

IMPORTANT

If either party is in the military, special rules may apply and it is recommended you seek the advice of an attorney.

Counsel Is Always Recommended For Legal Matters

The law allows any person to represent himself or herself in a legal action. However, filing papers with the court and representing yourself in the courtroom can involve complicated legal issues. This packet does not address all the legal issues involved in bringing your matter before the court. This packet is created to help you access the legal system without the assistance of an attorney.

When representing yourself, you are responsible for understanding the law that governs your case and for filing the proper legal documents. The laws and rules are set out in the Nevada Revised Statutes, The Rules of Civil Procedure, and the local rules governing the jurisdiction in which you are filing your documents.

When you sign these documents and present them for filing with the court, it is assumed by the court that you have carefully read the documents, that you understand all the terms in the documents, that you agree with all the provisions in the documents, and that you are aware of all the consequences those provisions may produce.

Before filling in any portion of the following documents, read all the materials included in this packet including the definitions of terms.

THIS INFORMATION IS PROVIDED AS A COURTESY ONLY. THE COURT, SELF-HELP CENTER, NON-PROFIT ORGANIZATION, OR LAW LIBRARY THAT MAY PROVIDE THIS INFORMATION SHALL NOT BE LIABLE FOR ERRORS CONTAINED HEREIN OR FOR DIRECT, INDIRECT, SPECIAL OR CONSEQUENTIAL DAMAGES IN CONNECTION WITH THE FURNISHING OF THIS MATERIAL.

RESPONSE TO MOTION FOR REVIEW AND MODIFICATION OF CHILD SUPPORT

PACKET A-4

IF YOU DO NOT FILE A RESPONSE TO A MOTION OR REQUEST THAT HAS BEEN SERVED ON YOU, THE OTHER PARTY'S REQUEST OR MOTION MAY BE AUTOMATICALLY GRANTED BY THE COURT.

YOUR RESPONSE MUST BE FILED WITHIN THIRTEEN (13) DAYS AFTER THE MOTION OR REQUEST WAS MAILED TO YOU - OR – WITHIN TEN (10) DAYS IF THE MOTION OR REQUEST WAS PERSONALLY SERVED ON YOU.

This packet is used to respond to a Motion or Request that has been filed and served on you.

This packet is ***not*** used for:

1) Initiating a new motion. If you want to file a new motion or request of your own, you must complete the appropriate Motion packet.

2) A response to any other kind of a Motion that has been served on you. There are other packets for use in responding to other Motions.

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 statue. See N.R.S. §199.145

INSTRUCTIONS FOR FILLING OUT FORMS

CAREFULLY READ THROUGH ALL OF THE INSTRUCTIONS BEFORE STARTING TO FILL OUT ANY OF THE FORMS.

Use black ink only to fill out the forms and neatly
print the information requested.

Do not use Wite-Out or other correction fluid/tape on the forms. They will not be accepted by the Filing Clerk's Office if correction fluid/tape is used.

Included in this packet are the following documents:

1. Family Court Information Sheet
2. Response to Motion for Review and Modification of Child Support
3. Financial Disclosure Form
4. Proof of Service

FILLING OUT THE DOCUMENTS

Filling In The Family Court Information Sheet

Fill in the heading of the case (Plaintiff, Defendant, Case No., Dept. No) just the same as on your other court documents in this case.

Print your name and your Social Security number immediately below it. Fill in the other party's name and Social Security Number on the other set of lines, next to your name and number. If you or the other party do not have a Social Security number, print "do not have one" on the line for the Number. Complete the form as directed.

Complete the form filling in all the information you can on yourself, the other party and any children. If any children listed do not have Social Security numbers, print "do not have one" on the line for the number.

Filling In the Response For Review and Modification of Child Support

Fill in your name, address and telephone number in the upper left corner.

Fill in the heading of the case (Plaintiff, Defendant, Case No., Dept. No) just the same as on your other court documents in this case.

Fill in the Response To Motion.

If you have documents or statements that support your argument or contradict the information in the Motion or request, attach copies of the documents or statements to your Response. Explain in your Response how the documents support your claims or contradict the other party's claims.

