

Your Name: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
In Proper Person _____

**In The First Judicial District Court of the State of Nevada
In and for Carson City**

_____,) Case No.: _____ 1B
Plaintiff,)
Dept. No.: _____
)
vs.) **AFFIDAVIT OF SERVICE**
)
_____,)
Defendant.)
)
_____)

STATE OF NEVADA)
)ss
CARSON CITY)

_____, being first duly sworn under penalties of
(Name of person making service)

perjury, states as follows:

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

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

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

2. That on the _____ day of _____, _____, I served a true and correct copy
(day) (month) (year)
of the document(s) entitled: _____
(Clearly list all documents you served on the other party)

in the following way: (check the appropriate blank, and fill in the appropriate information)

1 **IF THE DOCUMENTS WERE SERVED BY MAIL ON THE OTHER PARTY, OR THE**
2 **OTHER PARTY'S LAWYER, FILL IN THE FOLLOWING:**

3 _____ by placing a copy enclosed in a sealed envelope upon which first class postage
4 was fully prepaid.

5 _____ by placing a copy enclosed in a sealed envelope and mailing it certified, return
6 receipt requested.

7 The envelope was addressed to:

8 (Name) _____

9 (Address) _____

10 _____
11 and that there is regular communication by mail between the place of mailing and the place
12 addressed.

13 **IF THE DOCUMENTS WERE PERSONALLY SERVED ON THE OTHER PARTY, OR**
14 **THE OTHER PARTY'S LAWYER, FILL IN THE FOLLOWING:**

15 _____ by personally serving:

16 (Name) _____

17 at (address) _____

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

20 Date: _____

21 _____
22 (print name)

23 _____
24 (signature)

1 Name: _____
2 Address: _____
3 City, State, Zip: _____
4 Telephone: _____

5 **In The First Judicial District Court of the State of Nevada**
6 **In and for Carson City**

7 _____
8 Plaintiff/Petitioner,
9
10 vs.
11 _____
12 Defendant/Respondent.

Case No.: _____ 1B
Dept. No.: _____

**AFFIDAVIT IN SUPPORT OF
DEFAULT JUDGMENT**

13 *Check all of the boxes to indicate that you have completed all of the necessary steps to take
14 default against the Defendant/Respondent.*

- 15 I filed a Complaint/Petition in this case.
- 16 The allegations of the Complaint/Petition are true.
- 17 The Complaint/Petition and Summons were served on the Defendant/Respondent and
18 Proof of Service was filed with the Court.
- 19 The Clerk of the Court has informed me that the Defendant/Respondent has not filed an
20 answer or other response with the Court.
- 21 The Defendant/Respondent has not communicated to me that they oppose my
22 Complaint/Petition; or I have served Notice of Intent to Take Default and the
23 Defendant/Respondent has not filed an Answer or other response with the Court.
- 24 The Defendant/Respondent is not in the active military service of the United States, is
25 not under 18 years of age and is not an incompetent person.
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I ask that my Complaint/Petition be granted to me by the Court.

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 statements are true and correct.

Dated this _____ day of _____, 20_____.

Signature: _____

Print Name: _____

NOTICE TO THE PUBLIC REGARDING PERSONAL INFORMATION IN COURT PAPERS

NRS 239B.030(1) prohibits including any personal information about a person in any document that is filed, or otherwise submitted to a government agency.

NRS 603A.040 defines “personal information” as:

1. “Personal information” means a natural person’s first name or first initial and last name in combination with any one or more of the following data elements:
 - (a) Social security number.
 - (b) Driver’s license number, driver authorization card number or identification card number.
 - (d) A medical identification number or a health insurance identification number.
 - (e) A user name, unique identifier or electronic mail address in combination with a password, access code or security question and answer that would permit access to an online account.
2. The term does not include the last four digits of a social security number, the last four digits of a driver's license number, the last four digits of a driver authorization card number or the last four digits of an identification card number or publicly available information that is lawfully made available to the general public from federal, state or local governmental records.

NRS 239B.030(3) requires governmental agencies to take necessary measures to ensure that notice of the provisions of this section is provided to persons with whom it conducts business.

NRS 239B.030(4) authorizes governmental agencies to require a person who files or otherwise submits any document to a government agency to provide an affirmation that the document does not contain personal information about any person or, if the document contains any such personal information. A government agency may refuse to file or otherwise accept a document which does not contain such an affirmation when required or any document which contains personal information about a person.

The purpose of this “Initial Appearance” affirmation is to ensure that the initial document(s) being filed does **not** contain personal information. The affirmation becomes part of the initial document. So you do not have to file an affirmation every time you file something, the Initial Appearance affirmation also states that no further affirmations are necessary unless a pleading which is filed contains personal information.

The Initial Appearance affirmation and Affirmation forms are posted on the First Judicial District Court and the Carson City Justice/Municipal Court’s websites for your convenience.

1 Your name or firm: _____
Mailing Address: _____
2 City, State, Zip: _____
3 Telephone: _____

4 **In The First Judicial District Court of the State of Nevada**
5 **In and for Carson City**

6
7 _____) Case No. _____
8 Plaintiff,) Dept. No. _____
9 vs.)
10 _____)
11 Defendant.)

12 **AFFIRMATION**
13 **Pursuant to NRS 239B.030/603A.040**
14 **(Initial Appearance)**

15 The undersigned does hereby affirm that the document entitled _____
16 **does not** contain "*Personal Information*" and agrees that upon the filing of additional documents in the
17 above matter, an Affirmation will be provided **ONLY** if the document contains a social security number
18 (NRS 239B.030) or "personal information" (NRS 603A.040), which means a natural person's first name
19 or first initial and last name in combination with any one or more of the following data elements:

- 17 1. Social Security number.
- 18 2. Driver's license number, driver authorization card number or identification card number.
- 19 3. Account number, credit card number or debit card number, in combination with any required
20 security code, access code or password that would permit access to the person's financial
21 account.
- 22 4. A medical identification number or a health insurance identification number.
- 23 5. A user name, unique identifier or electronic mail address in combination with a password,
24 access code or security question and answer that would permit access to an online account.

25 The term does not include publicly available information that is lawfully made available to the general public.

(Your signature) _____ (Date) _____

The purpose of this initial affirmation is to ensure that each person who initiates a case, or upon first appearing in a case, acknowledges their understanding that no further affirmations are necessary unless a pleading which is filed contains personal information.

Your name or firm: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____

**In The First Judicial District Court of the State of Nevada
In and for Carson City**

_____) Case No. _____
Plaintiff,) Dept. No. _____
vs.)
_____)
Defendant.)
_____)

**AFFIRMATION
Pursuant to NRS 239B.030/603A.040**

The undersigned does hereby affirm that the document entitled _____
_____ **DOES** contain "*Personal Information*"

as described pursuant to NRS 603A.040 (also see "Notice to the Public" available on our
website). This "*Personal Information*" is provided pursuant to:

A specific state or federal law identified as:

(State specific state or federal law)

-or-

For the administration of a public program

-or-

For an application for a federal or state grant

(Your signature) _____ (Date) _____

Your Name: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
In Proper Person _____

**In The First Judicial District Court of the State of Nevada
In and for Carson City**

_____,
Plaintiff,

vs.

_____,
Defendant.

Case No.: _____

Dept. No.: _____

**APPLICATION FOR ENTRY OF
DEFAULT**

TO: CLERK OF THE FIRST JUDICIAL DISTRICT COURT
CARSON CITY, STATE OF NEVADA

Please enter the Default of the Defendant, _____
(Other Party's Name)

for failure to plead or otherwise defend the above-entitled action as provided by the Nevada
Rules of Civil Procedure.

The Defendant was served with a copy of the Summons and Complaint by service
on _____. More than 21 days have elapsed since said service and the
(Date of Service)

Defendant has not answered, or otherwise responded and no extension has been granted.

OR

The Defendant was served by publication and last date of publication was on
_____.
(Date Last Published)

Dated this _____ day of _____, 20_____.

BY: _____

1 Name: _____
2 Mailing Address: _____
3 City, State, Zip: _____
4 Telephone: _____
5 *In Proper Person*

6 **In The First Judicial District Court of the State of Nevada**
7 **In and for Carson City**

8 _____
9 Plaintiff,
10 vs.
11 _____
12 Defendant.

Case No.: _____ 1B
Dept. No.: _____

13 **APPLICATION AND DECLARATION**
14 **TO WAIVE FEES AND COSTS**

15 I, _____, declare that pursuant to NRS 12.015, I am
16 (Print Your Name) requesting permission from this Court to proceed without paying court costs or other costs and
17 fees because I cannot afford to pay such expenses.

18 A.

19 **Monthly Benefits Received:**
20 Check each box that applies to you. You may need to check more than one box.
21 If you are not receiving any of the benefits listed, proceed to section B.

- 22 I receive benefits from one or more of the following programs (please check all that apply):
23 Supplemental Security Income (SSI); Food Stamps; Temporary Assistance for
24 Needy Families (TANF); Medicaid; Subsidized Housing through Reno Housing
25 Authority; Client of Legal Services; Other State or Federal Program of Assistance

26 _____
27 (Name of Program)

1 B.

2 **Monthly Money Earned and Received:**

3 Check each box that applies to you and fill in the information requested. You may
4 need to check more than one box.

5 I am working and my hourly wage is \$ _____. I work _____ hours per week.

6 I am not paid by the hour; I receive a salary in the following amount:

7 \$ _____ per year OR \$ _____ per month.

8 I receive commissions or tips each month in the following amount: \$ _____

9 I receive unemployment benefits each week in the following amount: \$ _____

10 I receive veterans or social security benefits (retirement, disability,
11 widowhood, dependents, or survivor) each month in the following amount: \$ _____

12 I receive child support, spousal support, or alimony each month in the
13 following amount: \$ _____

14 I receive pension or annuity payments each month in the following amount: \$ _____

15 I receive other sources of income (such as rent, military basic allowance for
16 quarters (BAQ), veterans payments, annuities, or trust payments) each month
17 in the following amount: \$ _____

18 I am not employed at the present time and am not receiving any kind of income or benefits.

19 (If you have checked this box, please explain how you are meeting your basic living needs.

20 For example, are you living with others who are helping to support you, are you in a homeless
21 shelter, or are you meeting your needs in other ways?) Please explain here:
22
23
24
25
26
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28

If more room is needed, attach additional sheets.

1 C.

2 **Total Monthly Expenses:**
3 Fill in the requested information.

4 Rent or Mortgage \$ _____

5 Phone, gas, electricity and other utilities \$ _____

6 Food \$ _____

7 Childcare \$ _____

8 Insurance \$ _____

9 Medical \$ _____

10 Transportation \$ _____

11 Other: _____ \$ _____

12

13 **Total Expenses Per Month** \$ _____

14 D.

15 **List of Assets and Their Value:**
16 Check each box that applies to you and fill in the information requested.
17 You may need to check more than one box.

18

19 Motor Vehicle(s):

	<u>What is it worth?</u>	<u>Amount owed.</u>
_____	\$ _____	\$ _____
(Print the Year, Make, and Model)		
_____	\$ _____	\$ _____
(Print the Year, Make, and Model)		

23 I do not own a Motor Vehicle

24 Home or Real Estate other than where you live:

25 _____ \$ _____ \$ _____

27 I do not own a Home or Real Estate

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What is it worth? Amount owed.

Accounts or Other Personal Property (saving, checking, stocks, bonds, investments, retirement, jewelry, furs, furniture, etc.). Please write it here:

_____ \$ _____ \$ _____
_____ \$ _____ \$ _____

I have cash in the amount of: \$ _____

E.

People Who Live in Your Home:
Include only your spouse, children, and other people in the home who you help to support or who help to support you. When listing children please include only their initials rather than their first and last names. If a person helps support you, list the amount of money they contribute each month.

Name	Age	Relationship	Gross Monthly Contribution
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____
(5) _____	_____	_____	\$ _____
(6) _____	_____	_____	\$ _____
(7) _____	_____	_____	\$ _____
(8) _____	_____	_____	\$ _____

If more room is needed, attach additional sheets.

1 F.

2 If there is additional information you believe the Court should consider, write it here:

3 _____

4 _____

5 _____

6 _____

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9 _____

10 _____

11 _____

12 _____

13 _____

14 _____

15 If more room is needed, attach additional sheets.

16

17 This document does not contain the personal information of any person as defined by

18 NRS 603A.040.

19 **I declare under penalty of perjury under the law of the State of Nevada that the**

20 **foregoing is true and correct.**

21

22 Date: _____ Your Signature: _____

23

24 Print Your Name: _____

APPLICATION TO WAIVE MEDIATION FEES
(State Standardized Form)

GENERAL INSTRUCTIONS

If a party to an action cannot afford mediation fees, under certain circumstances the law allows the Court to waive the mediation fees.

A waiver of fees is not automatic.

To be considered for a waiver of mediation fees, you must show the Court that you are indigent and cannot afford the fees. The following Application must be filled in completely and accurately. If you leave out any information, the court may not consider your request for a waiver.

A. STEP 1: Filling out the Application to Waive Mediation Fees

1. Fill in the heading of your case just as it appears on the other documents.
2. If you have questions regarding what information to include on your Application, see a private attorney.
3. The application must either be signed in front of a Notary Public or taken to the Clerk's Office and signed in front of a Clerk.

B. STEP 2: Filling out the Order Regarding Waiver of Mediation Fees

1. Fill in the heading just as it appears on your other documents.
2. Fill in your name where indicated on the form and fill in your name, address and telephone number on the last page.
3. Do not fill in the date. The judge will fill that information in when he/she signs the Order.
4. Make one (1) copy of the order.

C. STEP 3: Copying and filing the documents

1. Take the original and copies of the Application and Order to the Court Clerk's office to turn them in. The Court Clerk will then forward your documents to the judge for consideration.
2. When the court makes a decision on the waiver of mediation fees, a copy of the Order will be mailed to you.
3. **If your fee waiver is granted** you will receive a copy of the Order Waiving Mediation Fees.
4. **If your fee waiver is denied** pay the mediation fee at the Clerk's office.

The filing of a false (untruthful) affidavit in support of the application can result in the Court assessing the fees and upon a hearing, based on contempt of court, result in a fine not exceeding \$500.00 or imprisonment not exceeding 25 days or both. NRS 22.010 and NRS 22.100.

1 Your name: _____
Mailing Address: _____
2 City, State, Zip: _____
Telephone: _____
3 In Proper Person _____

4 **In The First Judicial District Court of the State of Nevada**
5 **In and for Carson City**

7) Case No. _____
8) Dept. No. _____
9)
8 _____)
Plaintiff,)
9 vs.)
10 _____)
Defendant.)
11 _____)

12
13 **APPLICATION TO WAIVE MEDIATION FEES**

14 Pursuant to NRS 3.500(2)(e) and FJDCR 25(16) and based on the following affidavit, I
15 request permission from this court to proceed with mediation without paying the mediation fee
16 because I lack sufficient financial ability.

17 **AFFIDAVIT**

18 STATE OF NEVADA)
19) ss.
CITY OF CARSON CITY)

20
21 I, _____, after being duly sworn, declare under penalty of
(Your name)
perjury:

22 **All blank lines must be completed. If the dollar amount or other number is zero write “Ø”.**

- 23
24 1. I have read the contents of this Application and am competent to testify as to the
25 contents of this Application and the contents are true of my own knowledge.

1 My total monthly expenses are:

2
3 Rent or Mortgage \$ _____

4 Phone, Gas, Electricity, and other Utilities \$ _____

5 Food \$ _____

6 Child Care \$ _____

7 Insurance \$ _____

8 Medical \$ _____

9 Transportation \$ _____

10 Child support and child care expenses paid to someone else \$ _____

11 Other \$ _____

12 _____
13 **TOTAL MONTHLY EXPENSES** \$ _____

14
15 I request that the Court hold a hearing on this Application if the Court is inclined to deny
16 the same so that I may testify as to my indigent status.

17 _____
18 (Your Signature)

19 _____
20 Certified before me pursuant to NRS 3.300(2) this _____ day of _____, 20____.

21 _____
22 Clerk

1 STATE OF NEVADA)
2) ss.
3 COUNTY OF CARSON)

4 On this _____ day of _____, 20_____, personally appeared before
5 me, the undersigned, a Notary Public in and for the County of _____,
6 State of Nevada, _____, personally known to me or proved to
7 me to be the person whose name is subscribed to the above instrument and who acknowledged
8 that she/he executed the above instrument freely and voluntarily and for the uses and purposes
9 therein mentioned.

10 _____
11 NOTARY PUBLIC

1 Your name: _____
2 Mailing Address: _____
3 City, State, Zip: _____
4 Telephone: _____
5 In Proper Person _____

6 **In The First Judicial District Court of the State of Nevada**
7 **In and for Carson City**

8) Case No. _____
9) Dept. No. _____
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Plaintiff,
vs.

Defendant.

26 **ORDER REGARDING WAIVER OF MEDIATION FEES**

27 Upon consideration of _____'s Application to
28 (Your Name)
29 waive mediation fees and it appearing that there is not sufficient income, property or
30 resources with which to pay the mediation fees:

31 IT IS HEREBY ORDERED that _____'s
32 (Your Name)
33 request to waive mediation fees is GRANTED.

34 IT IS HEREBY ORDERED that _____'s
35 (Your Name)
36 request to waive mediation fees is DENIED for the following reason:

37 The party is not indigent.

38 Other: _____

**FIRST JUDICIAL DISTRICT COURT
JUSTICE AND MUNICIPAL COURT**

PUBLIC CD ROM ORDER FORM (CD ONLY)

885 E. MUSSER STREET CARSON CITY, NV 89701, STE 2007
DISTRICT COURT (775) 887-2082 (Third Floor)
JUSTICE/MUNICIPAL COURT (775) 887-2121 (Second Floor)

PLEASE BE ADVISED THAT THIS IS NOT A REQUEST FOR A TRANSCRIPT

Request for a copy of court proceedings may be submitted to the Clerk's Office in each respective court. **Please anticipate 2 to 4 weeks for completion of order. COPY OF A CD IS NOT A SUBSTITUTE FOR A CERTIFIED COURT REPORTER TRANSCRIPT. THE COURT DOES NOT TRANSCRIBE CD RECORDINGS. THE JUSTICE COURT WILL FORWARD CRIMINAL MATTERS FOR TRANSCRIPTION TO APPROVED TRANSCRIBERS. DISTRICT COURT TRANSCRIPTS MUST BE ARRANGED BY THE REQUESTING PARTY AND TRANSCRIBED BY A CERTIFIED COURT REPORTER. THE COURTS USE CAPITOL REPORTERS LOCATED AT 208 N. CURRY ST., CARSON CITY, NEVADA 89703 OFFICE #(775) 882-5322 OR SUNSHINE REPORTING SERVICES AT (775) 323-3411.**

_____ \$10.00 One Court Proceeding on CD ROM
_____ \$ 9.50 To add one additional day of Court Proceedings to a previously duplicated tape.
Each additional date added (____dates)

State Agency (No Charge) _____ Indigent Request (No Charge) _____
Agency Name Name

Parties: _____ vs. _____

Case No. _____ Dept _____ Judge _____

Date(s) of Proceeding: _____

Requesting Party or Firm Name: _____

Address: _____

City/State/Zip: _____

Phone No(s): _____ Contact Name: _____

PLEASE NOTE: THE VIEWING OF DOMESTIC PROCEEDINGS BY MINOR CHILDREN IS NOT CONSIDERED TO BE IN THEIR BEST INTEREST. THE PURPOSE OF THE CD RECORDING IS FOR ATTORNEYS AND CLIENTS AND IS PROHIBITED FROM BEING PUBLISHED OR SOLD. YOU MAY BE FOUND IN CONTEMPT OF COURT FOR VIOLATING THIS POLICY.