Filling Out The Financial Disclosure Form

Fill in your name, address and telephone number in the upper left hand corner.

Fill in the heading of the case (Plaintiff, Defendant, Case No., Dept. No) just the same as on your other court documents in this case.

Review the document carefully prior to attempting to answer the questions. This form focuses on your employment, income and expenses as they are ***at this moment in time.*** This is a snapshot of your financial status as you fill out this form, not your financial status as it was in the past or what it will be in the future.

The income and expenses are based on your ***monthly*** income and expenses. Those items that you pay every few months should be averaged as to their monthly cost. For instance, if you pay your car insurance every six months, your monthly expense for the insurance would be 1/6th of your payment.

If you do not know the approximate value of such things as a vehicle or a house, state "unknown". Do not guess as to values of major property. It is important to remember that the value of such things as furniture and clothes is not the replacement value or the original cost. The value is what one would pay for such things in a second hand store or a thrift store.

Copying And Filing The Documents

Make two (2) copies each of the Family Court Information Sheet, the Response to Motion and the Financial Disclosure Form.

Take the original **and the copies** of the documents to the filing clerk's office to be "filed in." The filing clerk's office is located on the first floor of the courthouse located at 801 Clark St, Ste 4 Ely, NV. The clerk will keep the original of all the documents and return the file stamped copies to you.

There may be a filing fee associated with filing these documents. To confirm the amount of the fee, you may call the Filing Office at (775) 293-6509

FILING FEE WAIVERS

If you cannot afford the filing fee, you may apply to have your filing fee waived. To apply, you must fill out and file the AFFIDAVIT IN SUPPORT OF MOTION TO PROCEED IN FORMA PAUPERIS at the same time you submit your completed paperwork.

You must obtain this fee waiver Affidavit from the Clerk's Office or you may print on out at:

http://www.whitepinecounty.net/DocumentCenter/Home/View/28

Serving The Documents

One copy of the Family Court Information Sheet, the Response to Motion (with any attachments and/or exhibits) and the Financial Disclosure Form must be served on the other party or the other party's attorney.

Service of the Response may be made by:

1) Regular first class mail -or-
2) Personal Service -or-
3) Certified mail, return receipt requested

After serving the Response, you must file a Proof of Service form with the court.

If the Sheriff's Office or a professional firm or person licensed to serve legal documents serves the other party or the other party's attorney, the person serving the documents will complete the Proof of Service and filed it with the court.

If you or someone on your behalf serves the documents, it is your responsibility to be sure the Proof of Service is correctly filled out and filed by the person who actually served the documents.

Filling in and Filing the Proof of Service

Fill in your name, address and telephone number in the upper left corner.

Fill in the heading of the case (Plaintiff, Defendant, Case No., Dept. No) just the same as on your other court documents in this case.

The rest of the Proof of Service must be filled in by the person who served the other party.

Make one copy of the completed and signed Proof of Service.

The original and copy of the Proof of Service must be filed with the filing clerk's office. The filing

clerk will keep the original and return the file stamped copy to you for your records.

IF THE OTHER PARTY FILES A REPLY TO YOUR RESPONSE

The other party has eight (8) court days from the date of mailing and five (5) court days from the date of personal service to file a Reply to your Response.

Either you or the other party may file a Request For Submission after the other party has filed a Reply to your Response.

The Request for Submission transfers the file to the Judge so that he/she may consider the Motion, Response and Reply.

IF THE OTHER PARTY DOES NOT FILE A REPLY TO YOUR RESPONSE

If the other party does not file a Reply and/or Request for Submission, the original Motion will not be sent to the Judge for a decision. If you decide that you want the original Motion and your Response to be reviewed by the Judge for a decision, you may file a Request for Submission.

CHILD SUPPORT STATUTES

NRS 125B.070 Amount of payment: Definitions; adjustment of presumptive maximum amount based on change in Consumer Price Index.