-INTEROFFICE USE ONLY-

Order Received by: _____ Date: _____

Order Filled by: _____ Date: _____

Client Notified: _____ Time: _____ VM Date: _____

CD Received by: _____ Date: _____

DISTRICT COURT CIVIL COVER SHEET

Carson City County, Nevada

Case No. _____
(Assigned by Clerk's Office)

I. Party Information *(provide both home and mailing addresses if different)*

Plaintiff(s) (name/address/phone): 	Defendant(s) (name/address/phone):
Attorney (name/address/phone): 	Attorney (name/address/phone):

II. Nature of Controversy *(please select the one most applicable filing type below)*

Civil Case Filing Types

<p style="text-align: center;">Real Property</p> <p>Landlord/Tenant</p> <p><input type="checkbox"/> Unlawful Detainer</p> <p><input type="checkbox"/> Other Landlord/Tenant</p> <p>Title to Property</p> <p><input type="checkbox"/> Judicial Foreclosure</p> <p><input type="checkbox"/> Foreclosure Mediation Assistance</p> <p><input type="checkbox"/> Other Title to Property</p> <p>Other Real Property</p> <p><input type="checkbox"/> Condemnation/Eminent Domain</p> <p><input type="checkbox"/> Other Real Property</p>	<p style="text-align: center;">Negligence</p> <p><input type="checkbox"/> Auto</p> <p><input type="checkbox"/> Premises Liability</p> <p><input type="checkbox"/> Other Negligence</p> <p>Malpractice</p> <p><input type="checkbox"/> Medical/Dental</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Accounting</p> <p><input type="checkbox"/> Other Malpractice</p>	<p style="text-align: center;">Torts</p> <p>Other Torts</p> <p><input type="checkbox"/> Product Liability</p> <p><input type="checkbox"/> Intentional Misconduct</p> <p><input type="checkbox"/> Employment Tort</p> <p><input type="checkbox"/> Insurance Tort</p> <p><input type="checkbox"/> Other Tort</p>
<p style="text-align: center;">Probate</p> <p><i>Probate (select case type and estate value)</i></p> <p><input type="checkbox"/> Summary Administration</p> <p><input type="checkbox"/> General Administration</p> <p><input type="checkbox"/> Special Administration</p> <p><input type="checkbox"/> Set Aside <input type="checkbox"/> Surviving Spouse</p> <p><input type="checkbox"/> Trust/Conservatorship</p> <p><input type="checkbox"/> Other Probate</p> <p>Estate Value</p> <p><input type="checkbox"/> Greater than \$300,000</p> <p><input type="checkbox"/> \$200,000-\$300,000</p> <p><input type="checkbox"/> \$100,001-\$199,999</p> <p><input type="checkbox"/> \$25,001-\$100,000</p> <p><input type="checkbox"/> \$20,001-\$25,000</p> <p><input type="checkbox"/> \$2,501-20,000</p> <p><input type="checkbox"/> \$2,500 or less</p>	<p style="text-align: center;">Construction Defect & Contract</p> <p>Construction Defect</p> <p><input type="checkbox"/> Chapter 40</p> <p><input type="checkbox"/> Other Construction Defect</p> <p>Contract Case</p> <p><input type="checkbox"/> Uniform Commercial Code</p> <p><input type="checkbox"/> Building and Construction</p> <p><input type="checkbox"/> Insurance Carrier</p> <p><input type="checkbox"/> Commercial Instrument</p> <p><input type="checkbox"/> Collection of Accounts</p> <p><input type="checkbox"/> Employment Contract</p> <p><input type="checkbox"/> Other Contract</p>	<p style="text-align: center;">Judicial Review/Appeal</p> <p>Judicial Review</p> <p><input type="checkbox"/> Petition to Seal Records</p> <p><input type="checkbox"/> Mental Competency</p> <p>Nevada State Agency Appeal</p> <p><input type="checkbox"/> Department of Motor Vehicle</p> <p><input type="checkbox"/> Worker's Compensation</p> <p><input type="checkbox"/> Other Nevada State Agency</p> <p>Appeal Other</p> <p><input type="checkbox"/> Appeal from Lower Court</p> <p><input type="checkbox"/> Other Judicial Review/Appeal</p>
<p style="text-align: center;">Civil Writ</p> <p>Civil Writ</p> <p><input type="checkbox"/> Writ of Habeas Corpus</p> <p><input type="checkbox"/> Writ of Mandamus</p> <p><input type="checkbox"/> Writ of Quo Warrant</p> <p><input type="checkbox"/> Writ of Prohibition</p> <p><input type="checkbox"/> Other Civil Writ</p>		<p style="text-align: center;">Other Civil Filing</p> <p>Other Civil Filing</p> <p><input type="checkbox"/> Compromise of Minor's Claim</p> <p><input type="checkbox"/> Foreign Judgment</p> <p><input type="checkbox"/> Other Civil Matters</p>

Business Court filings should be filed using the Business Court civil coversheet.

Date _____

Signature of initiating party or representative _____

See other side for family-related case filings.

CIVIL (FAMILY/JUVENILE-RELATED) COVER SHEET

Carson City County, Nevada

Case No. _____
(Assigned by Clerk's Office)

I. Party Information (provide both home and mailing addresses if different)

Plaintiff/Petitioner (name/address/phone): _____ _____	Defendant/Respondent/Co-petitioner (name/address/phone): _____ _____
D.O.B.: _____	D.O.B.: _____
Attorney (name/address/phone): _____ _____	Attorney (name/address/phone): _____ _____
Will an Interpreter be required for court hearings? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what language will need to be interpreted? _____	Will an Interpreter be required for court hearings? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what language will need to be interpreted? _____

Contact court clerk for further information about interpreters

II. Nature of Controversy (Please check applicable bold category and applicable subcategory, if appropriate)

Family-Juvenile Related Cases

Domestic Relations Case Filing Types	Other Family Related Case Filing Types
<input type="checkbox"/> Marriage Dissolution Case <input type="checkbox"/> Annulment <input type="checkbox"/> Divorce - With Children <input type="checkbox"/> Divorce - Without Children <input type="checkbox"/> Foreign Decree <input type="checkbox"/> Joint Petition - With Children <input type="checkbox"/> Joint Petition - Without Children <input type="checkbox"/> Separate Maintenance <input type="checkbox"/> Paternity <input type="checkbox"/> Custody (Non-Divorce) <input type="checkbox"/> Support (Non-Divorce) <input type="checkbox"/> Intrastate (Title IV-D) <input type="checkbox"/> Other Support (Non-Title IV-D) <input type="checkbox"/> Visitation (Non-Divorce) <input type="checkbox"/> Termination of Parental Rights (TPR) <input type="checkbox"/> State-Initiated TPR Petition (District Attorney filing only) <input type="checkbox"/> Other TPR Petition (Private Request) <input type="checkbox"/> Adoptions <input type="checkbox"/> Adult <input type="checkbox"/> Minor	<input type="checkbox"/> Request for Temporary Protective Order <input type="checkbox"/> Request for Extended Temporary Protective Order <input type="checkbox"/> Other Domestic Relation Case Filings <input type="checkbox"/> Name Change <input type="checkbox"/> Permission to Marry <input type="checkbox"/> Other Domestic Relation Filings <input type="checkbox"/> Mental Health
	<p align="center">Guardianship Case Filing Types</p> <input type="checkbox"/> Guardianship of an Adult <input type="checkbox"/> Guardianship of a Minor <input type="checkbox"/> Guardianship Trust Estimated Estate Value: _____
	<p align="center">Juvenile-Related Case Filing Types</p> <input type="checkbox"/> Miscellaneous Juvenile Petition <input type="checkbox"/> Emancipation Petition

Children involved in this case:

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

Date

Signature of initiating party or representative

*For Clark and Washoe Counties, please use their Family Court Cover Sheet for family-related case filings.
Please see the Family Court Clerk in those counties for copies of their forms.*

**FIRST JUDICIAL DISTRICT COURT
CARSON CITY JUSTICE AND MUNICIPAL COURT**

COURT INTERPRETER BILLING INVOICE

INTERPRETER'S NAME: _____ INVOICE DATE: _____
 ADDRESS: _____
 CITY/STATE: _____
 TELEPHONE: _____
 TAX ID NO.: _____
 BILL TO: _____ INVOICE NO: _____

INCOMPLETE INVOICES MAY RESULT IN DELAY OF PAYMENT.

	DEFENDANT 1	DEFENDANT 2	DEFENDANT 3
DEFENDANT'S NAME			
CASE NUMBER			
ATTORNEY'S NAME			
DESCRIPTION OF SERVICE			
DATE/TIME SERVICE BEGAN			
DATE/TIME SERVICE ENDED			
ATTORNEY'S SIGNATURE			
TOTAL # HOURS			
RATE OF PAY \$65/Hour Certified \$50/Hour Non-Certified			
\$ AMOUNT			
TOTAL MILEAGE (STATE RATE PER MILE .655¢)	_____ X .655¢ = _____ <small>(No. of Miles Total Round Trip)</small>	_____ X .655¢ = _____ <small>(No. of Miles Total Round Trip)</small>	_____ X .655¢ = _____ <small>(No. of Miles Total Round Trip)</small>
	TOTAL AMOUNT BILLED		

**Send all completed invoices to: Wendy Yang, Judicial Assistant
885 E. Musser Street Suite 2007
Carson City, Nevada 89701**

Your name: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
In Proper Person _____

**In The First Judicial District Court of the State of Nevada
In and for Carson City**

IN THE MATTER OF THE ESTATE OF: _____) Case No.: _____
_____) Dept. No. _____
_____)
_____) **CREDITOR'S CLAIM**
_____) Deceased. _____)
_____)

Claim of _____, for \$ _____. The
within claim presented to _____, of said
deceased is allowed and approved for \$ _____, this _____ day of
_____, 20_____.

Administrator/Administratrix/Executor/Executrix (circle one)

Allowed and approved for \$ _____, this day of _____, 20_____.

District Judge

The undersigned creditor of the above-named deceased, presents this claim against the
deceased, a statement of which is hereto annexed, marked "A".

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**IN THE FIRST JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR CARSON CITY**

-oOo-

CASE NO. __ DR1 _____ 1B

DEPT. 2

**PLAINTIFF/PETITIONER,
VS.**

DEFENDANT/RESPONDENT.

DECLARATION OF _____

DATED: _____

SIGNATURE

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__.

Submitted by: _____
(your name)

Your name: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
In Proper Person _____

**In The First Judicial District Court of the State of Nevada
In and for Carson City**

_____) Case No.: _____
Plaintiff,) Dept. No. _____
)
)
vs.) **DEFAULT**
)
_____)
Defendant.)
_____)

It appearing that _____,
the defendant herein is in default for failure to plead or otherwise defend as required by law.

DEFAULT is hereby entered against the said defendant this _____ day of
_____, 20_____.

Scott Coen, Clerk

By: _____, Deputy

FIRST JUDICIAL COURT OF THE STATE OF NEVADA FINANCIAL DECLARATION

Case #:	Date:
Name:	Employer:
Address:	City: State: Zip:
Home Phone #:	Cell Phone#:
Birthdate:	Spouse's Name:

I, _____, am the defendant in the above entitled action. My monthly income, assets, property, monthly expenses and debts are reported below:

MONTHLY INCOME	AMOUNT	ASSETS	AMOUNT
Household Take Home Pay:	_____	Cash:	_____
Other Household Income Each Month:	_____	Checking, Savings, Credit Union:	_____
Income Source:	_____	Other:	_____
TOTAL MONTHLY INCOME:	_____	TOTAL VALUE OF ASSETS:	_____

PROPERTY	TYPE/ADDRESS	EQUITY/VALUE	BALANCE OWED
Home:	_____	_____	_____
Automobiles:	_____	_____	_____
Other Vehicles:	_____	_____	_____
Jewelry:	_____	_____	_____
Other:	_____	_____	_____

MONTHLY EXPENSES	AMOUNT	MONTHLY EXPENSES	AMOUNT
Rent or Mortgage Payment:	_____	School, Child Care:	_____
Food and Household Supplies:	_____	Child, Spousal Support:	_____
Utilities and Phone:	_____	Transportation/Auto Expenses:	_____
Medical and Dental Payments:	_____	Other (*Itemized Below)	_____
TOTAL	_____	TOTAL	_____

INSTALLMENT PAYMENTS/CREDITOR NAME	MONTHLY PAYMENT	BALANCE OWED
_____	_____	_____
_____	_____	_____
TOTAL PAYMENTS	_____	_____

The following persons other than myself depend, in whole or in part, on me or my spouse for support:

NAME	ADDRESS	RELATIONSHIP	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that the Court will make a determination of my present ability to pay all or part of fines and fees related to my case; that the Court may order me to pay such fines and fees; and that the Court may look at this Financial Declaration when deciding the request I have made to the Court.

I DECLARE UNDER PENALTY OF PERJURY that the information provided on this form is true and correct.

(Print Name)

(Signature of Declarant)

Date

DETAILED FINANCIAL DISCLOSURE FORM INSTRUCTIONS SHEET

_____ v. _____
 Case Number _____

Pages 1 through 4, 5 through 6 and 7 through 10 are mandatory. Please fill out the number of pages used, if any, for the remaining supplemental sheets.

Page No.	Sheet Name	No. of Pages
Page 1	General Information	1
Page 2	Income & Expense Summary	1
Page 3	Personal Gross Income Worksheet	1
Page 4	Personal Deductions Worksheet	1
Page 5	Personal Expense Worksheet Necessities	1
Page 6	Personal Expense Worksheet Discretionary Expenses	1
Page 6(a)	Additional Real Property Worksheet (complete if you own real property not occupied by you or your spouse)	
Page 6(b)	Additional Vehicles Worksheet (complete if you own more than 2 vehicles)	
Page 6(c)	Child(ren)'s Personal Expense Worksheet (complete if you have children of this relationship)	
Page 7	Asset and Debt Worksheet	1
Page 8	Asset and Debt Worksheet	1
Page 9	Signature Page	1
Page 10	Certificate of Service	1

TOTAL NUMBER OF PAGES ATTACHED

10

MISC

ATTORNEY NAME / YOUR NAME _____
 Nevada State Bar No.: _____
 FIRM NAME _____
 ADDRESS _____
 CITY, STATE ZIP _____
 Tel: () NUMBER _____
 Attorney for / In Proper Person _____

In The First Judicial District Court of the State of Nevada
 In and for Carson City

_____)
 Plaintiff,)
)
 vs.)
 _____)
 Defendant.)
 Case No. _____
 Dept. No. _____

DETAILED FINANCIAL DISCLOSURE FORM

What is your name? _____
 First Name Middle Last Name (Maiden / Former Name)
 How old are you? _____ What is your date of birth? _____
 What is your occupation? _____
 Who is your employer? _____ From: _____ To: _____
 Previous employer? _____ From: _____ To: _____
 What is your highest level of education? _____
 Level of disability? _____ Agency/Physician Certifying Disability: _____

FAMILY RESIDENCE TABLE- In the table below, insert the names and ages of each person currently living with you.

NAME	AGE	MINOR CHILD OF THIS MARRIAGE/RELATIONSHIP?	MINOR CHILD NOT OF THIS MARRIAGE/RELATIONSHIP?	OTHER RELATIONSHIP (SPECIFY)

Income/Support from Others

I am _____ am not _____ divorced from the other party in this action. I am _____ am not _____ remarried.
 My current spouse is: _____ is not: _____ currently employed.
 My current spouse earns: _____ per hour _____ per week _____ every two weeks _____ per month

Attorney's Fees and Retainer(s)

As of the date of this Disclosure, a total of: _____ has been paid by me or on my behalf to all counsel who have represented me in this matter. I have a Retainer balance of _____ remaining in my attorney's Trust Account.
 I currently owe my attorney(s) a total of: _____.