1. As used in this section and NRS 125B.080, unless the context otherwise requires:

(a) "Gross monthly income" means the total amount of income received each month from any source of a person who is not self-employed or the gross income from any source of a self-employed person, after deduction of all legitimate business expenses, but without deduction for personal income taxes, contributions for retirement benefits, contributions to a pension or for any other personal expenses.

(b) "Obligation for support" means the sum certain dollar amount determined according to the following schedule:

(1) For one child, 18 percent;
(2) For two children, 25 percent;
(3) For three children, 29 percent;
(4) For four children, 31 percent; and
(5) For each additional child, an additional 2 percent,

of a parent's gross monthly income, but not more than the presumptive maximum amount per month per child set forth for the parent in subsection 2 for an obligation for support determined pursuant to subparagraphs (1) to (4), inclusive, unless the court sets forth findings of fact as to the basis for a different amount pursuant to subsection 6 of NRS 125B.080.

2. For the purposes of paragraph (b) of subsection 1, the presumptive maximum amount per month per child for an obligation for support, as adjusted pursuant to subsection 3, is: **(SEE ATTACHED SCHEDULE)**

If a parent's gross monthly income is equal to or greater than $14,583, the presumptive maximum amount the parent may be required to pay pursuant to paragraph (b) of subsection 1 is $800.

3. The presumptive maximum amounts set forth in subsection 2 for the obligation for support must be adjusted on July 1 of each year for the fiscal year beginning that day and ending June 30 in a rounded dollar amount corresponding to the percentage of increase or decrease in the Consumer Price Index (All Items) published by the United States Department of Labor for the preceding calendar year. On April 1 of each year, the Office of Court Administrator shall determine the amount of the increase or decrease required by this subsection, establish the adjusted amounts to take effect on July 1 of that year and notify each district court of the adjusted amounts.

4. As used in this section, "Office of Court Administrator" means the Office of Court Administrator created pursuant to NRS 1.320.

(Added to NRS by 1987, 2267; A 1991, 1334; 2001, 1865; 2003, 101, 342)

NRS 125B.080 Amount of payment: Determination. Except as otherwise provided in NRS 425.450:

1. A court of this State shall apply the appropriate formula set forth in NRS 125B.070 to:

(a) Determine the required support in any case involving the support of children.

(b) Any request filed after July 1, 1987, to change the amount of the required support of children.

2. If the parties agree as to the amount of support required, the parties shall certify that the amount of support is consistent with the appropriate formula set forth in NRS 125B.070. If the amount of support deviates from the formula, the parties must stipulate sufficient facts in accordance with subsection 9 which justify the deviation to the court, and the court shall make a written finding thereon. Any inaccuracy or falsification of financial information which results in an inappropriate award of support is grounds for a motion to modify or adjust the award.

3. If the parties disagree as to the amount of the gross monthly income of either party, the court shall determine the amount and may direct either party to furnish financial information or other records, including income tax

returns for the preceding 3 years. Once a court has established an obligation for support by reference to a formula set forth in NRS 125B.070, any subsequent modification or adjustment of that support, except for any modification or adjustment made pursuant to subsection 3 of NRS 125B.070 or NRS 425.450 or as a result of a review conducted pursuant to subsection 1 of NRS 125B.145, must be based upon changed circumstances.

4. Notwithstanding the formulas set forth in NRS 125B.070, the minimum amount of support that may be awarded by a court in any case is $100 per month per child, unless the court makes a written finding that the obligor is unable to pay the minimum amount. Willful underemployment or unemployment is not a sufficient cause to deviate from the awarding of at least the minimum amount.

5. It is presumed that the basic needs of a child are met by the formulas set forth in NRS 125B.070. This presumption may be rebutted by evidence proving that the needs of a particular child are not met by the applicable formula.

6. If the amount of the awarded support for a child is greater or less than the amount which would be established under the applicable formula, the court shall:

(a) Set forth findings of fact as to the basis for the deviation from the formula; and

(b) Provide in the findings of fact the amount of support that would have been established under the applicable formula.

7. Expenses for health care which are not reimbursed, including expenses for medical, surgical, dental, orthodontic and optical expenses, must be borne equally by both parents in the absence of extraordinary circumstances.