Your Name: _____
Case No.: _____

INCOME / EXPENSE SUMMARY

INCOME SUMMARY

Gross Monthly Income From All Sources	
Mandatory Deductions	
Gross Monthly Income Less Mandatory Deductions	
Voluntary Deductions	
Net Monthly Income	

EXPENSE SUMMARY

Necessities that I pay for myself	
Necessities that I pay for the other party	
Expenses that I pay for my child(ren) (of this relationship)	
Mandatory support (child & spousal) to the Other Party	
Mandatory support of others (including children NOT of this relationship)	
Total Necessities for which I pay	
Discretionary Expenses that I pay for myself	
Discretionary Expenses that I pay for the other party	
Discretionary support of others	
Total Discretionary Expenses that I pay for	
Total Expenses that I pay for	

INCOME / EXPENSE SUMMARY

Monthly Deficit / Surplus	
----------------------------------	--

If you have a monthly deficit, provide an explanation below of how you meet that deficit each month:

PERSONAL INCOME WORKSHEET

YOUR INCOME :							AMOUNT
1	Gross Monthly Income from Employment						
2	Fill out ALL of the following that apply to you (Enter the number (1, 2, 3, or 4) in the box that describes your pay frequency):						
	PAY FREQUENCY	1=one time per month	2= two times per month	3=every two weeks	4=every week	Per Paycheck	Monthly
	PAY FREQUENCY-1,2,3,or 4						
1	I get paid base salary/hourly wage				in the amount of		
2	I receive overtime pay every				in the amount of		
3	I receive bonus pay every				in the amount of		
4	I receive commission every				in the amount of		
5	I receive tips every				in the amount of		
6	I receive a car allowance every				in the amount of		
7	I receive a gas allowance every				in the amount of		
8	I receive a housing allowance every				in the amount of		
9	I receive other allowance(s) every				in the amount of		
10	Business Income (sole proprietorship, partnership, LLC, S Corp, etc.) Attach Schedule C from last year's tax return and enter the following information:				Enter amount from line 29 of schedule C:		
					Enter amount from line 13 of schedule C:		
11	Gross Monthly Income from All Other Sources						
12	I receive spousal support/alimony ____ (voluntary) ____ (Court ordered) from the other party in this matter, a total every month in the amount of						
13	I receive child support ____ (voluntary) ____ (Court ordered) from the other party in this matter, a total every month in the amount of						
14	I receive support from others (not the other party in this case) a total every month in the amount of						
15	I receive Social Security, a total every month in the amount of						
16	I receive Social Security Disability/Military Disability income a total every month in the amount of						
17	I receive Supplemental Security Income a total every month in the amount of						
18	I receive Worker's Compensation Benefits, a total every month in the amount of						
19	I receive Unemployment Benefits, a total every month in the amount of						
20	I receive Pension/Retirement income a total every month in the amount of						
21	I receive interest income, a total every month in the amount of						
22	I receive dividend and/or royalty income a total every month of						
23	I receive payments from a partnership, S Corp, LLC, Trust, or other entity a total every month of						
24	I receive net rental income each month in the amount of:						
25	I receive other income (roommates, parents, gifts, other) a total every month of						
	Describe the source and amount of any "other" income referenced above:						
	Describe any benefits or perks paid by your employer (including but not limited to the use of any vehicle, club membership, etc.) and your estimated value of such benefits or perks:						
26	TOTAL GROSS MONTHLY INCOME						

PERSONAL DEDUCTIONS WORKSHEET		
	YOUR DEDUCTIONS : (IF YOU OWN A BUSINESS OR ARE SELF EMPLOYED, GO TO THE BUSINESS INCOME PAGE)	AMOUNT
Mandatory Monthly Paycheck Deductions		
Fill out ALL of the applicable items:		
1	I have Federal Income Tax withheld every paycheck in the amount of	
2	I have Social Security Taxes withheld every paycheck in the amount of	
3	I have Medicare <u>withheld</u> every paycheck in the amount of	
4	I have Union Dues <u>withheld</u> every paycheck in the amount of	
5	I have Court-ordered Child Support <u>withheld</u> every paycheck in the amount of	
6	I have other Court-ordered garnishments <u>withheld</u> every paycheck in the amount of	
7	I have health insurance premiums <u>withheld</u> every paycheck in the amount of	
8	List all other mandatory deductions, including amounts, <u>withheld</u> every paycheck :	
Total MANDATORY Deductions Per Month		
Voluntary Monthly Paycheck Deductions		
Fill out ALL of the applicable items:		
9	I have Life, Disability, &/or other insurance premiums withheld every paycheck in the amount of	
10	I have Federal Health Savings Plan every paycheck withheld in the amount of	
11	I have Retirement/Pension/IRA/401(k) withheld every paycheck in the amount of	
12	I have Savings withheld every paycheck in the amount of	
13	I have other (specify below) voluntary sums withheld every paycheck in the amount of	
14	List all other mandatory deductions, including amounts, withheld every paycheck:	
15	Total VOLUNTARY Deductions Per Month	
16	TOTAL DEDUCTIONS PER MONTH	

Your Name: _____
 Case Number: _____

PERSONAL EXPENSE WORKSHEET: NECESSITIES							TOTAL AMOUNT I PAY DIRECTLY FOR MYSELF	TOTAL AMOUNT I PAY DIRECTLY FOR THE OTHER PARTY	
DO NOT REPORT ANY CHILD-RELATED EXPENSES ON THIS PAGE. A SEPARATE PAGE FOR CHILD-RELATED EXPENSES IS ATTACHED.									
1	I own my home		rent / lease my home		share a home or apartment with someone else				
	I pay a monthly mortgage/rent/lease payment (for the home I live in and/or home the other party lives in) in the amount of								
	I pay a monthly second mortgage (for the home I live in and/or home the other party lives in) in the amount of								
	I pay a monthly Home Equity Line of Credit ("HELOC") (for the home I live in and/or home other party lives in) in the amount of								
	*	If not included in my mortgage payment(s), I pay property taxes (for the home I live in and/or home the other party lives in) in the amount of							
	*	If not included in my mortgage/rent payment(s), I pay a monthly home owners/renters insurance premium (for the home I live in and/or home the other party lives in) in the amount of							
	I pay monthly Home Owner's Association dues (for the home I live in and/or the home the other party lives in) in the amount of								
	*	I pay a Special Assessment Fee (for the home I live in and/or the home the other party lives in) in the amount of							
2	I pay the following utilities and telephone expenses (for the home I live in and/or the home the other party lives in) each month:								
		Gas/Heating Oil							
		Electricity							
		Water							
	*	Garbage and sewer							
		Landline (if part of a "bundled" service, indicate the total amount here)							
		Cellular service (if not included in the Landline/bundled service above)							
		Internet service (if not included in the landline/bundled service above)							
3	I spend the following each month for healthcare related expenses for myself and/or the other party (Not paid from a Health Savings Plan):								
		Medical insurance (including hospitalization, dental, vision, etc.) for myself and/or the other party (Not already deducted from my paycheck)							
		Out-of-pocket/unreimbursed cost of medical, dental, optical, and prescription expenses for myself and/or other party							
		Out-of-pocket/unreimbursed cost of therapy or counseling (for myself and/or other party)							
4	I spend the following for groceries, household goods and incidentals, not including entertainment or dining out , each month:								
5	I/we own or lease		my car.	I/we own or lease		the other party's car.			
	ADDITIONAL VEHICLES SHOULD BE LISTED ON THE SUPPLEMENT PAGE								
		Monthly loan / lease payment (for my car and/or the other party's car)							
		Gasoline and oil (for my car and/or the other party's car)							
		Automobile Insurance (if you have policy covering more than one car, separate the amount for your car and/or for other party's car)							
		Parking, public transportation, other							
6	I pay the following monthly mandatory amounts for the support of others:								
		Court-ordered child support (if paid to the other party in this case for a child of this relationship, include amount in the "Total Amount I Pay Directly For The Other Party" (first) column. If for a child of another relationship, include amount in the "Total Amount I Pay Directly For Myself" (left) column)							
		Court-ordered spousal support (if paid to the other party in this case, include amount in the "Total Amount I Pay Directly For The Other Party (first) column. If paid to someone else from a prior relationship, include amount in the "Total Amount I pay Directly For Myself" (left) column)							
7	I spend the following each month on education, uniforms, dues, memberships, subscriptions, or other mandatory requirements to maintain employment . I DO NOT receive reimbursement from the employer for any of these expenses								
TOTAL NECESSITIES:									
* Divide by 3 if paid quarterly; Divide by 6 if paid semi-annually; Divide by 12 if paid annually									
USE THE SPACE BELOW FOR ANY NOTES/COMMENTS/EXPLANATION YOU WISH TO PROVIDE REGARDING YOUR NECESSITIES									

PERSONAL EXPENSE WORKSHEET: DISCRETIONARY EXPENSES		TOTAL AMOUNT I PAY DIRECTLY FOR MYSELF	TOTAL AMOUNT I PAY DIRECTLY FOR THE OTHER PARTY
DO NOT REPORT ANY CHILD-RELATED EXPENSES ON THIS PAGE. A SEPARATE PAGE FOR CHILD-RELATED EXPENSES IS ATTACHED.			
8	I spend the following monthly amounts for House Maintenance (for the house I live in and/or the house the other party lives in) each month:		
	Garden/lawn care		
	Pool/spa service		
	Pest Control		
	Security / Alarm Service		
9	I spend the following monthly amounts for my pet's expenses (food, grooming, healthcare, boarding):		
10	Each month I pay the following minimum credit card and other consumer installment payments on my and/or the other party's credit cards: (List name of Issuing Bank or Lender, last four digits of account number and total outstanding balance)		
	Credit Card or entity to whom installment payment is made #1 Total balance due is		
	Credit Card or entity to whom installment payment is made #2 Total balance due is		
	Credit Card or entity to whom installment payment is made #3 Total balance due is		
	Credit Card or entity to whom installment payment is made #4 Total balance due is		
	Credit Card or entity to whom installment payment is made #5 Total balance due is		
	Credit Card or entity to whom installment payment is made #6 Total balance due is		
	Credit Card or entity to whom installment payment is made #7 Total balance due is		
	Credit Card or entity to whom installment payment is made #8 Total balance due is		
11	I spend the following amounts each month for clothing and related expenses:		
	Clothing, shoes and accessories		
	Dry cleaning and/or laundry service		
12	I spend the following each month on appearance (hair, manicures/pedicures, facials, massages, cosmetics, other):		
13	I spend the following amounts for Entertainment each month (dining out, movies, shows, books, magazines, etc.):		
14	I pay the following amounts for non-mandatory dues and/or membership fees (professional, fraternal organizations, country club, etc.):		
15	I pay the following monthly Health/Exercise-related expenses (health club membership fee(s), personal training, etc.):		
16	I spend the following monthly average amount for vacation expenses (total vacation cost per year divided by 12)		
17	I pay the following monthly premiums for discretionary/non-mandatory insurance (life, disability, other) (NOT already deducted from my paycheck)		
18	I spend the following amount each month on church tithes and/or charitable donations (pro-rate quarterly, semi-annual or annual payments)		
19	I spend the following amount each month in voluntary support of others:		
	Expenses for an adult non-dependent child (i.e., college, living or other expenses) SPECIFY:		
	Eldercare (specify the parent or parents for whom you pay eldercare expenses)		
20	Each month I pay the following other miscellaneous expenses:		
	PO Box Rental		
	Safety Deposit Box Rental (where located)		
	Storage		
	Other:		
TOTAL DISCRETIONARY EXPENSES			
SUBTOTAL FROM ADDITIONAL REAL PROPERTY WORKSHEET			
SUBTOTAL FROM ADDITIONAL VEHICLES WORKSHEET			
TOTAL MONTHLY DISCRETIONARY EXPENSES			
USE THE SPACE BELOW FOR ANY NOTES/COMMENTS/EXPLANATION YOU WISH TO PROVIDE REGARDING YOUR PERSONAL EXPENSES.			

ADDITIONAL REAL PROPERTY WORKSHEET		TOTAL AMOUNT I PAY DIRECTLY	TOTAL AMOUNT OTHER PARTY PAYS DIRECTLY
Use this Supplemental Worksheet to provide information for any additional real property as needed.			
ADDITIONAL REAL PROPERTY (HOUSE, CONDO, VACANT LAND, ETC.)			
1	I own this additional property (insert address):		
	I / the other party receives rental income each month for this property in the amount of:		
	I pay a monthly mortgage on the rental property payment in the amount of		
	I pay a monthly second mortgage in the amount of		
	I pay a monthly Home Equity Line of Credit ("HELOC") in the amount of		
	If not included in my mortgage payment(s), I pay property taxes in the amount of (divide payment to reach a monthly amount)		
	If not included in my mortgage payment(s), I pay a monthly home owners/renters insurance premium in the amount of (divide payment to reach a monthly amount)		
	I pay monthly Home Owner's Association dues in the amount of		
	I pay a monthly Special Assessment Fee in the amount of (to calculate a monthly amount divide: quarterly payment by 3; semi-annual payment by 6 or annual payment by 12)		
	I pay the following utilities for this property each month (gas, electricity, water, garbage, sewer, etc.)		
	I pay the following maintenance expenses for this property each month (landscape maintenance, pool, pest control, etc.)		
	I pay other expenses related to the ownership/rental/lease of this home in the amount of (Specify each "other" expense, to whom paid, and the amount below. Insert the TOTAL "Other Expenses" in the appropriate column.)		
	Total expenses for this property:		
	NET INCOME/ LOSS FROM THIS PROPERTY:		
2	I own this additional property (insert address):		
	I / the other party receives rental income each month for this property in the amount of:		
	I pay a monthly mortgage on the rental property payment in the amount of		
	I pay a monthly second mortgage in the amount of		
	I pay a monthly Home Equity Line of Credit ("HELOC") in the amount of		
	If not included in my mortgage payment(s), I pay property taxes in the amount of (divide payment to reach a monthly amount)		
	If not included in my mortgage payment(s), I pay a monthly home owners/renters insurance premium in the amount of (divide payment to reach a monthly amount)		
	I pay monthly Home Owner's Association dues in the amount of		
	I pay a monthly Special Assessment Fee in the amount of (to calculate a monthly amount divide: quarterly payment by 3; semi-annual payment by 6 or annual payment by 12)		
	I pay the following utilities for this property each month (gas, electricity, water, garbage, sewer, etc.)		
	I pay the following maintenance expenses for this property each month (landscape maintenance, pool, pest control, etc.)		
	I pay other expenses related to the ownership/rental/lease of this home in the amount of (Specify each "other" expense, to whom paid, and the amount below. Insert the TOTAL "Other Expenses" in the appropriate column.)		
	Total expenses for this property:		
	NET INCOME/ LOSS FROM THIS PROPERTY:		
	TOTAL NET INCOME / LOSS FROM INVESTMENT PROPERTIES:		
USE THE SPACE BELOW FOR ANY NOTES/COMMENTS/EXPLANATION YOU WISH TO PROVIDE REGARDING YOUR ADDITIONAL REAL PROPERTY			

ADDITIONAL VEHICLES WORKSHEET	TOTAL AMOUNT / PAY DIRECTLY	TOTAL AMOUNT OTHER PARTY PAYS DIRECTLY
--------------------------------------	------------------------------------------------	-------------------------------------------------------------------

Use this Supplemental Worksheet to provide information for any additional motor vehicles as needed.

ADDITIONAL VEHICLES				
I/we own or lease	<input type="checkbox"/> an additional vehicle.	Explain: <input style="width: 95%;" type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
Total expenses for this additional vehicle:				

ADDITIONAL VEHICLES				
I/we own or lease	<input type="checkbox"/> an additional vehicle.	Explain: <input style="width: 95%;" type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
Total expenses for this additional vehicle:				

ADDITIONAL VEHICLES				
I/we own or lease	<input type="checkbox"/> an additional vehicle.	Explain: <input style="width: 95%;" type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
Total expenses for this additional vehicle:				

ADDITIONAL VEHICLES				
I/we own or lease	<input type="checkbox"/> an additional vehicle.	Explain: <input style="width: 95%;" type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
Total expenses for this additional vehicle:				

ADDITIONAL VEHICLES				
I/we own or lease	<input type="checkbox"/> an additional vehicle.	Explain: <input style="width: 95%;" type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
Total expenses for this additional vehicle:				

ADDITIONAL VEHICLES				
I/we own or lease	<input type="checkbox"/> an additional vehicle.	Explain: <input style="width: 95%;" type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
Total expenses for this additional vehicle:				

ADDITIONAL VEHICLES				
I/we own or lease	<input type="checkbox"/> an additional vehicle.	Explain: <input style="width: 95%;" type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
Total expenses for this additional vehicle:				

ADDITIONAL VEHICLES				
I/we own or lease	<input type="checkbox"/> an additional vehicle.	Explain: <input style="width: 95%;" type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
Total expenses for this additional vehicle:				

ADDITIONAL VEHICLES				
I/we own or lease	<input type="checkbox"/> an additional vehicle.	Explain: <input style="width: 95%;" type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
Total expenses for this additional vehicle:				

ADDITIONAL VEHICLES				
I/we own or lease	<input type="checkbox"/> an additional vehicle.	Explain: <input style="width: 95%;" type="text"/>		
	Monthly loan / lease payment for this additional vehicle			
	Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)			
Total expenses for this additional vehicle:				

TOTAL NET INCOME / LOSS FROM VEHICLES:		
-----------------------------------------------	--	--

CHILD(REN)'S PERSONAL EXPENSE WORKSHEET (ENTER EXPENSES FOR CHILD(REN) OF THIS RELATIONSHIP ONLY)		TOTAL AMOUNT I PAY FOR MINOR CHILD(REN)	TOTAL AMOUNT OTHER PARTY PAYS FOR MINOR CHILD(REN)	TOTAL AMOUNT PAID BY ANOTHER FOR MINOR CHILD(REN)
1	Child(ren)'s monthly expenses for clothes, shoes & accessories:			
2	Child(ren)'s monthly unreimbursed medical expenses: Per Paycheck			
	medical co-pays			
	medication (prescription & over-the-counter)			
	optometry			
	dental and orthodontic			
	physical therapy, counseling, other			
3	Child(ren)'s monthly expenses for telephone, cellular telephone, internet			
4	Child(ren)'s monthly expenses for entertainment, dining out, movies, music, other			
5	Child(ren)'s monthly expenses for appearance (hair, manicure/pedicure; facials/massage, cosmetics, other):			
6	Children's monthly expenses for insurance (other than health insurance):			
7	Child(ren)'s monthly education-related expenses (if paid quarterly, divide by 3; semi-annually, divide by 6; annually, divide by 12):			
	Tuition, books & fees			
	Tutoring			
	Special Needs (specify)			
	Uniforms			
	Meals (if not included in tuition)			
	Extracurricular (sports, music, art, etc.)			
	Other: List specific "other" education expenses incurred and amount(s) paid, the insert the total in the appropriate column at right.			
8	Childcare expenses (daycare, before and after school care, Nanny, etc.)			
9	Summer programs / summer camp			
10	Child(ren)'s vehicle (lease/payment, insurance, gas)			
11	Transportation related to visitation - if the child(ren) live in another city/state (pro-rate expenses over the year for a monthly amount, if necessary):			
	Airfare			
	Car Rental			
	Hotel/Motel			
	Parking (at airport or other)			
	Public Transportation			
	Other: List specific "other" transportation expenses incurred and amount(s) paid, the insert the total in the appropriate column at right.			
12	Child(ren)'s Total Monthly Expenses			
USE THE SPACE BELOW FOR ANY NOTES/COMMENTS/EXPLANATION YOU WISH TO PROVIDE REGARDING YOUR CHILDREN'S PERSONAL EXPENSES				

PLAINTIFF V. DEFENDANT
ASSET & DEBT CHART

ITEM	LAST 4 DIGITS OF ACCOUNT NUMBER	WHOSE NAME IS ON ACCOUNT	ENTER "S" FOR ANY SEPARATE PROPERTY	GROSS VALUE	Amount you owe on this asset NO. 1	Amount you owe on this asset NO. 2	NET VALUE
	VALUE		VALUE	VALUE			VALUE
ASSETS:							
BANK ACCOUNTS							
1							
2							
3							
4							
5							
6							
7	Subtotal						
INVESTMENTS / SECURITIES							
8							
9							
10							
11							
12							
13							
14	Subtotal						
RETIREMENT ACCOUNTS							
15							
16							
17	Subtotal						
LIFE INSURANCE POLICIES							
18							
19							
20							
21	Subtotal						
BUSINESS INTERESTS							
22							
23							
24							
25							
26							
27	Subtotal						
RECEIVABLES / DEPOSITS							
28							
29							
30							
31							
32							
33	Subtotal						
REAL PROPERTY							
34							
35							
36							
37							
38	Subtotal						
AUTOMOBILES							
39							
40							
41							
42							
43	Subtotal						
PERSONAL PROPERTY							
44							
45							
46							
47	Subtotal						

**PLAINTIFF V. DEFENDANT
ASSET & DEBT CHART**

ITEM	LAST 4 DIGITS OF ACCOUNT NUMBER	WHOSE NAME IS ON ACCOUNT	ENTER "S" FOR ANY SEPARATE PROPERTY	GROSS VALUE	Amount you owe on this asset NO. 1	Amount you owe on this asset NO. 2	NET VALUE
------	---------------------------------	--------------------------	-------------------------------------	-------------	------------------------------------	------------------------------------	-----------

LIABILITIES:

LONG TERM DEBT NOT LISTED ABOVE

48							
49							
50							
51							
52							
53	Subtotal						

OTHER LIABILITIES NOT LISTED ABOVE

54							
55							
56							
57							
58							
59							
60							
61							
62							
63	Subtotal						

TOTAL UNSECURED LIABILITIES

NET VALUE OF ASSETS (NET EQUITY)

USE THE SPACE BELOW FOR ANY NOTES/COMMENTS/EXPLANATION YOU WISH TO PROVIDE REGARDING YOUR ASSET AND DEBT CHART

Case No: _____

Dept. No. _____

SIGNATURE PAGE

Please read the questions below and check "yes" or "no."

YES NO

	YES	NO
1. Are you contributing to anyone's expenses except your current spouse (if any), the other party and/or children as reported herein?		
2. Is anyone contributing to your expenses other than your current spouse (if any) or the other party as reported herein?		
3. Are you providing any voluntary unpaid services to any entity, group or person?		
4. Have you canceled any monthly services (housecleaning, cable, lawn care, etc.) in the past twelve (12) months?		
5. Have you removed money from any retirement or deferred compensation account in the past twelve (12) months?		
6. Have you traveled with anyone other than your current spouse (if any) or alone in the past twelve (12) months?		
7. Have you transferred assets totaling \$500 or more in the past twelve (12) months?		
8. Have you deferred receiving any money that you are entitled to receive?		
9. Is anyone holding money for you?		
10. Have you accrued sick/vacation days that you can cash out through your employer?		
11. Do you have money on deposit anywhere? i.e. purchase of a home or car, country club membership, landlord		
12. Have you prepaid any expenses?		
13. Have you loaned money totaling over \$300 to anyone in the past twelve (12) months?		
14. Have you made charitable contributions totaling over \$500 in the past twelve (12) months?		
15. Does anyone owe you money?		
16. Are you owed back child support or spousal support?		
17. Have you modified your payroll deductions in the past twelve (12) months?		
18. Are you in Bankruptcy?		
19. Is your current gross monthly income significantly different (20% or more) from the average for the past 12 months?		

I am the _____ Plaintiff/Petitioner _____ Defendant/Respondent in the above action. I swear or affirm under penalty of perjury that I read and followed all instructions in completing this Financial Disclosure Form and that the contents of this Financial Disclosure Form are true and correct to the best of my knowledge as of this date. I understand that, by my signature, I verify the material accuracy of the contents of this Form. I also understand that any willful misstatements may be contemptuous and could result in my punishment by the Court.

I understand that I have a duty to supplement the information on this form within ten (10) calendar days of discovering additional assets or debts or upon discovering any incorrectly reported information or upon any changed circumstances.

Executed: _____

Signature: _____

SIGNATURE OF ATTORNEY (if represented by counsel):

By signing this form, the attorney of record certifies that he or she has read the factual statements made by the Declarant, and there exists reasonable basis to believe that this financial disclosure is likely to have evidentiary support after further investigation or discovery.

Executed: _____

Signature: _____

CERTIFICATE OF SERVICE

I hereby certify that on _____,
service of the **FINANCIAL DISCLOSURE FORM** was made to the
following interested parties in the manner set forth below:

Via 1st Class U.S. Mail, postage fully prepaid, to

Via Facsimile and/or Email pursuant to the Consent to Service By Electronic Means
on file herein to:

And, via 1st Class U.S. Mail, postage full prepaid, addressed to:

Plaintiff/Defendant

Respectfully Submitted,

(Signature) _____
(Printed Name) _____

Name: _____
 Address: _____

 Phone: _____
 Email: _____

**In The First Judicial District Court of the State of Nevada
 In and for Carson City**

_____,
 Plaintiff,
 vs.
 _____,
 Defendant.

Case No. _____ 1B
 Dept. No. _____

GENERAL FINANCIAL DISCLOSURE FORM

You must fill this form out completely and truthfully. Please see certification at the end of this document. Fill in every line. If the information requested is not applicable or zero, write N/A or Ø on the line.

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/self-employed? (check one)
 - No
 - Yes If yes, complete the table below. Attach an additional page, if needed.

Date of Hire	Employer Name	Job Title	Work Schedule (days)	Work Schedule (shift times)

2. Are you disabled? (check one)
 - No
 - Yes If yes, what is your level of disability? _____
 What agency certified you disabled? _____
 What is the nature of your disability? _____

C. Prior Employment: If you are unemployed or have been working at your current job for less than 2 years, complete the following information.

Prior Employer: _____ Date of Hire: _____ Date of Termination: _____
 Reason for Leaving: _____

Monthly Personal Income Schedule

A. Year-to-date Income.

As of the pay period ending _____ my gross year to date pay is _____.

B. Determine your Gross Monthly Income.

Hourly Wage

Hourly Wage	X	Number of hours worked per week	=	Weekly Income	X	52 Weeks	=	Annual Income	÷	12 Months	=	Gross Monthly Income

Annual Salary

Annual Income	÷	12 Months	=	Gross Monthly Income

C. Other Sources of Income.

Source of Income	Frequency	Amount	12 Month Average
Annuity or Trust Income			
Bonuses			
Car, Housing, or Other allowance:			
Commissions or Tips:			
Net Rental Income:			
Overtime Pay			
Pension/Retirement:			
Social Security Income (SSI):			
Social Security Disability (SSD):			
Spousal Support			
Child Support			
Workman's Compensation			
Other:			
Total Average Other Income Received			

Total Average Gross Monthly Income (add totals from B and C above)	
---------------------------------------------------------------------------	--

D. Monthly Deductions

	Type of Deduction	Amount
1.	Court Ordered Child Support (automatically deducted from paycheck)	
2.	Federal Health Savings Plan	
3.	Federal Income Tax	
4.	Health Insurance Amount for you: _____ For Opposing Party: _____ For your Child(ren): _____	
5.	Life, Disability, or Other Insurance Premiums	
6.	Medicare	
7.	Retirement, Pension, IRA, or 401(k)	
8.	Savings	
9.	Social Security	
10.	Union Dues	
11.	Other (Type of Deduction)	
Total Monthly Deduction (Lines 1-11)		

Business/Self-Employment Income & Expense Schedule

A. Business Income:

What is your average gross (pre-tax) monthly income/revenue from self-employment or businesses?
 \$ _____

B. Business Expenses: Attach an additional page, if needed.

Type of Business Expense	Frequency	Amount	12 Month Average
Advertising			
Car and truck used for business			
Commissions, wages or fees			
Business Entertainment/Travel			
Insurance			
Legal and professional			
Mortgage or Rent			
Pension and profit-sharing plans			
Repairs and maintenance			
Supplies			
Taxes and licenses (include est. tax payments)			
Utilities			
Other:			
Total Average Business Expenses			

Personal Expense Schedule (Monthly)

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 I pay	For Me <input type="checkbox"/>	Other Party <input type="checkbox"/>	For Both <input type="checkbox"/>
Alimony/Spousal Support				
Auto Insurance				
Car Loan/Lease Payment				
Cell Phone				
Child Support (not deducted from pay)				
Clothing, Shoes, Etc...				
Credit Card Payments (minimum due)				
Dry Cleaning				
Electric				
Food (groceries & restaurants)				
Fuel				
Gas (for home)				
Health Insurance (not deducted from pay)				
HOA				
Home Insurance (if not included in mortgage)				
Home Phone				
Internet/Cable				
Lawn Care				
Membership Fees				
Mortgage/Rent/Lease				
Pest Control				
Pets				
Pool Service				
Property Taxes (if not included in mortgage)				
Security				
Sewer				
Student Loans				
Unreimbursed Medical Expense				
Water				
Other:				
Total Monthly Expenses				

Household Information

A. Fill in the table below with the name and date of birth of each child, the person the child is living with, and whether the child is from this relationship. Attach a separate sheet if needed.

	Child's Name	Child's DOB	Whom is this child living with?	Is this child from this relationship?	Has this child been certified as special needs/disabled?
1 st					
2 nd					
3 rd					
4 th					

B. Fill in the table below with the amount of money you spend each month on the following expenses for each child.

Type of Expense	1 st Child	2 nd Child	3 rd Child	4 th Child
Cellular Phone				
Child Care				
Clothing				
Education				
Entertainment				
Extracurricular & Sports				
Health Insurance (if not deducted from pay)				
Summer Camp/Programs				
Transportation Costs for Visitation				
Unreimbursed Medical Expenses				
Vehicle				
Other:				
Total Monthly Expenses				

C. Fill in the table below with the names, ages and the amount of money contributed by all persons living in the home over the age of eighteen. If more than 4 adult household members attach a separate sheet.

Name	Age	Person's Relationship to You (i.e. sister, friend, cousin, etc...)	Monthly Contribution

Personal Asset and Debt Chart

A. Complete this chart by listing all of your assets, the value of each, the amount owed on each and whose name the asset or debt is under. If more than 15 assets, attach a separate sheet.

Line	Description of Asset and Debt Thereon	Gross Value		Total Amount Owed		Net Value	Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both
1.		\$	-	\$	=	\$	
2.		\$	-	\$	=	\$	
3.		\$	-	\$	=	\$	
4.		\$	-	\$	=	\$	
5.		\$	-	\$	=	\$	
6.		\$	-	\$	=	\$	
7.		\$	-	\$	=	\$	
8.		\$	-	\$	=	\$	
9.		\$	-	\$	=	\$	
10.		\$	-	\$	=	\$	
11.		\$	-	\$	=	\$	
12.		\$	-	\$	=	\$	
13.		\$	-	\$	=	\$	
14.		\$	-	\$	=	\$	
15.		\$	-	\$	=	\$	
Total Value of Assets (add lines 1-15)		\$	-	\$	=	\$	

B. Complete this chart by listing all of your unsecured debt, the amount owed on each account, and whose name the debt is under. If more than 5 unsecured debts, attach a separate sheet.

Line #	Description of Credit Card or Other Unsecured Debt	Total Amount owed	Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both.
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	
Total Unsecured Debt (add lines 1-5)		\$	

ATTORNEY INFORMATION

Complete the following sentences:

- 1. I *(have/have not)* _____ retained an attorney for this case.
- 2. As of the date 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 \$ _____

IMPORTANT: Read the following paragraphs carefully and initial those that apply. You must initial at least one statement.

_____ **I have attached a copy of my 3 most recent pay stubs to this form.**

_____ **I have attached a copy of my most recent YTD income statement/P&L statement to this form, if self-employed.**

_____ **I have not attached a copy of my pay stubs to this form because I am currently unemployed.**

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.

▶ _____
Signature

_____ *Date*

CERTIFICATE OF SERVICE

I hereby declare under the penalty of perjury of the State of Nevada that the following is true and correct:

That on (*date*) _____, service of the General Financial Disclosure Form was made to the following interested parties in the following manner:

Via 1st Class U. S. Mail, postage fully prepaid addressed as follows:

Via Electronic Service, in accordance with the Master Service List, pursuant to NEFCR 9, to:

Via Facsimile and/or Email Pursuant to the Consent of Service by Electronic Means on file herein to:

Executed on the _____ day of _____, 20 _____.

Signature

V
MARITAL BALANCE SHEET

ITEM				PROPERTY VALUE				
		GROSS VALUE	DEBT	NET VALUE	COMMUNITY		SEPARATE	
					HUSBAND	WIFE	HUSBAND	WIFE
ASSETS:								
CASH								
1	Intentionally left blank							
2								
3								
4								
5								
	Subtotal							
INVESTMENTS								
6								
7								
8								
9								
	Subtotal							
BUSINESS INTERESTS								
10								
11								
	Subtotal							
RECEIVABLES & DEPOSITS								
12								
13								
14								
	Subtotal							
REAL PROPERTY								
15								
16								
17								
	Subtotal							
AUTOS & RECREATIONAL VEHICLES								
18								
19								
20								
21								
	Subtotal							
EQUIPMENT								
22								
23								
24								
	Subtotal							

V
MARITAL BALANCE SHEET

ITEM			PROPERTY VALUE				
	GROSS VALUE	DEBT	NET VALUE	COMMUNITY		SEPARATE	
				HUSBAND	WIFE	HUSBAND	WIFE
DISSIPATION							
25							
26							
27							
	Subtotal						
PERSONAL PROPERTY							
28							
29							
30							
31							
32							
	Subtotal						
CASH VALUE OF LIFE INSURANCE							
33							
34							
	Subtotal						
RETIREMENT ACCOUNTS							
35							
36							
	Subtotal						
			TOTAL ASSETS				
LIABILITIES:							
LONG TERM DEBT							
37							
38							
39							
40							
41							
	Subtotal						
OTHER LIABILITIES							
42							
43							
44							
45							
	Subtotal						
			TOTAL LIABILITIES				
			NET EQUITY				
			EQUALIZING NOTE				
			EQUALIZED EQUITY				

First Judicial District Court

v. _____
MARITAL BALANCE SHEET

CASE NO. _____

Exhibit No.	Item	3/14/24 9:19 AM		PROPERTY VALUE			
		GROSS VALUE	DEBT	NET VALUE	HUSBAND	WIFE	SEPARATE WIFE
AUTOS & RECREATIONAL VEHICLES							
17		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
18		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
19		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

PERSONAL PROPERTY							
20	Furnishings, furniture			\$0.00	A/B	A/B	
21	Jewelry			\$0.00	X	X	
				\$0.00			
	Subtotal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

RETIREMENT ACCOUNTS							
22		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
23		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
24		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
25		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL ASSETS			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

LIABILITIES:							
LONG TERM DEBT							
26			\$0.00				
27			\$0.00				
28			\$0.00				
29			\$0.00				
	Subtotal		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

1 Your name: _____
2 Mailing Address: _____
3 City, State, Zip: _____
4 Telephone: _____
5 Self-Represented/Attorney Name and Bar No. _____

6 **In The First Judicial District Court of the State of Nevada**
7 **In and for Carson City**

8 _____) Case No.: _____
9 Plaintiff,) Dept. No. _____
10 vs.)
11)
12 Defendant.)
13 _____)

14 **REQUEST TO OPT-IN TO DETAILED FINANCIAL DISCLOSURE FORM**
15 **AND COMPLEX DIVORCE LITIGATION PROCEDURE**

16 I, (*your name*) _____, do hereby certify, to the
17 best of my knowledge and belief, under penalty of perjury, as follows:

18 That I am entitled to request that this matter be treated as a complex divorce litigation
19 matter and that both spouses be required to complete the court-approved Detailed Financial
20 Disclosure Form because I and/or my spouse satisfy at least one of the following three criteria:

21 (*check all that apply*)

- 22 My gross monthly income from all sources or that of my spouse, or the combined total of both, is more than \$250,000.00 per year.
- 23 I am and/or my spouse is self-employed or the owner, partner, managing or majority shareholder or managing or majority member of a business.
- 24 The gross value of my assets including my home, if owned, other real property, car, bank balances, retirement accounts, investments and vehicles (not subtracting any mortgage or
- 25

1 loan balance), whether owned by me as separate property or as community property, or
that of my spouse, is more than \$1,000,000.00.

2 In light of the foregoing, I hereby request that both parties hereto complete, serve upon
3 each other and file the court-approved Detailed Financial Disclosure Form within forty-five (45)
4 calendar days pursuant to NRCP 16.2(b)(2) or NRCP 16.205(b)(1) and that this matter be treated
5 as a complex divorce litigation matter. I understand that, if the foregoing statements by me are
6 false, I may be subject to sanctions by the court, including, but not limited to the possibility of
incarceration.

7 Dated this _____ day of _____, 20____

8
9
10 _____
Signature

11 _____
12 Name

13
14 If represented by an attorney:

15 I hereby affirm that the foregoing is true and correct to the best of my knowledge and belief.

16
17 Dated this _____ day of _____, 20____

18
19 _____
Attorney's Signature

20
21 _____
Attorney Name/ Nevada State Bar No.

First Judicial District Court

v. REASONABLE/NECESSARY EXPENSES

CASE NO. _____

NON-DISCRETIONARY	\$ FDF	\$ FDF	's R/N	Condo Expenses	Business Expenses	Adult Children Expenses	Children's Expenses	Comments
HOUSE EXPENSES								
Mortgage/Rent/Lease								
Property Taxes								
Insurance								
Other								
Lawn care								
Repair/Maintenance								
Pool Service								
Pest Control								
Security								
DUES / MEMBERSHIPS								
HOA								
Other/gym								
Gas								
Electric								
TV/Cable/Internet								
Water								
Trash								
Landline/fax								
Cellular								
Internet								
HEALTHCARE								
Health Insurance								
Dental/glasses								
Unreimbursed Med Expenses/Prescriptions								
Therapy								
TRANSPORTATION								
Auto Insurance								
Auto payment/lease								
License / Registration								
Gas / Oil								
Other/Unknown								
Repair / Maintenance								
DEBT								
Credit Card - minimum								
Other - student loans								
TOTAL NON-DISCRETIONARY	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	Total is difference between FDF expenses and suggested R/N expenses

First Judicial District Court

v.
REASONABLE/NECESSARY EXPENSES

CASE NO.

DISCRETIONARY	's FDF	's FDF	's R/N	Condo Expenses	Business Expenses	Adult Children Expenses	Children's Expenses	Comments
HOUSE MAINTENANCE	Housekeeping							
EDUCATION	Music							
	Extracurricular							
FOOD/GROCERY/ INCIDENTALS	F/G/I							
ENTERTAINMENT	Dining Out							
	Movies							
	Music/Videos							
	Miscellaneous - golf							
	Other							
	Advertisement							
CLOTHING	Self							
	Children							
	Cleaning							
STORAGE								
APPEARANCE	Hair							
	Nails/pedi/Botox							
	Facials							
	Massage							
	Cosmetics							
	Other							
BOOKS/NEWSPAPERS/ MAGAZINES	B/N/M							
MISCELLANEOUS	Gifts							
	Pets							
	Attorney Fees							
CONTRIBUTIONS	Savings - 401k							
	Insurance - other							
VACATIONS	Vacations							
TOTAL DISCRETIONARY		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
COMBINED TOTALS		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

COMBINED TOTALS

\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Total is difference between FDF expenses and suggested R/N expenses

Your name: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
In Proper Person _____

**In The First Judicial District Court of the State of Nevada
In and for Carson City**

Plaintiff,	Case No.: _____ 1B
vs.	Dept. No. _____
Defendant.	EXECUTION

THE PEOPLE OF THE STATE OF NEVADA:

To the Sheriff of _____ County, Greetings:

To FINANCIAL INSTITUTIONS: This judgment is for the recovery of money for the support of a person.

On _____, 20____, a judgment was entered by the above-entitled Court in the above-entitled action in favor of _____

as Judgment Creditor and against _____
as Judgment Debtor for:

\$ _____ principal,
\$ _____ attorney's fees
\$ _____ interest, and
\$ _____ costs, making a total amount of
\$ _____ the judgment as entered, and

WHEREAS, according to an affidavit or a memorandum of costs after judgment, or both, filed herein, it appears that further sums have accrued since the entry of judgment, to wit:

1 \$ _____ accrued interest, and
2 \$ _____ accrued costs, together with \$ _____ fee, for the
3 issuance of this writ, making a total of:
4 \$ _____ as accrued costs, accrued interest, and fees.