8. If a parent who has an obligation for support is willfully underemployed or unemployed to avoid an obligation for support of a child, that obligation must be based upon the parent's true potential earning capacity.

9. The court shall consider the following factors when adjusting the amount of support of a child upon specific findings of fact:

(a) The cost of health insurance;
(b) The cost of child care;
(c) Any special educational needs of the child;
(d) The age of the child;
(e) The legal responsibility of the parents for the support of others;
(f) The value of services contributed by either parent;
(g) Any public assistance paid to support the child;
(h) Any expenses reasonably related to the mother's pregnancy and confinement;
(i) The cost of transportation of the child to and from visitation if the custodial parent moved with the child from the jurisdiction of the court which ordered the support and the noncustodial parent remained;
(j) The amount of time the child spends with each parent;
(k) Any other necessary expenses for the benefit of the child; and
(l) The relative income of both parents.

(Added to NRS by 1987, 2267; A 1989, 859; 1991, 1334; 1993, 486; 1997, 2295; 2001, 1866)

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)

CHILD SUPPORT WHEN PARENTS ARE SHARING JOINT PHYSICAL CUSTODY

OR

WHEN THE CHILDREN ARE GOING TO BE SPLIT BETWEEN PARENTS

The Nevada Supreme Court set out an additional formula to that found in the child support statutes for parents who share joint physical custody of their children or who are going to split the custody of the children.

Joint physical custody presumes the child is going to spend an approximate equal amount of time with each parent.

Split custody is when one parent has the physical custody of more children than the other parent. For instance: In a family of three children: Father has primary physical custody of two children and Mother has primary physical custody of one child.

Joint Physical Custody

The Court directed that the child support be figured according to the percentage as stated in NRS 125B.070 and the parent earning the most pays the parent earning the less, the difference. At the present time, $100 per month, per child is the minimum even if a parent is not working.

For example: If parents are sharing joint physical custody of one child and mother is not working, the child support would be figured as follows:

18% of Father's gross monthly income

$100 for Mother's obligation

The difference between the two would be the child support Father would pay to Mother.

Another example: If parents are sharing joint physical custody of two children and both parents are working:

25% of Father's gross monthly income

25% of Mother's gross monthly income

The parent who earns the most would pay the parent who makes the less the difference.

Split Custody

Both parents have a support obligation to the other and it must be figured according to the statutory formula.

For example: There are 3 children of the family. Father has the primary physical custody of 2 and Mother has the primary physical custody of 1.

Mother would have an obligation of 25% of her gross income for the two children who primarily live with Father.

Father would have an obligation of 18% of his gross income for the one child who primarily lives with Mother.

Subtract the less from the greater and the difference is paid to the parent who has the lesser obligation.

Some figures on the example:

Mother's gross monthly income is $1600.

25% of that is $400 - that is mother's obligation for the 2 children living with father

Father's gross monthly income is $1700.

18% of that is $306 - that is father's obligation for the 1 child living with mother

Therefore, Mother would pay Father the difference - $94 a month in child support.

Please note: If the presumptive maximum is in the equation, that figure is used after the difference is figured.

IMPORTANT REMINDER

The deviations listed in NRS 125B.080 still may be figured into the formula to increase or decrease the child support obligation.

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

INCOME RANGE			PRESUMPTIVE MAXIMUM AMOUNT (PMA)
If the Parent's Gross Monthly Income is at Least		*But Less Than*	*The PMA the Parent May Be Required to Pay per Month per Child Pursuant to Paragraph (b) of Subsection 1 is*
$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 yo 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
CAREFULLY

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or other correction fluid/tape on the documents.
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Use Black Ink

PRINT all information neatly

REV 7/2010 AA

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

CONFIDENTIAL
FAMILY COURT INFORMATION SHEET

_____,
Plaintiff/Petitioner,

vs.