5 Credit must be given for payments and partial satisfactions in the amount of
6 \$ _____ which is to be first credited against the total accrued costs and
7 accrued interest, with any excess credited against the judgment as entered, leaving a net balance
8 of:

9 \$ _____ actually due on the date of the issuance of this writ, of which
10 \$ _____ bears interest at _____ percent per annum, in the amount of
11 \$ _____ per day, from the date of judgment to the date of levy, to which must
12 be added the commissions and costs of the officer executing this writ.

13 NOW, THEREFORE, SHERIFF OF _____ COUNTY, you are hereby
14 commanded to satisfy this judgment with interest and costs as provided by law, out of the
15 personal property of the judgment debtor, except that for any workweek, 82 percent of the
16 disposable earnings of the debtor during that week if the gross weekly salary or wage of the
17 debtor on the date the most recent writ of garnishment was issued was \$770 or less, 75 percent of
18 the disposable earnings of the debtor during that week if the gross weekly salary or wage of
19 the debtor on the date the most recent writ of garnishment was issued exceeded \$770, or 50 times
20 the minimum hourly wage prescribed by section 206(a)(1) of the federal Fair Labor Standards
21 Act of 1938, 29 U.S.C. §§ 201 et seq., and in effect at the time the earnings are payable,
22 whichever is greater, is exempt from any levy of execution pursuant to this writ, and if sufficient
23 personal property cannot be found, then out of the real property belonging to the debtor in the
24 aforesaid county, and make return to this writ within not less than 10 days or more than 60 days
25 endorsed thereon with what you have done.

DATED: This _____ day of _____, 20_____.

SCOTT HOEN, Clerk

By: _____, Deputy

The information captured on this form will be forwarded to the Federal Case Registry as required by federal law. If you do not want your identifying information shared with other states because of domestic violence, please check YES to the question on domestic violence.

Nevada's Division of Welfare and Supportive Services (DWSS), Child Support Enforcement Program (CSEP) is required by Chapter 42 of the United States Codes, federal regulations and state laws to obtain the Social Security Numbers (SSNs) of participants in cases involving child support orders. The CSEP will use these SSNs only for the purposes outlined in the federal law, federal regulations, state laws and state regulations that govern the CSEP. Social Security Numbers will be maintained in a confidential manner.

Within ten (10) days after a Nevada court issues a child support order, each party listed in the order must file the following information with the court that issued the order and the Division of Welfare and Supportive Services:

1. Social Security Number;
2. Residential and mailing address;
3. Telephone number;
4. Driver's License number, and
5. Name, address and telephone number of employer.

Each party shall update the information filed with the court and the Division of Welfare and Supportive Services (DWSS) within ten (10) days after the information becomes inaccurate. Information directed to DWSS should be mailed to:

Nevada State Division of Welfare and Supportive Services
Child Support Enforcement Program
1470 College Parkway
Carson City, Nevada 89706-7924

This requirement can be found in Nevada Revised Statutes 125B.055 and 125.230.

COURT CODE: _____
Your Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____
Self-Represented

DISTRICT COURT
 CARSON CITY **COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Estate
 Person and Estate

of:

CASE NO.: _____

DEPT: _____

(name of person who has a guardian)
An Adult Protected Person.

**GUARDIAN'S ACKNOWLEDGMENT OF DUTIES AND RESPONSIBILITIES OF A
GUARDIAN OF THE ESTATE (ADULT)**

I hereby declare that I understand there are certain duties and responsibilities required of me in the administration of the above guardianship. By initialing each item below I understand my guardianship duties and responsibilities include, but are not limited to the following:

A. Duties and Functions

I acknowledge and understand that the duties and functions of a guardian are as follows:

_____ To protect, preserve, and manage the income, assets, and estate of the Protected Person and utilize the income, assets, and estate of the Protected Person solely for the benefit of the Protected Person.

_____ To protect, preserve, manage, and dispose of the estate of the Protected Person according to law and for the best interests of the Protected Person.

- _____ To apply the estate of the Protected Person for the proper care, maintenance, education, and support of the Protected Person, and any person to whom the Protected Person has a legal obligation to support.
- _____ To have due regard for other income or property available to support the Protected Person and any person to whom the Protected Person has a legal obligation to support.
- _____ To have such other authority and perform such other duties as are provided by law.
- _____ To maintain the Protected Person's assets in the name of the Protected Person or the guardianship.
- _____ To notify all interested parties, the Court, the trustee, and named executor or appointed personal representative of the estate of the Protected Person within 30 days after the death of the Protected Person.

B. Investing and Managing Protected Person's Estate

I acknowledge and understand that the following rules govern the manner in which the Protected Person's separate property shall be managed and invested:

- _____ Unless I am the spouse of the Protected Person, I may not utilize any guardianship funds for my personal benefit or commingle guardianship funds with my own funds.
- _____ I may, without prior approval of the Court, invest the Protected Person's property in any (1) bank credit union, or savings and loan institution in the State of Nevada to the extent that the deposits are insured by the Federal Deposit Insurance Corporation, National Credit Union Share Insurance Fund, or a private insurer; (2) interest bearing obligations of or fully guaranteed by the United States, the United States Postal Service, or Federal National Mortgage Association; (3) interest bearing general obligations of this state or any county, city, or school district in the State of Nevada; (4) or any money market mutual funds which are invested only in those instruments described in this paragraph.

C. Court Authority

I acknowledge and understand that court authority must be obtained prior to:

- Investing property of the Protected Person.
- Continuing the business of the Protected Person.
- Borrowing money for the Protected Person.
- Entering into contracts for the Protected Person or complete the performance of contracts of the Protected Person.
- Making gifts from the Protected Person’s estate or making expenditures for the Protected Person’s relatives.
- Selling, leasing, or placing in a trust, any property of the Protected Person.
- Exchanging or partitioning the Protected Person’s property.
- Releasing the power of the Protected Person as trustee, personal representative or custodian for a minor or guardian.
- Exercising or releasing the power of the Protected Person as a donee of a power of appointment.
- Exercising the right of the Protected Person to take under or against a will.
- Transferring to a trust created by the Protected Person, any property unintentionally omitted from the trust.
- Submitting a trust to the jurisdiction of the Court if the Protected Person is a beneficiary of the income of the trust, or the trust was created by the Court.
- Paying any claim by the Department of Health and Human Services to recover benefits for Medicaid correctly paid to or on the behalf of the Protected Person.
- Transferring money in a Protected Person’s account to the Nevada Higher Education

Prepaid Tuition Trust Fund created in accordance with NRS 353B.140.

_____ To take any other action which the guardian deems would be in the best interests of the Protected Person, without having prior consent from this Court.

D. Selling Property of the Protected Person

1. I acknowledge and understand that all sales of real property of the Protected Person must:

_____ Only occur after the Court grants authority for the sale.

_____ Be confirmed by the Court prior to finalizing the sale with the prospective buyer.

2. I acknowledge and understand that I must provide written notice to the Protected Person, his/her attorney, and the persons specified in NRS 159.034 of my intent to sell personal property of the Protected Person that has a total value of less than \$10,000.00 UNLESS:

_____ The property is a threat to public health or safety.

_____ The property is contaminated, and salvage is impractical.

_____ The handling or storage of property might endanger public health or safety.

3. I acknowledge and understand that if I intend to sell personal property of the Protected Person that has a total value above \$10,000.00 I must:

_____ Publish notice of intended sale.

_____ Provide written notice to the individuals entitled to notice, including the Protected Person and his or her family members.

4. I acknowledge and understand that I am responsible for the actual value of all personal property of the Protected Person sold unless:

_____ I make a report to the Court within 90 days of the sale.

5. I acknowledge and understand that I may sell any security of the Protected Person if:

_____ I petition the Court for confirmation of the sale.

_____ The Court confirms the sale.

6. I acknowledge and understand that:

_____ I shall record all certified copies of any court order authorizing the sale, mortgage, lease, surrender, or conveyance of real property in the county recorder's office in which any portion of the land is located.

_____ I am to carry out effectively any transactions affecting the Protected Person's property as authorized by NRS 159. The Court may authorize me to execute any promissory note, mortgage, deed of trust, deed, lease, security agreement, or other legal document or instrument which is reasonably necessary to carry out such transaction.

E. Notices and Reports

I acknowledge and understand that in addition to the performance of the duties outlined above, the following will be required of me:

_____ Within 5 days of being appointed guardian, a Notice of Entry of Order Appointing Guardian must be filed and mailed to the Protected Person and all individuals entitled to notice.

_____ Within 60 days of being appointed guardian of the estate, an Inventory, Appraisal, and Report of Value must be filed with the Court for all known property of the Protected Person.

_____ Within 30 days of discovering property not mentioned in the initial inventory, an amended inventory must be filed with the Court.

_____ Within 60 days of being appointed guardian of the estate, a certified copy of the Letters of Guardianship must be recorded in the county recorder's office of any county where the Protected Person possesses real property.

_____ Annually, within 60 days of the anniversary of the appointment of guardianship, an Annual Account of Guardianship must be filed to update the Court on the status of the Protected Person's Estate, and served on all interested parties.

_____ At any time the Court orders, an Inventory, Appraisal, and Report of Value and/or an Accounting of Guardianship must be filed.

F. Miscellaneous

I acknowledge and understand the following:

_____ It is my responsibility to accurately keep all records and file all reports with the Court regarding the finances of the Protected Person.

_____ It is my responsibility to maintain all records and documents for the guardianship of the Protected Person's estate for 7 years after the Court terminates the guardianship.

_____ It is my responsibility to inform the Court if I am no longer qualified to serve as a Guardian, and the Court will determine whether or not I can continue the guardianship.

The following can disqualify me from keeping my guardianship:

1. If I am convicted of a gross misdemeanor or felony in any state.
2. If I file or receive protection as an individual or as a principle of any entity under the federal bankruptcy laws.
3. If I have my driver's license suspended, revoked, or cancelled for nonpayment of child support.
4. If I am suspended for misconduct or disbarred from the practice of law, the practice of accounting, or any other profession which involves or may involve the management or sale of money, investments, securities or real property, or

requires licensure in any state.

5. If I have a judgement entered against me for misappropriated funds or assets from any person or entity in any state.

_____ I may petition the Court for advice, instructions, and approval in any matter concerning the following:

1. The administration of the Protected Person's estate;
2. The priority of paying claims;
3. The propriety of making any proposed disbursement of funds;
4. Elections for or on behalf of the Protected Person to take under the will of a deceased spouse;
5. Exercising for or on behalf of the Protected Person:
 - a. Any option or other rights under any policy of insurance or annuity; and
 - b. The right to take under a will, trust or other devise;
6. The propriety of exercising any right exercisable by owners of property; and
7. Matters of a similar nature.

_____ I shall, as a guardian of the estate, take possession of:

1. All property of substantial value of the Protected Person;
2. All rents, income, issues and profits from the property;
3. The title to all property of the Protected Person;
4. The originals of any contracts executed by the Protected Person, Power of Attorney executed by the Protected Person, estate planning documents prepared by the Protected Person (including but not limited to the last will and testament, durable power of attorney), and revocable trusts, revocable or irrevocable trusts

the Protected Person is beneficiary to, and any written evidence of present or future vested interest in any real or intangible property.

_____ I shall collect all debts due to the Protected Person.

_____ I shall represent the Protected Person in legal proceedings.

_____ I may pay claims against the Protected Person or Protected Person's estate with the Protected Person's estate.

_____ I should seek the advice and assistance of an attorney if I need legal advice, or if I do not fully understand my duties and responsibilities, to ensure that I remain in full compliance with the laws of the State of Nevada.

_____ I certify that I have read and reviewed the Guardian's Acknowledgment of Duties and Responsibilities and I understand the terms and conditions under which the guardianship is to be managed.

_____ I agree to comply with the rules and duties of a guardian as set forth in the laws of the State of Nevada.

_____ I fully understand that failure to comply with the guardianship statutes, or with any Order made by the Court, may result in my removal as guardian and that I may be subject to such penalties as the Court may impose.

_____ I have received the Protected Persons' Bill of Rights and understand the rights stated.

I declare under penalty of perjury that I have read and understand my duties and responsibilities as outlined in the foregoing Guardian's Acknowledgement of Duties and Responsibilities.

DATED (*month*) _____ (*day*) _____, 20__.

Submitted By: (*your signature*) ▶ _____

(*print your name*) _____

VERIFICATION

I state that I am the Guardian of the Estate of the above-named protected person, have read the foregoing Acknowledgment of Duties and Responsibilities, know the contents thereof, and it is true to my own knowledge, except for those matters therein stated on information and belief, and as for those matters I believe them to be true.

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

GUARDIAN'S SIGNATURE

COURT CODE: _____
Your Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____
Self-Represented

DISTRICT COURT
 CARSON CITY **COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Person and Estate

of:

CASE NO.: _____

DEPT: _____

(name of person who has a guardian)
An Adult Protected Person.

**GUARDIAN'S ACKNOWLEDGMENT OF DUTIES AND RESPONSIBILITIES
OF THE PERSON (ADULT)**

I hereby declare that I understand there are certain duties and responsibilities required of me in the administration of the above guardianship. By initialing each item below, I understand my guardianship duties and responsibilities include, but are not limited to the following:

A. Duties and Functions

I acknowledge and understand that the duties and functions of a Guardian are as follows:

_____ To always act in the best interest of the Protected Person.

_____ To supply the Protected Person with proper care, including food, shelter, clothing, and all incidental necessities: appropriate residence, support, and education, including training for a profession, if applicable.

_____ To provide the Protected Person with medical, surgical, dental, psychiatric, psychological, hygienic, or other care and treatment as needed.

_____ To educate and mentor the Protected Person, when possible, on alternatives to guardianship and to assist in accessing supports that replace the need for guardianship.

_____ To notify all interested parties, the Court, the trustee, and named executor or appointed personal representative of the estate of the Protected Person within 30 days after the death of the Protected Person.

B. Court Authority

1. I acknowledge and understand that court authority must be obtained prior to:

_____ Moving or placing the Protected Person in a residence outside of the State of Nevada.

_____ Moving or placing the Protected Person in a secured residential long-term care facility unless the Court specifically granted the authority when the guardian was appointed or the placement is pursuant to a written recommendation by a licensed physician, a licensed social worker, or employee of a county or state office for protective services.

_____ Restricting communication, visitation, or interactions between a Protected Person and a relative or person of natural affection.

2. I acknowledge and understand that court authority must be obtained prior to:

_____ Engaging the Protected Person in experimental medical, biomedical, or behavioral treatment.

_____ Engaging the Protected Person in any medical practice to sterilize them.

C. Notices and Reports

I acknowledge and understand that in addition to the performance of the duties outlined above, the following will be required of me:

_____ Within 5 days of being appointed guardian, a Notice of Entry of Order Appointing Guardian must be filed and mailed to the Protected Person and all individuals entitled to notice.

_____ Annually, within 60 days of the anniversary of the appointment of guardianship, an Annual Report of Guardian must be filed to update the Court on the health and well-being of the Protected Person.

_____ Within 10 days of moving the Protected Person to a secured residential long-term care facility, an written report on the condition of the Protected Person must be filed.

_____ At any time the Court orders, an Annual Report of Guardian must be filed.

_____ Within 30 days of filing an Annual Report of Guardian, a copy of the report must be given to the guardian of the estate, if any have been appointed.

_____ 10 days prior to changing the Protected Person's residence within Nevada, notice of the intended relocation must be provided to all persons entitled to notice, unless an emergency as defined by the statute is present. The report to the court may be filed after action has been taken.

D. Miscellaneous

I acknowledge and understand the following:

_____ It is my responsibility to accurately keep all records and file all reports with the Court regarding the well-being of the Protected Person.

_____ It is my responsibility to maintain all records and documents for the guardianship of the Protected Person for 7 years after the Court terminates the guardianship.

_____ It is my responsibility to inform the Court if I am no longer qualified to serve as a guardian, and the Court will determine whether or not I can continue the guardianship.

The following can disqualify me from keeping my guardianship:

1. If I am convicted of a gross misdemeanor or felony in any state.
2. If I file or receive protection as an individual or as a principle of any entity under the federal bankruptcy laws.
3. If I have my driver's license suspended, revoked, or cancelled for nonpayment of child support.
4. If I am suspended for misconduct or disbarred from the practice of law, the practice of accounting, or any other profession which involves or may involve the management or sale of money, investments, securities or real property, or requires licensure in any state.
5. If I have a judgment entered against me for misappropriated funds or assets from any person or entity in any state.

_____ I shall, as a guardian, take possession of the following unless a guardian of the estate is granted and the guardian of the estate has taken possession of them:

The originals of any contracts executed by the Protected Person, Power of Attorney executed by the Protected Person, Estate planning documents prepared by the Protected Person (including but not limited to the last will and testament, durable power of attorney), and revocable trusts, revocable or irrevocable trusts the Protected Person is beneficiary to, and any written evidence of present or future vested interest in any real or intangible property.

_____ I should seek the advice and assistance of an attorney if I need legal advice, or if I do not fully understand my duties and responsibilities, to ensure that I remain in full compliance with the laws of the State of Nevada.

_____ I have read and reviewed the Guardian’s Acknowledgment of Duties and Responsibilities and I understand the terms and conditions under which the Guardianship is to be managed.

_____ I agree to comply with the rules and duties of a guardian as set forth in the laws of the State of Nevada.

_____ I fully understand that failure to comply with the Guardianship statutes, or with any Order made by the Court, may result in my removal as Guardian and that I may be subject to such penalties as the Court may impose.

_____ I have received the Protected Persons’ Bill of Rights and understand the rights stated.

I declare under penalty of perjury that I have read and understand my duties and responsibilities as outlined in the foregoing Guardian’s Acknowledgement of Duties and Responsibilities.

DATED (*month*) _____ (*day*) _____, 20____.

Submitted By: (*your signature*) ▶ _____
(*print your name*) _____

VERIFICATION

I state that I am the Guardian of the Person of the above-named protected person, have read the foregoing Acknowledgment of Duties and Responsibilities, know the contents thereof, and it is true to my own knowledge, except for those matters therein stated on information and belief, and as for those matters I believe them to be true.

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

GUARDIAN’S SIGNATURE

COURT CODE: _____
Your Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____
Self-Represented

DISTRICT COURT
CARSON CITY COUNTY, NEVADA

In the Matter of the Guardianship of the:

- Estate
- Person and Estate

of:

CASE NO.: _____

DEPT: _____

(name of child who has a guardian)
A Protected Minor.

**GUARDIAN’S ACKNOWLEDGMENT OF DUTIES AND RESPONSIBILITIES OF A
GUARDIAN OF THE ESTATE (MINOR)**

I hereby declare that I understand there are certain duties and responsibilities required of me in the administration of the above guardianship. By initialing each item below I understand my guardianship duties and responsibilities include, but are not limited to the following:

A. Duties and Functions

I acknowledge and understand that the duties and functions of a guardian are as follows:

_____ To protect, preserve, and manage the income, assets, and estate of the Protected Minor and utilize the income, assets, and estate of the Protected Minor solely for the benefit of the Protected Minor.

_____ To protect, preserve, manage, and dispose of the estate of the Protected Minor according to law and for the best interests of the Protected Minor.

- _____ To apply the estate of the Protected Minor for the proper care, maintenance, education, and support of the Protected Minor, and any person to whom the Protected Minor has a legal obligation to support.
- _____ To have due regard for other income or property available to support the Protected Minor and any person to whom the Protected Minor has a legal obligation to support.
- _____ To have such other authority and perform such other duties as are provided by law.
- _____ To maintain the Protected Minor's assets in the name of the Protected Minor or the guardianship.
- _____ To notify all interested parties, the Court, the trustee, and named executor or appointed personal representative of the estate of the Protected Minor within 30 days after the death of the Protected Minor.

B. Investing and Managing Protected Minor's Estate

I acknowledge and understand that the following rules govern the manner in which the Protected Minor's separate property shall be managed and invested:

- _____ I may not utilize any guardianship funds for my personal benefit or commingle guardianship funds with my own funds.
- _____ I may, without prior approval of the Court, invest the Protected Minor's property in any (1) bank credit union, or savings and loan institution in the State of Nevada to the extent that the deposits are insured by the Federal Deposit Insurance Corporation, National Credit Union Share Insurance Fund, or a private insurer; (2) interest bearing obligations of or fully guaranteed by the United States, the United States Postal Service, or Federal National Mortgage Association; (3) interest bearing general obligations of this state or

any county, city, or school district in the State of Nevada; (4) or any money market mutual funds which are invested only in those instruments described in this paragraph.

C. Court Authority

I acknowledge and understand court authority must be obtained prior to:

- Investing property of the Protected Minor.
- Continuing the business of the Protected Minor.
- Borrowing money for the Protected Minor.
- Entering into contracts for the Protected Minor or complete the performance of contracts of the Protected Minor.
- Making gifts from the Protected Minor's estate or making expenditures for the Protected Minor's relatives.
- Selling, leasing, or placing in a trust, any property of the Protected Minor.
- Exchanging or partitioning the Protected Minor's property.
- Releasing the power of the Protected Minor as trustee, personal representative or custodian for a minor or guardian.
- Exercising or releasing the power of the Protected Minor as a donee of a power of appointment.
- Exercising the right of the Protected Minor to take under or against a will.
- Transferring to a trust created by the Protected Minor, any property unintentionally omitted from the trust.
- Submitting a revocable trust to the jurisdiction of the Court if the Protected Minor is the grantor and sole beneficiary of the income of the trust, or the trust was created by the Court.

_____ Paying any claim by the Department of Health and Human Services to recover benefits for Medicaid correctly paid to or on the behalf of the Protected Minor.

_____ Transferring money in a Protected Minor's account to the Nevada Higher Education Prepaid Tuition Trust Fund.

_____ To take any other action which the guardian deems would be in the best interests of the Protected Minor, without having prior consent from this Court.

D. Selling Property of the Protected Minor

1. I acknowledge and understand all sales of real property of the Protected Minor must be:

_____ Reported to the Court prior to the sale.

_____ Confirmed by the Court prior to finalizing the sell with the prospective buyer.

2. I acknowledge and understand:

_____ I may sell personal property of the Protected Minor without notice to the Court if:

_____ The property will depreciate in value if not disposed of promptly.

_____ The property will incur loss or expense by being kept.

_____ I am responsible for the actual value of the personal property unless I obtain confirmation of the sale by the Court.

3. I acknowledge and understand I may sell any security of the Protected Minor if:

_____ I petition the Court for confirmation of the sale.

_____ The Court confirms the sale.

4. I acknowledge and understand:

_____ I shall record all certified copies of any court order authorizing the sale, mortgage, lease, surrender, or conveyance of real property in the county recorder's office in which any

portion of the land is located.

_____ I am to carry out effectively any transactions affecting the Protected Minor's property. The Court may authorize me to execute any promissory note, mortgage, deed of trust, deed, lease, security agreement, or other legal document or instrument which is reasonably necessary to carry out such transaction.

E. Notices and Reports

I acknowledge and understand that in addition to the performance of the duties outlined above, the following will be required of me:

_____ Within 5 days of being appointed guardian, a Notice of Entry of Order Appointing Guardian must be filed and mailed to the Protected Minor and all individuals entitled to notice.

_____ Within 60 days of being appointed guardian of the estate, an Inventory, Appraisal, and Report of Value must be filed with the Court for all known property of the Protected Minor.

_____ Within 30 days of discovering property not mentioned in the initial inventory, an amended inventory must be filed with the Court.

_____ Within 60 days of being appointed guardian of the estate, a certified copy of the Letters of Guardianship must be recorded in the county recorder's office of any county where the Protected Minor possesses real property.

_____ Annually, within 60 days of the anniversary of the appointment of guardianship, an Annual Account of Guardianship must be filed to update the Court on the status of the Protected Minor's Estate, and served on all interested parties.

_____ At any time the Court orders, an Inventory, Appraisal, and Report of Value and/or an Annual Account of Guardianship must be filed.

F. Miscellaneous

I acknowledge and understand the following:

_____ It is my responsibility to accurately keep all records and file all reports with the Court regarding the finances of the Protected Minor.

_____ It is my responsibility to maintain all records and documents for the guardianship of the Protected Minor's estate for 7 years after the Court terminates the guardianship.

_____ It is my responsibility to inform the Court if I am no longer qualified to serve as a Guardian, and the Court will determine whether or not I can continue the guardianship.

The following can disqualify me from keeping my guardianship:

1. If I am convicted of a gross misdemeanor or felony in any state.
2. If I file or receive protection as an individual or as a principle of any entity under the federal bankruptcy laws.
3. If I have my driver's license suspended, revoked, or cancelled for nonpayment of child support.
4. If I am suspended for misconduct or disbarred from the practice of law, the practice of accounting, or any other profession which involves or may involve the management or sale of money, investments, securities or real property, or requires licensure in any state.
5. If I have a judgement entered against me for misappropriated funds or assets from any person or entity in any state.

_____ I may petition the Court for advice, instructions, and approval in any matter concerning the following:

1. The administration of the Protected Minor's estate;

2. The priority of paying claims;
3. The propriety of making any proposed disbursement of funds;
4. Exercising for or on behalf of the Protected Minor:
 - a. Any option or other rights under any policy of insurance or annuity; and
 - b. The right to take under a will, trust or other devise;
5. The propriety of exercising any right exercisable by owners of property; and
6. Matters of a similar nature.

_____ I shall as a guardian of the estate take possession of:

1. All property of substantial value of the Protected Minor;
2. All rents, income, issues and profits from the property;
3. The title to all property of the Protected Minor;
4. The originals of revocable or irrevocable trusts the Protected Minor is beneficiary to, and any written evidence of present or future vested interest in any real or intangible property.

_____ I shall collect all debts due to the Protected Minor.

_____ I shall represent the Protected Minor in legal proceedings.

_____ I may pay claims against the Protected Minor or Protected Minor's estate with the Protected Minor's estate.

_____ I should seek the advice and assistance of an attorney if I need legal advice, or if I do not fully understand my duties and responsibilities, to ensure that I remain in full compliance with the laws of the State of Nevada.

_____ I certify that I have read and reviewed the Guardian's Acknowledgment of Duties and Responsibilities and I understand the terms and conditions under which the

guardianship is to be managed.

_____ I agree to comply with the rules and duties of a guardian as set forth in the laws of the State of Nevada.

_____ I fully understand that failure to comply with the guardianship statutes, or with any Order made by the Court, may result in my removal as guardian and that I may be subject to such penalties as the Court may impose.

I declare under penalty of perjury that I have read and understand my duties and responsibilities as outlined in the foregoing Guardian's Acknowledgement of Duties and Responsibilities.

DATED (*month*) _____ (*day*) _____, 20____.

Submitted By: (*your signature*) ▶ _____
(*print your name*) _____

VERIFICATION

I state that I am the Guardian of the Estate of the above-named protected minor, have read the foregoing Acknowledgment of Duties and Responsibilities, know the contents thereof, and it is true to my own knowledge, except for those matters therein stated on information and belief, and as for those matters I believe them to be true.

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

GUARDIAN'S SIGNATURE

COURT CODE: _____
Your Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____
Self-Represented

DISTRICT COURT
 CARSON CITY **COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Person
- Person and Estate

of:

(name of child who has a guardian)
A Protected Minor.

CASE NO.: _____

DEPT: _____

**GUARDIAN’S ACKNOWLEDGEMENT OF DUTIES AND RESPONSIBILITIES
OF THE PERSON (MINOR)**

I declare that I understand there are certain duties and responsibilities required of me in the administration of the above guardianship. By initialing each item below, I understand my guardianship duties and responsibilities include, but are not limited to the following:

A. Duties and Functions

I acknowledge and understand that the duties and functions of a Guardian are as follows:

- _____ To always act in the best interest of the Protected Minor.
- _____ To supply the Protected Minor with proper care, including food, shelter, clothing, and all incidental necessities; appropriate residence; support; and education, including training for employment, if applicable.
- _____ To provide the Protected Minor with medical, surgical, dental, psychiatric, psychological, hygienic, or other care and treatment as needed.

_____ To notify all interested parties, the Court, the trustee, and named executor or appointed personal representative of the estate of the Protected Minor within 30 days after the death of the Protected Minor.

B. Court Authority

1. I acknowledge and understand court authority must be obtained prior to:

_____ Moving or placing the Protected Minor in a residence outside of the State of Nevada.

_____ Moving or placing the Protected Minor in a residential care facility.

2. I acknowledge and understand court authority must be obtained prior to:

_____ Engaging the Protected Minor in experimental medical, biomedical, or behavioral treatment.

_____ Engaging the Protected Minor in any medical practice to sterilize them.

C. Notices and Reports

I acknowledge and understand that that in addition to the performance of the duties outlined above, the following will be required of me:

_____ Within 5 days of being appointed guardian, a Notice of Entry of Order Appointing Guardian must be filed and mailed to the Protected Minor and all individuals entitled to notice.

_____ Annually, within 60 days of the anniversary of the appointment of guardianship, an Annual Report of Guardian must be filed to update the Court on the health and well-being of the Protected Minor.

_____ Within 10 days of changing the residence of the Protected Minor, a written report on the condition of the Protected Minor must be filed.

_____ At any time the Court orders, an Annual Report of Guardian must be filed.

_____ Within 30 days of filing an Annual Report of Guardian, a copy of the report must be given to the guardian of the estate, if any have been appointed.

D. Miscellaneous

I acknowledge and understand the following:

_____ It is my responsibility to accurately keep all records and file all reports with the Court regarding the well-being of the Protected Minor.

_____ It is my responsibility to maintain all records and documents for the guardianship of the Protected Minor for 7 years after the Court terminates the guardianship.

_____ It is my responsibility to inform the Court if I am no longer qualified to serve as a guardian, and the Court will determine whether or not I can continue the guardianship.

The following can disqualify me from keeping my guardianship:

1. If I am convicted of a gross misdemeanor or felony in any state.
2. If I file or receive protection as an individual or as a principle of any entity under the federal bankruptcy laws.
3. If I have my driver's license suspended, revoked, or cancelled for nonpayment of child support.
4. If I am suspended for misconduct or disbarred from the practice of law, the practice of accounting, or any other profession which involves or may involve the management or sale of money, investments, securities or real property, or requires licensure in any state.
5. If I have a judgement entered against me for misappropriated funds or assets from any person or entity in any state.

_____ I should seek the advice and assistance of an attorney if I need legal advice, or if I do not fully understand my duties and responsibilities, to ensure that I remain in full compliance with the laws of the State of Nevada.

_____ I have read and reviewed the Guardian's Acknowledgment of Duties and Responsibilities and I understand the terms and conditions under which the Guardianship is to be managed.

_____ I agree to comply with the rules and duties of a guardian as set forth in the laws of the State of Nevada.

_____ I fully understand that failure to comply with the Guardianship statutes, or with any Order made by the Court, may result in my removal as Guardian and that I may be subject to such penalties as the Court may impose.

I declare under penalty of perjury that I have read and understand my duties and responsibilities as outlined in the foregoing Guardian's Acknowledgement of Duties and Responsibilities.

DATED (*month*) _____ (*day*) _____, 20____.

Submitted By: (*your signature*) ▶ _____
(*print your name*) _____

VERIFICATION

I state that I am the Guardian of the Person of the above-named protected minor, have read the foregoing Acknowledgment of Duties and Responsibilities, know the contents thereof, and it is true to my own knowledge, except for those matters therein stated on information and belief, and as for those matters I believe them to be true.

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

GUARDIAN'S SIGNATURE

OFFICIAL OATH

I, _____, residing at _____

_____, whose mailing address is _____

(mailing address if different from residence)

solemnly affirm that I will faithfully perform according to law duties of Guardian and that any matters stated in any petition or paper filed with the Court are true of my own knowledge or if any matters are stated on information or belief, I believe them to be true.

Guardian

SUBSCRIBED AND AFFIRMED before me by (Guardian's name) _____

on the _____ day of _____, 20____

SCOTT HOEN,
CLERK OF THE COURT

By: _____
Deputy Clerk

(OR)

Notary Public

County of: _____

State of: _____

**Child Support Obligation of Low-Income Payers
at 75% to 150% of the 2022 Federal Poverty Guidelines**

Monthly Income Up To	One Child		Two Children		Three Children		Four Children		Five Children	
	Percent	Child Support Amount	Percent	Child Support Amount	Percent	Child Support Amount	Percent	Child Support Amount	Percent	Child Support Amount
\$849	10.56%	\$90	14.52%	\$123	17.16%	\$146	18.48%	\$157	19.80%	\$168
\$880	10.75%	\$95	14.79%	\$130	17.48%	\$154	18.82%	\$166	20.16%	\$177
\$910	10.95%	\$100	15.05%	\$137	17.79%	\$162	19.16%	\$174	20.53%	\$187
\$940	11.14%	\$105	15.32%	\$144	18.11%	\$170	19.50%	\$183	20.89%	\$196
\$971	11.34%	\$110	15.59%	\$151	18.42%	\$179	19.84%	\$193	21.26%	\$206
\$1,001	11.53%	\$115	15.86%	\$159	18.74%	\$188	20.18%	\$202	21.62%	\$216
\$1,031	11.73%	\$121	16.12%	\$166	19.05%	\$197	20.52%	\$212	21.99%	\$227
\$1,062	11.92%	\$127	16.39%	\$174	19.37%	\$206	20.86%	\$221	22.35%	\$237
\$1,092	12.11%	\$132	16.66%	\$182	19.69%	\$215	21.20%	\$232	22.71%	\$248
\$1,122	12.31%	\$138	16.92%	\$190	20.00%	\$224	21.54%	\$242	23.08%	\$259
\$1,153	12.50%	\$144	17.19%	\$198	20.32%	\$234	21.88%	\$252	23.44%	\$270
\$1,183	12.70%	\$150	17.46%	\$207	20.63%	\$244	22.22%	\$263	23.81%	\$282
\$1,213	12.89%	\$156	17.73%	\$215	20.95%	\$254	22.56%	\$274	24.17%	\$293
\$1,244	13.09%	\$163	17.99%	\$224	21.26%	\$264	22.90%	\$285	24.54%	\$305
\$1,274	13.28%	\$169	18.26%	\$233	21.58%	\$275	23.24%	\$296	24.90%	\$317
\$1,304	13.47%	\$176	18.53%	\$242	21.90%	\$286	23.58%	\$308	25.26%	\$330
\$1,335	13.67%	\$182	18.79%	\$251	22.21%	\$296	23.92%	\$319	25.63%	\$342
\$1,365	13.86%	\$189	19.06%	\$260	22.53%	\$308	24.26%	\$331	25.99%	\$355
\$1,395	14.06%	\$196	19.33%	\$270	22.84%	\$319	24.60%	\$343	26.36%	\$368
\$1,426	14.25%	\$203	19.60%	\$279	23.16%	\$330	24.94%	\$356	26.72%	\$381
\$1,456	14.45%	\$210	19.86%	\$289	23.47%	\$342	25.28%	\$368	27.09%	\$394
\$1,486	14.64%	\$218	20.13%	\$299	23.79%	\$354	25.62%	\$381	27.45%	\$408
\$1,517	14.83%	\$225	20.40%	\$309	24.11%	\$366	25.96%	\$394	27.81%	\$422
\$1,547	15.03%	\$233	20.66%	\$320	24.42%	\$378	26.30%	\$407	28.18%	\$436
\$1,577	15.22%	\$240	20.93%	\$330	24.74%	\$390	26.64%	\$420	28.54%	\$450
\$1,608	15.42%	\$248	21.20%	\$341	25.05%	\$403	26.98%	\$434	28.91%	\$465
\$1,638	15.61%	\$256	21.47%	\$352	25.37%	\$416	27.32%	\$448	29.27%	\$479
\$1,668	15.81%	\$264	21.73%	\$363	25.68%	\$429	27.66%	\$461	29.64%	\$494
\$1,699	16.00%	\$272	22.00%	\$374	26.00%	\$442	28.00%	\$476	30.00%	\$510

Calculations:

The income in the first row is 75% of the monthly poverty level income for a one person household.

Child support amount in the first row is 66% of the amount calculated by applying the Nevada rate to the monthly income.

The income amount for the last row is 150% of the monthly poverty level income for a one person household.

2022 Federal Poverty Guidelines

Household Size	Annual Income	Monthly Income
1	\$13,590	\$1,133
2	\$18,310	\$1,526
3	\$23,030	\$1,919
4	\$27,750	\$2,313
5	\$32,470	\$2,706
6	\$37,190	\$3,099
7	\$41,910	\$3,493
8	\$46,630	\$3,886

Nevada Rates

One Child	16%
Two Children	22%
Three Children	26%
Four Children	28%
Five Children	30%

For families/households with more than 8 persons, add \$4,720 for each additional person.