_____,
Defendant/Respondent.

Case No. _____

Dept. No. _____

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

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

IF THIS CASE INVOLVES CHILDREN, PLEASE COMPLETE THE FOLLOWING:

Residential Address: _____

Mailing Address: _____

City, State, Zip: _____

Telephone #: _____
Are you employed? YES [ ] NO [ ]
Name of Employer: _____

Business Address: _____

City, State, Zip: _____
Telephone #: _____
Driver's License #: _____
Date of Birth: _____
Ethnicity: [ ] White (Not Hispanic)
[ ] African-American [ ] Hispanic
[ ] Asian or Pacific Islander
[ ] Native American/Alaskan Native [ ] Other

Residential Address: _____

Mailing Address: _____

City, State, Zip: _____

Telephone #: _____
Are you employed? YES [ ] NO [ ]
Name of Employer: _____

Business Address: _____

City, State, Zip: _____
Telephone #: _____
Driver's License #: _____
Date of Birth: _____
Ethnicity: [ ] White (Not Hispanic)
[ ] African-American [ ] Hispanic
[ ] Asian or Pacific Islander
[ ] Native American/Alaskan Native [ ] Other

CHILDREN INVOLVED IN THIS CASE

Name: _____ SSN: _____ DOB: _____
Name: _____ SSN: _____ DOB: _____
Name: _____ SSN: _____ DOB: _____
Name: _____ SSN: _____ DOB: _____
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

This document contains the social security number of a person as required by NRS 123.130, NRS 125, 230, and NRS 125B.055

Code: **3880**

Name: _____

Address: _____

_____

Telephone No. _____

Appearing in Proper Person

IN THE FAMILY DIVISION

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

IN AND FOR THE COUNTY OF WHITE PINE

_____ Petitioner,

vs.

_____ Respondent.

_____/

Case No. _____

Dept. No. _____

RESPONSE TO MOTION FOR REVIEW AND MODIFICATION OF CHILD SUPPORT

I, _____ (Your Name), the _____ (Plaintiff or Defendant)

in this matter, submit the following Response to Motion for Review and Modification of Child Support filed on _____ (Date motion was filed.).

I _____ (agree or disagree) with the Motion for the following reasons:

Explain clearly and in detail the facts and legal reasons you agree with or oppose the review and modification or adjustment of child support

_____

_____

_____

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 (If you need more space, you may use additional pages. Be sure to write only on one side of the paper and clearly identify the additional pages as a continuation of your Response.)

12

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

14

15 ***If a hearing is requested, explain in detail why you believe a hearing is necessary.***

16

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

18 _____

19 _____

20 _____

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

22 I declare, under penalty of perjury under the law of the State of Nevada, that the foregoing is

23 true and correct.

24

25 Date:_____

26 _____
Signature

27

28 _____
Printed Name

Completing the General Financial Disclosure Form

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

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

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.

Code: 1740
Name: _____
Address: _____
_____
Telephone: _____

SECOND JUDICIAL DISTRICT COURT

WASHOE COUNTY, NEVADA

_____,
Plaintiff / Petitioner,

vs.

_____,
Defendant / Respondent.

Case No._____

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? _____

Code: 1740
Name: _____
Address: _____
_____
Telephone: _____

SEVENTH JUDICIAL DISTRICT COURT

WHITE PINE COUNTY, NEVADA

_____,
Plaintiff / Petitioner,

vs.

_____,
Defendant / Respondent.

Case No._____

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 <u>every paycheck</u> 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)
1st			
2nd			

3rd			
4th			
5th			

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	1st Child	2nd Child	3rd Child	4th Child	5th 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: _____

[X] 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)

Code: 3720
Name: _____
Address: _____
_____
Telephone: _____
Appearing in Proper Person

IN THE FAMILY DIVISION

THE 7TH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF WHITE PINE

_____,
Plaintiff/Petitioner,

Case No. _____

Dept. No. _____

vs.

_____,
Defendant/Respondent.
_____/

PROOF OF SERVICE

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

upon _____
(Write the name of the person served.)

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

WRITE YOUR INITIALS ON THE APPROPRIATE LINE(S):

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

Name: _____
Address: _____
_____

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: _____