[Federal Register :: Annual Update of the HHS Poverty Guidelines](#)

**Child Support Obligation of Low-Income Payers
at 75% to 150% of the 2022 Federal Poverty Guidelines**

Monthly Income Up To	Six Children		Seven Children		Eight Children		Nine Children		Ten Children	
	Percent	Child Support Amount	Percent	Child Support Amount	Percent	Child Support Amount	Percent	Child Support Amount	Percent	Child Support Amount
\$849	21.12%	\$179	22.44%	\$191	23.76%	\$202	25.08%	\$213	26.40%	\$224
\$880	21.51%	\$189	22.85%	\$201	24.20%	\$213	25.54%	\$225	26.89%	\$237
\$910	21.90%	\$199	23.27%	\$212	24.63%	\$224	26.00%	\$237	27.37%	\$249
\$940	22.29%	\$210	23.68%	\$223	25.07%	\$236	26.46%	\$249	27.86%	\$262
\$971	22.67%	\$220	24.09%	\$234	25.51%	\$248	26.93%	\$261	28.34%	\$275
\$1,001	23.06%	\$231	24.50%	\$245	25.95%	\$260	27.39%	\$274	28.83%	\$289
\$1,031	23.45%	\$242	24.92%	\$257	26.38%	\$272	27.85%	\$287	29.31%	\$302
\$1,062	23.84%	\$253	25.33%	\$269	26.82%	\$285	28.31%	\$301	29.80%	\$316
\$1,092	24.23%	\$265	25.74%	\$281	27.26%	\$298	28.77%	\$314	30.29%	\$331
\$1,122	24.62%	\$276	26.16%	\$294	27.69%	\$311	29.23%	\$328	30.77%	\$345
\$1,153	25.01%	\$288	26.57%	\$306	28.13%	\$324	29.69%	\$342	31.26%	\$360
\$1,183	25.39%	\$300	26.98%	\$319	28.57%	\$338	30.16%	\$357	31.74%	\$376
\$1,213	25.78%	\$313	27.39%	\$332	29.01%	\$352	30.62%	\$372	32.23%	\$391
\$1,244	26.17%	\$326	27.81%	\$346	29.44%	\$366	31.08%	\$387	32.71%	\$407
\$1,274	26.56%	\$338	28.22%	\$360	29.88%	\$381	31.54%	\$402	33.20%	\$423
\$1,304	26.95%	\$352	28.63%	\$373	30.32%	\$395	32.00%	\$417	33.69%	\$439
\$1,335	27.34%	\$365	29.05%	\$388	30.75%	\$410	32.46%	\$433	34.17%	\$456
\$1,365	27.73%	\$378	29.46%	\$402	31.19%	\$426	32.92%	\$449	34.66%	\$473
\$1,395	28.11%	\$392	29.87%	\$417	31.63%	\$441	33.39%	\$466	35.14%	\$490
\$1,426	28.50%	\$406	30.28%	\$432	32.07%	\$457	33.85%	\$483	35.63%	\$508
\$1,456	28.89%	\$421	30.70%	\$447	32.50%	\$473	34.31%	\$500	36.11%	\$526
\$1,486	29.28%	\$435	31.11%	\$462	32.94%	\$490	34.77%	\$517	36.60%	\$544
\$1,517	29.67%	\$450	31.52%	\$478	33.38%	\$506	35.23%	\$534	37.09%	\$562
\$1,547	30.06%	\$465	31.94%	\$494	33.81%	\$523	35.69%	\$552	37.57%	\$581
\$1,577	30.45%	\$480	32.35%	\$510	34.25%	\$540	36.15%	\$570	38.06%	\$600
\$1,608	30.83%	\$496	32.76%	\$527	34.69%	\$558	36.62%	\$589	38.54%	\$620
\$1,638	31.22%	\$511	33.17%	\$543	35.13%	\$575	37.08%	\$607	39.03%	\$639
\$1,668	31.61%	\$527	33.59%	\$560	35.56%	\$593	37.54%	\$626	39.51%	\$659
\$1,699	32.00%	\$544	34.00%	\$578	36.00%	\$612	38.00%	\$646	40.00%	\$680

Name: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____

**In The First Judicial District Court of the State of Nevada
In and for Carson City**

_____) Case No.: _____ 1B
Plaintiff,)
) Dept. No.: _____
)
vs.)
) **MEDIA REQUEST TO ALLOW**
) **CAMERAS IN THE COURTROOM**
_____) Defendant.)
_____)

_____ of _____ hereby requests
permission to _____ proceedings in the above-entitled case in
Department _____, Judge _____ presiding, on the _____ day of
_____, 20 _____, at the hour of _____m.

I certify I am familiar with Supreme Court Rules 229-246 (inclusive) on cameras and
electronic media coverage in the Courts. I also understand that this request must be submitted to
the Court at least twenty-four (24) hours before the proceedings commence unless good cause
can be shown.

It is further understood any pooling arrangements necessitated among the media will be
the sole responsibility of the media and must be arranged prior to coverage, without calling upon
the Court to mediate any disputes.

DATED this _____ day of _____, 20_____.

Media Representative's Signature

Print Media Representative's Name Address Telephone Number

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**In The First Judicial District Court of the State of Nevada
In and for Carson City**

_____,)
Plaintiff,)
vs.)
_____,)
Defendant.)
_____)

Case No.: _____ 1B
Dept. No.: _____

**NOTICE OF CONSENT TO
ELECTRONIC COVERAGE**

_____, counsel for _____:

- 1. Acknowledge that I have been informed of the media request for electronic coverage and that Supreme Court Rules 229 through 246 governs media requests for electronic coverage;
- 2. I have familiarized myself with Supreme Court Rules 229 through 246;
- 3. I have advised my client of the request and summarized for my client Supreme Court Rules 229 through 246;
- 4. My client consents to the court granting the media request for electronic coverage.

DATED this _____ day of _____, 20____.

Signature: _____

Print name: _____

Your Name: _____
Address: _____
City, State, Zip _____
Telephone: _____
Email Address: _____
Self-Represented

DISTRICT COURT
CARSON CITY COUNTY, NEVADA

Plaintiff,

vs.

Defendant.

CASE NO.: _____

DEPT: _____

**MOTION FOR AN ORDER TO ENFORCE AND/OR FOR AN ORDER TO SHOW
CAUSE REGARDING CONTEMPT**

TO: Name of Opposing Party and Party's Attorney, if any, _____

PLEASE TAKE NOTICE THAT (Plaintiff/Defendant) _____

(the "Moving Party") has filed a Motion seeking to enforce an existing order and/or for an order to show cause why the Court should not hold you in contempt.

IF YOU OBJECT TO ANY OF THE RELIEF SOUGHT BY THIS MOTION, YOU ARE REQUIRED TO FILE A WRITTEN RESPONSE TO THIS MOTION WITH THE CLERK OF THE COURT AND TO PROVIDE THE MOVING PARTY WITH A COPY OF YOUR RESPONSE WITHIN 10 COURT DAYS OF THE SERVICE OF THIS MOTION. FAILURE TO FILE A WRITTEN RESPONSE WITH THE CLERK OF COURT WITHIN 10 COURT DAYS OF THE SERVICE OF THIS MOTION MAY RESULT IN THE REQUESTED RELIEF BEING GRANTED BY THE COURT WITHOUT YOU HAVING AN OPPORTUNITY TO BE HEARD. (NOTE: IF SERVICE WAS MADE ON YOU BY MAIL, YOU HAVE AN ADDITIONAL 3 DAYS TO FILE YOUR WRITTEN RESPONSE).

Submitted By: _____

(check one) Plaintiff / Defendant In Proper Person

MOTION

(Your name) _____, in Proper Person, moves this Court for an order to enforce current court orders and for an order to show cause why the opposing party should not be held in contempt and punished accordingly for violating this court's order.

POINTS AND AUTHORITIES LEGAL ARGUMENT

The refusal to obey a lawful order issued by the court is an act of contempt. NRS 22.010(3). The facts of contempt must be presented to the court through an affidavit. NRS 22.030(2). A person found guilty of contempt may be fined up to \$500 for each act of contempt, may be imprisoned for up to 25 days, or both. A person found guilty of contempt may also be required to pay the reasonable expenses, including attorney's fees, of the person seeking to enforce the order. NRS 22.100.

FACTS AND ARGUMENT

1. **Order.** The Court entered a written order on (*date of court order*) _____.
The order requires the other party to do the following: (*state exactly what the order requires the other party to do*):

This requirement can be found in the order on page(s) _____, lines _____.

2. **Notice.** (*check one*)

- The other party was served with a copy of the court order on (*date the party was served with the order*) _____.
- The other party knows about the court order because (*explain how the other party is aware of the court order*)

3. **Violation.** The order is not being followed. The other party should be held in contempt for violating the order in the following ways: *(state exactly what the other party is doing to violate the order. Be specific and include dates that the violations happened.)*

4. **Harm.** I am being harmed or will be harmed by the other party's violation in the following ways: *(explain how the other party's violation is affecting you)*

5. **Money Due / Arrears.** A list of all money due must be included as an exhibit to this motion to support any request for unpaid money. (*check all that apply*)

The violation of the court order does not have to do with unpaid money.

The other party owes me for unpaid child support. The other party has not paid a total of \$ _____ in child support. This amount should be reduced to judgment.

The other party owes me for unpaid spousal support. The other party has not paid a total of \$ _____ in spousal support. This amount should be reduced to judgment.

The other party has not paid me other amounts owed *(Explain how much money the other party owes you and why):*

This amount should be reduced to judgment.

6. **Wage Garnishment / Withholding.** (*check one*)

- A wage garnishment should be issued against the other party for payment of future child support and/or spousal support.
- A wage garnishment is not requested.

7. **Enforcement.** I would like the Court to issue any orders necessary to effectuate compliance with the court order.

8. **Other Relief.** In addition to the relief requested above, I would like the Court to also order the following: *(Explain anything else that you would like the judge to order, or enter "N/A" if you do not want anything else. Be specific.)*

I respectfully ask the Court to grant me the relief requested above, including an award of attorney's fees if I am able to retain an attorney for this matter, and any other relief the Court finds appropriate.

DATED _____, 20____.

Submitted By: *(your signature)* _____
(print your name) _____

**DECLARATION IN SUPPORT OF MOTION FOR AN ORDER TO ENFORCE AND/OR
FOR AN ORDER TO SHOW CAUSE REGARDING CONTEMPT**

I declare, under penalty of perjury:

1. That I have personal knowledge of the facts contained in this Motion and in this Declaration and I am competent to testify to the same.
2. That the statements in this Motion and Declaration are true and correct to the best of my knowledge. The factual statements in the Motion are incorporated here as if set forth in full.
3. Additional facts to support my requests include:

4. I have attached the following Exhibit(s) to the Motion to support my requests: *(Describe exhibit or write N/A on any blank lines.)*

- a. _____
- b. _____
- c. _____
- d. _____

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

DATED _____, 20____.

Submitted By: *(your signature)* _____

(print your name) _____

Your Name: _____
Address: _____
City, State, Zip _____
Telephone: _____
Email Address: _____
Self-Represented

DISTRICT COURT
CARSON CITY COUNTY, NEVADA

Plaintiff,

vs.

Defendant.

CASE NO.: _____

DEPT: _____

**MOTION FOR ORDERS TO MODIFY CHILD CUSTODY, VISITATION, AND/OR
CHILD SUPPORT**

TO: Name of Opposing Party and Party's Attorney, if any, _____

PLEASE TAKE NOTICE THAT (Plaintiff/Defendant) _____

(the "Moving Party") has filed a Motion seeking to modify existing orders relating to child custody, visitation, and/or child support.

IF YOU OBJECT TO ANY OF THE RELIEF SOUGHT BY THIS MOTION, YOU ARE REQUIRED TO FILE A WRITTEN RESPONSE TO THIS MOTION WITH THE CLERK OF THE COURT AND TO PROVIDE THE MOVING PARTY WITH A COPY OF YOUR RESPONSE WITHIN 10 COURT DAYS OF THE SERVICE OF THIS MOTION. FAILURE TO FILE A WRITTEN RESPONSE WITH THE CLERK OF COURT WITHIN 10 COURT DAYS OF THE SERVICE OF THIS MOTION MAY RESULT IN THE REQUESTED RELIEF BEING GRANTED BY THE COURT WITHOUT YOU HAVING AN OPPORTUNITY TO BE HEARD. (NOTE: IF SERVICE IS MADE BY MAIL, YOU HAVE AN ADDITIONAL 3 DAYS TO FILE YOUR WRITTEN RESPONSE).

Submitted By: _____

(check one) Plaintiff / Defendant In Proper Person

MOTION

(Your name) _____, in Proper Person, moves this Court for an Order modifying child custody, visitation, and/or child support.

POINTS AND AUTHORITIES LEGAL ARGUMENT

When considering whether to modify physical custody, the court must determine what type of physical custody arrangement exists between the parties. The court must look at the actual physical custody timeshare the parties are exercising to determine what custody arrangement is in effect. Rivero v. Rivero, 125 Nev. 410, 430, 216 P.3d 213, 227 (2009).

Different tests apply to modify custody depending on the current custody arrangement. Joint physical custody may be modified or terminated if it is in the best interest of the child. NRS 125C.0045(2); Truax v. Truax, 110 Nev. 473, 874 P.2d 10 (1994). Primary physical custody may be modified only when “(1) there has been a substantial change in circumstances affecting the welfare of the child, and (2) the modification would serve the child's best interest.” Ellis v. Carucci, 123 Nev. 145, 153, 161 P.3d 239, 244 (2007).

Pursuant to NRS 125C.0035(4), in determining the best interest of the child, the court must consider and set forth its specific findings concerning, among other things:

- (a) The wishes of the child if the child is of sufficient age and capacity to form an intelligent preference as to his or her physical custody.
- (b) Any nomination of a guardian for the child by a parent.
- (c) Which parent is more likely to allow the child to have frequent associations and a continuing relationship with the noncustodial parent.
- (d) The level of conflict between the parents.
- (e) The ability of the parents to cooperate to meet the needs of the child.
- (f) The mental and physical health of the parents.
- (g) The physical, developmental and emotional needs of the child.
- (h) The nature of the relationship of the child with each parent.
- (i) The ability of the child to maintain a relationship with any sibling.
- (j) Any history of parental abuse or neglect of the child or a sibling of the child.

(k) Whether either parent or any other person seeking physical custody has engaged in an act of domestic violence against the child, a parent of the child or any other person residing with the child.

(l) Whether either parent or any other person seeking physical custody has committed any act of abduction against the child or any other child.

A child support order must be reviewed by the court every three years upon request of a parent or guardian. A child support order may be reviewed at any time on the basis of changed circumstances. A change in 20% or more in the gross monthly income of a person subject to a child support order shall be deemed changed circumstances. NRS 125B.145. Any inaccuracy or falsification of financial information which results in an inappropriate award of child support is also grounds to modify child support. NRS 125B.080.

FACTS AND ARGUMENT

A. Request to Modify Child Custody and/or Visitation

1. **Current Custody Order.** The current custody order was filed on *(date)* _____.

2. **Modification of Legal Custody.** (*check one*)

Legal custody should not be changed. (*STOP. Go to Section 3*)

Legal custody should be changed. Listed below is the current legal custody order and the legal custody order I would like the Court to order.

Child's Name:	Date of Birth	I Have Now: <input checked="" type="checkbox"/> <i>check one</i>	I Would Like: <input checked="" type="checkbox"/> <i>check one</i>
		<input type="checkbox"/> No legal custody <input type="checkbox"/> Joint legal custody <input type="checkbox"/> Sole legal custody	<input type="checkbox"/> Joint legal custody <input type="checkbox"/> Sole legal custody
		<input type="checkbox"/> No legal custody <input type="checkbox"/> Joint legal custody <input type="checkbox"/> Sole legal custody	<input type="checkbox"/> Joint legal custody <input type="checkbox"/> Sole legal custody
		<input type="checkbox"/> No legal custody <input type="checkbox"/> Joint legal custody <input type="checkbox"/> Sole legal custody	<input type="checkbox"/> Joint legal custody <input type="checkbox"/> Sole legal custody
		<input type="checkbox"/> No legal custody <input type="checkbox"/> Joint legal custody <input type="checkbox"/> Sole legal custody	<input type="checkbox"/> Joint legal custody <input type="checkbox"/> Sole legal custody

It is in the best interest of the children to change legal custody because *(explain)*:

3. **Modification of Physical Custody.** (*check one*)

Physical custody should not be changed. (*STOP. Go to Section 4*)

Physical custody should be changed. Listed below is the current physical custody order and the physical custody order I would like the Court to order.

Child's Name:	Date of Birth	I Have Now: <input checked="" type="checkbox"/> <i>check one</i>	I Would Like: <input checked="" type="checkbox"/> <i>check one</i>
		<input type="checkbox"/> No visitation <input type="checkbox"/> Visitation only <input type="checkbox"/> Joint physical custody <input type="checkbox"/> Primary physical custody <input type="checkbox"/> Sole physical custody	<input type="checkbox"/> Visitation only <input type="checkbox"/> Joint physical custody <input type="checkbox"/> Primary physical custody <input type="checkbox"/> Sole physical custody
		<input type="checkbox"/> No visitation <input type="checkbox"/> Visitation only <input type="checkbox"/> Joint physical custody <input type="checkbox"/> Primary physical custody <input type="checkbox"/> Sole physical custody	<input type="checkbox"/> Visitation only <input type="checkbox"/> Joint physical custody <input type="checkbox"/> Primary physical custody <input type="checkbox"/> Sole physical custody
		<input type="checkbox"/> No visitation <input type="checkbox"/> Visitation only <input type="checkbox"/> Joint physical custody <input type="checkbox"/> Primary physical custody <input type="checkbox"/> Sole physical custody	<input type="checkbox"/> Visitation only <input type="checkbox"/> Joint physical custody <input type="checkbox"/> Primary physical custody <input type="checkbox"/> Sole physical custody
		<input type="checkbox"/> No visitation <input type="checkbox"/> Visitation only <input type="checkbox"/> Joint physical custody <input type="checkbox"/> Primary physical custody <input type="checkbox"/> Sole physical custody	<input type="checkbox"/> Visitation only <input type="checkbox"/> Joint physical custody <input type="checkbox"/> Primary physical custody <input type="checkbox"/> Sole physical custody

It is in the best interest of the children to change physical custody because (*explain, referencing any applicable NRS 125C.0035(4) best interest factors listed in the Legal Argument section above*):

You MUST complete this section if the other party currently has primary physical custody and you want to change the custody order.

Since the last order, there has been a substantial change in circumstances affecting the welfare of the children. (*Explain the substantial changes affecting the children that have happened since the last custody order*):

4. **Visitation.** (*check all that apply*)

- Visitation should not be changed. (*STOP. Go to Section B*)
- The regular visitation / timeshare should be changed. My proposed new visitation / timeshare schedule is attached as Exhibit 1.
- The holiday schedule should be changed. My proposed new holiday schedule is attached as Exhibit 1.

It is in the best interest of the children to change visitation because (*explain, referencing any applicable NRS 125C.0035(4) best interest factors listed in the Legal Argument section above*):

B. Request to Modify Child Support

- Not Applicable (*check if not applicable, and go to Section C*).
If applicable, you must check and comply with the box below)

I understand that I must file my Financial Disclosure Form to support my request for child support and that failure to file my Financial Disclosure Form may result in my request being denied.

5. **Current Child Support Order.**

(*Name of party ordered to pay child support*) _____
currently pays (*amount*) \$_____ per month in child support for (*number*) ____ minor children. I want this order modified.

6. **Public Assistance.** (*check one*)

- I have never received Temporary Assistance for Needy Families (TANF).
- I am now or have received Temporary Assistance for Needy Families (TANF) in the past.

7. **Parties' Income.**

My gross monthly income is (*insert amount*): \$ _____ / OR unknown.

The other parent's gross monthly income is (*insert amount*): \$ _____ / OR unknown.

8. **Reason for Modification.** I want child support modified because: (*check all that apply*)

- Child support should be reset based on the change in custody I am requesting.
- The gross monthly income of the person paying child support has changed by more than 20% since the last child support order was entered.
- It has been more than three years since child support was last reviewed.
- The following children have emancipated (*write name(s)*):

The current child support order was set based on inaccurate or false information. (*give the reason you believe child support was set inaccurately*)

The parties are not following the custodial schedule on which child support was based: (*explain the custodial schedule you have been following*):

It is in the children's best interest to modify child support because (*tell the judge why it is in the children's best interest to change child support*):

9. **Amount Requested.** (*check one*)

- Child support should be modified so that (*name of person who should pay child support*) _____ pays (*amount*) \$ _____ per month in child support.
- Child support should be set at the statutory minimum of \$100 per month, per child;
- I'm not sure how much child support should be paid. The judge should set child support.
- Other (*explain how much child support should be ordered and how you came up with the amount of child support*):

C. Other Relief

10. In addition to the relief requested above, I would like the Court to also order the following:
(*Explain anything else that you would like the judge to order, or enter "N/A" if you do not want anything else. Be specific.*)

I respectfully ask the Court to grant me the relief requested above, including an award of attorney's fees if I am able to retain an attorney for this matter, and any other relief the Court finds appropriate.

DATED _____, 20____.

Submitted By: (*your signature*) _____
(*print your name*) _____

**DECLARATION IN SUPPORT OF MOTION TO MODIFY CHILD CUSTODY,
VISITATION, AND/OR CHILD SUPPORT**

I declare, under penalty of perjury:

1. That I have personal knowledge of the facts contained in this Motion and in this Declaration and I am competent to testify to the same.
2. That the statements in this Motion and Declaration are true and correct to the best of my knowledge.
3. Additional facts to support my requests include:

4. I have attached the following Exhibit(s) to the Motion to support my requests: *(Describe exhibit or write N/A on any blank lines.)*

- a. _____
- b. _____
- c. _____
- d. _____

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

DATED _____, 20____.

Submitted By: *(your signature)* _____

(print your name) _____

EXHIBIT 1: Parenting Timeshare and Holiday Schedule

No Visitation Requested Because: *(explain in detail on separate sheet)*

<p>Regular Weekly Schedule During School Year: <i>Be very specific. Include the times and days of the week for each parent's timeshare.</i> <i>(ex.: Mom: Saturday 7pm – Wednesday 3pm, Dad: Wednesday 3pm – Saturday 7pm)</i></p>	
<p>Summer Schedule:</p>	<p><input type="checkbox"/> Same as the regular schedule. <input type="checkbox"/> Other: _____</p>
<p>Mother's Day:</p>	<p><input type="checkbox"/> Mother every year from 9am – 7pm. <input type="checkbox"/> Other: _____</p>
<p>Father's Day:</p>	<p><input type="checkbox"/> Father every year from 9am – 7pm. <input type="checkbox"/> Other: _____</p>
<p>Children's Birthday:</p>	<p><input type="checkbox"/> <i>Even years</i> with <i>(parent)</i> _____ <input type="checkbox"/> <i>Odd years</i> with <i>(parent)</i> _____ *Time shall be from 9am – 7pm.* <input type="checkbox"/> Other: _____</p>
<p>3 Day Weekends:</p>	<p><input type="checkbox"/> Each December before December 31, the parties must confer regarding their respective schedules for the upcoming year and agree in writing on an allocation of the Martin Luther King Day; President's Day; Labor Day; Memorial Day; and Nevada Day three day weekends between themselves. If the parties do not agree, the parties' normal weekly schedule will control with the parent otherwise entitled to have the children over the weekend being entitled to have the children in his or her care for the holiday as well. <input type="checkbox"/> Other: _____</p>
<p>Fourth of July:</p>	<p><input type="checkbox"/> Even years with <i>(parent)</i> _____ <input type="checkbox"/> Odd years with the other parent. *Time shall begin July 4, at 10 a.m. and end on July 5, at 10 a.m.* <input type="checkbox"/> Other: _____</p>

Easter / Spring Break:	<input type="checkbox"/> Even years with (<i>parent</i>) _____ Odd years with the other parent. *Time shall begin the day school lets out until noon the day before school resumes.* <input type="checkbox"/> Other: _____
Thanksgiving:	<input type="checkbox"/> Odd years with (<i>parent</i>) _____ Even years with the other parent. *Time shall begin the day school lets out until noon the day before school resumes.* <input type="checkbox"/> Other: _____
Winter Break / Christmas:	<input type="checkbox"/> Segment 1 consists of the first one-half of the Winter break and includes Christmas Eve and Christmas Day. Segment 1 begins the day the children are released from school for the break at the time the children are released from school. Segment 2 consists of the second one-half of the Winter break and includes New Year's Eve and New Year's Day. Segment 2 begins at noon on the first day of the second half of the Winter break and ends at noon the day before school resumes. In the event that the date marking the halfway point in the Winter break falls on December 25, Segment 2 will not begin until December 26. <u>Even years:</u> Segment 1 with (<i>parent</i>) _____, Segment 2 with the other parent. <u>Odd years:</u> segment 1 with (<i>parent</i>) _____, segment 2 with the other parent. <input type="checkbox"/> Other: _____
Other Holidays:	
Vacation:	<input type="checkbox"/> The parents will not establish a formal vacation plan, and will instead mutually agree on vacation days and times with the children. <input type="checkbox"/> Each parent may have up to (<i>number</i>) _____ vacation days per year with the children. The parent shall notify the other parent of the vacation and provide a general vacation itinerary at least (<i>number</i>) _____ days before the planned vacation. Vacation time supersedes the normal weekly or summer schedule and is not allowed during a holiday or school break allotted to the other parent.

1 Your Name: _____
2 Mailing Address: _____
3 City, State, Zip: _____
4 Telephone: _____
5 In Proper Person _____

6 **In The First Judicial District Court of the State of Nevada**
7 **In and for Carson City**

8 Plaintiff/Petitioner,) Case No.: 1B
9) Dept. No.:
10 vs.) **MOTION**
11)
12 Defendant/Respondent.)

13 I _____, appearing in Proper Person,
14 (Your Name)
15 request that the Court enter an Order granting me the following:

16 ***State what you want the Court to order. If you have more than one request,***
17 ***clearly list and number each request. Do not explain your requests in detail***
18 ***here, just list them.***

19 _____
20 _____
21 _____
22 _____
23 _____
24 _____
25 _____

1 The original Decree of Divorce or Custody Order was entered on _____
(Date the decree or order was filed)

2 To the best of my knowledge, the last order concerning this matter was entered on

3 _____ and that order concerned _____
4 (Date last order was filed) (State what the last order was about,

5 such as child support, visitation, etc.)

6 ***If children are involved in this matter, fill in the following information.
If children are not involved in this matter, print N/A in the following blanks.***

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

8 NAME AGE BIRTH DATE

<u>NAME</u>	<u>AGE</u>	<u>BIRTH DATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14

15 ***Fully explain why you believe you should be granted your request(s).
List and number each request.***

16

17 This Motion is made for the following reasons:

18 _____

19 _____

20 _____

21 _____

22 _____

23 _____

24 _____

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), the undersigned hereby certifies that on this date, I deposited a true and correct copy of the foregoing Motion in the U.S. Mail with postage pre-paid thereon, addressed to:

(Name of other party)

(Address)

(City, State, Zip)

Dated this _____ day of _____, 20_____.

(Signature)

Your Name: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
In Proper Person _____

**In The First Judicial District Court of the State of Nevada
In and for Carson City**

_____) Case No.: _____ 1B
Plaintiff/Petitioner,)
Dept. No.: _____)
vs.) **MOTION**
_____)
Defendant/Respondent.)
_____)

I _____, appearing in Proper Person,
(Your Name)
request that the Court enter an Order granting me the following:

State what you want the Court to order. If you have more than one request, clearly list and number each request. Do not explain your requests in detail here, just list them.

***Fully explain why you believe you should be granted your request(s).
List and number each request.***

This Motion is made for the following reasons:

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1 (If you need more room, you may attach additional sheets of paper. Be sure you write only on
2 one side of each sheet, number the page or pages 3(a), 3(b), etc. and initial each page at the
3 bottom.)

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

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

7 DATED this _____ day of _____, 20____.

8 _____
(Your Signature)

9
10
11 **CERTIFICATE OF SERVICE**

12 Pursuant to NRCPP 5(b), the undersigned hereby certifies that on this date, I deposited a
13 true and correct copy of the foregoing Motion in the U.S. Mail with postage pre-paid thereon,
14 addressed to:

15 _____
16 (Name of other party)

_____ (Name of other party)

17 _____
(Address)

_____ (Address)

18 _____
19 (City, State, Zip)

_____ (City, State, Zip)

20
21 Dated this _____ day of _____, 20____.

22
23 _____
24 (Signature)

Your Name: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
In Proper Person _____

**In The First Judicial District Court of the State of Nevada
In and for Carson City**

Case No.: _____ 1B

Dept. No.: _____

Plaintiff/Petitioner,

vs.

Defendant/Respondent.

**NOTICE OF CHANGE OF
CONTACT INFORMATION**

PLEASE TAKE NOTICE that the information listed below is the most current contact information for: *(Your Name)* _____:

New Physical Address *(Address/City/State/Zip)*: _____

New Mailing Address *(Address/City/State/Zip)*: _____

Contact Phone Number: _____

Email Address: _____

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 **CERTIFICATE OF SERVICE**

2 Pursuant to NRCP 5(b), the undersigned hereby certifies that on this date, I deposited a
3 true and correct copy of the foregoing Notice of Change of Contact Information in the U.S. Mail
4 with postage pre-paid thereon, addressed to:

5 _____
6 *(Name of Other Party)*

7 _____
8 *(Address)*

9 _____
10 *(City, State, Zip)*

11 Dated this _____ day of _____, 20_____.

12 _____
13 *(Your Signature)*

NOTICE OF EXECUTION (NRS 21.075)

YOUR PROPERTY IS BEING ATTACHED OR YOUR WAGES ARE BEING GARNISHED

A court has determined that you owe money to the person or company (the “judgment creditor”) listed on the Writ of Execution included with this Notice of Execution. The judgment creditor has begun the procedure to collect that money by garnishing your wages, bank account and other personal property held by third persons or by taking money or other property in your possession.

Certain benefits and property owned by you may be exempt from execution and may not be taken from you. The following is a partial list of exemptions:

1. Payments received pursuant to the federal Social Security Act, including, without limitation, retirement and survivors’ benefits, supplemental security income benefits and disability insurance benefits.

2. Payments for benefits or the return of contributions under the Public Employees’ Retirement System.

3. Payments for public assistance granted through the Division of Welfare and Supportive Services of the Department of Health and Human Services or a local governmental entity.

4. Proceeds from a policy of life insurance.

5. Payments of benefits under a program of industrial insurance.

6. Payments received as disability, illness or unemployment benefits.

7. Payments received as unemployment compensation.

8. Veteran’s benefits.

9. A homestead in a dwelling or a mobile home, including, subject to the provisions of section 6.5 of this act, the proceeds from the sale of such property, not to exceed \$605,000, unless:

(a) The judgment is for a medical bill, in which case all of the primary dwelling, including a mobile or manufactured home, may be exempt.

(b) Allodial title has been established and not relinquished for the dwelling or mobile home, in which case all of the dwelling or mobile home and its appurtenances are exempt, including the land on which they are located, unless a valid waiver executed pursuant to NRS 115.010 is applicable to the judgment.

10. All money reasonably deposited with a landlord by you to secure an agreement to rent or lease a dwelling that is used by you as your primary residence, except that such money is not exempt with respect to a landlord or landlord’s successor in interest who seeks to enforce the terms of the agreement to rent or lease the dwelling.

11. A vehicle, if your equity in the vehicle is less than \$15,000.

12. Eighty-two percent of the take-home pay for any workweek if your gross weekly salary or wage was \$770 or less on the date the most recent writ of garnishment was issued, or seventy-five percent of the take-home pay for any workweek if your gross weekly salary or wage exceeded \$770 on the date the most recent writ of garnishment was issued, unless the weekly take-home pay is less than 50 times the federal minimum hourly wage, in which case the entire amount may be exempt.

13. Money, not to exceed \$1,000,000 in present value, held in:

(a) An individual retirement arrangement which conforms with or is maintained pursuant to the applicable limitations and requirements of section 408 or 408A of the Internal Revenue Code, 26 U.S.C. §§ 408 and 408A, including, without limitation, an inherited individual retirement arrangement;

(b) A written simplified employee pension plan which conforms with or is maintained pursuant to the applicable limitations and requirements of section 408 of the Internal Revenue Code, 26 U.S.C. § 408, including, without limitation, an inherited simplified employee pension plan;

(c) A cash or deferred arrangement plan which is qualified and maintained pursuant to the Internal Revenue Code, including, without limitation, an inherited cash or deferred arrangement plan;

(d) A trust forming part of a stock bonus, pension or profit-sharing plan that is a qualified and maintained pursuant to sections 401 et seq. of the Internal Revenue Code, 26 U.S.C. §§ 401 et seq.; and

(e) A trust forming part of a qualified tuition program pursuant to chapter 353B of NRS, any applicable regulations adopted pursuant to chapter 353B of NRS and section 529 of the Internal Revenue Code, 26 U.S.C. § 529, unless the money is deposited after the entry of a judgment against the purchaser or account owner or the money will not be used by any beneficiary to attend a college or university.

14. All money and other benefits paid pursuant to the order of a court of competent jurisdiction for the support, education and maintenance of a child, whether collected by the judgment debtor or the State.

15. All money and other benefits paid pursuant to the order of a court of competent jurisdiction for the support and maintenance of a former spouse, including the amount of any arrearages in the payment of such support and maintenance to which the former spouse may be entitled.

16. Regardless of whether a trust contains a spendthrift provision:

(a) A present or future interest in the income or principal of a trust that is a contingent interest, if the contingency has not been satisfied or removed;

(b) A present or future interest in the income or principal of a trust for which discretionary power is held by a trustee to determine whether to make a distribution from the trust, if the interest has not been distributed from the trust;

(c) The power to direct dispositions of property in the trust, other than such a power held by a trustee to distribute property to a beneficiary of the trust;

(d) Certain powers held by a trust protector or certain other persons; and

(e) Any power held by the person who created the trust.

17. If a trust contains a spendthrift provision:

(a) A present or future interest in the income or principal of a trust that is a mandatory interest in which the trustee does not have discretion concerning whether to make the distribution from the trust, if the interest has not been distributed from the trust; and

(b) A present or future interest in the income or principal of a trust that is a support interest in which the standard for distribution may be interpreted by the trustee or a court, if the interest has not been distributed from the trust.

18. A vehicle for use by you or your dependent which is specially equipped or modified to provide mobility for a person with a permanent disability.

19. A prosthesis or any equipment prescribed by a physician or dentist for you or your dependent.

20. Payments, in an amount not to exceed \$16,150, received as compensation for personal injury, not including compensation for pain and suffering or actual pecuniary loss, by the judgment debtor or by a person upon whom the judgment debtor is dependent at the time the payment is received.

21. Payments received as compensation for the wrongful death of a person upon whom the judgment debtor was dependent at the time of the wrongful death, to the extent reasonably necessary for the support of the judgment debtor and any dependent of the judgment debtor.

22. Payments received as compensation for the loss of future earnings of the judgment debtor or of a person upon whom the judgment debtor is dependent at the time the payment is received, to the extent reasonably necessary for the support of the judgment debtor and any dependent of the judgment debtor.

23. Payments received as restitution for a criminal act.

24. Personal property, not to exceed \$10,000 in total value, if the property is not otherwise exempt from execution.

25. A tax refund received from the earned income credit provided by federal law or a similar state law.

26. Stock of a corporation described in subsection 2 of NRS 78.746 except as set forth in that section.

↳ These exemptions may not apply in certain cases such as a proceeding to enforce a judgment for support of a person or a judgment of foreclosure on a mechanic's lien. You should consult an attorney immediately to assist you in determining whether your property or money is exempt from execution. If you cannot afford an attorney, you may be eligible for assistance through:

Nevada Legal Services
209 N. Pratt Ave.
Carson City, NV 89701
(775) 883-0404
www.nlslaw.net

If you do not wish to consult an attorney or receive legal services from an organization that provides assistance to persons who qualify, you may obtain the form to be used to claim an exemption from the First Judicial District Court Clerk's Office, or on its website, www.carson.org/ccdc.

PROCEDURE FOR CLAIMING EXEMPT PROPERTY

If you believe that the money or property taken from you is exempt, you must complete and file with the clerk of the court an executed claim of exemption. A copy of the claim of exemption must be served upon the sheriff, the garnishee and the judgment creditor within 10 days after the notice of execution or garnishment is served on you by mail pursuant to NRS 21.076 which identifies the specific property that is being levied on. The property must be released by the garnishee or the sheriff within 9 judicial days after you serve the claim of exemption upon the sheriff, garnishee and judgment creditor, unless the sheriff or garnishee receives a copy of an objection to the claim of exemption and a notice for a hearing to determine the issue of exemption. If this happens, a hearing will be held to determine whether the property or money is exempt. The objection to the claim of exemption and notice for the hearing to determine the issue of exemption must be filed within 8 judicial days after the claim of exemption is served on the judgment creditor by mail or in person and served on the judgment debtor, the sheriff and any garnishee not less than 5 judicial days before the date set for the hearing. The hearing to determine whether the property or money is exempt must be held within 7 judicial days after the objection to the claim of exemption and notice for the hearing is filed. You may be able to have your property released more quickly if you mail to the judgment creditor or the attorney of the judgment creditor written proof that the property is exempt. Such proof may include, without limitation, a letter from the government, an annual statement from a pension fund, receipts for payment, copies of checks, records from financial institutions or any other document which demonstrates that the money in your account is exempt.

IF YOU DO NOT FILE THE EXECUTED CLAIM OF EXEMPTION WITHIN THE TIME SPECIFIED, YOUR PROPERTY MAY BE SOLD AND THE MONEY GIVEN TO THE JUDGMENT CREDITOR, EVEN IF THE PROPERTY OR MONEY IS EXEMPT.

(Added to NRS by 1989, 1135; A 1991, 811, 1412; 1995, 227, 1071; 1997, 265, 3412; 2003, 1010, 1812; 2005, 382, 1012, 2228; 2007, 2708, 3016, 2009, 803; 2011, 1406, 1892; 2017, 1661, 1966)

CHECKLIST FOR FILING A "CLAIM OF EXEMPTION"

- 1. Read the list of exemptions in this notice to determine whether any of your property or money is exempt from execution (in other words, protected from being taken to pay the judgment against you).
- 2. Obtain a "Claim of Exemption from Execution" form from the First Judicial District Court Clerk's Office, or on its website, www.carson.org/ccdc.
- 3. Fill out the Claim of Exemption from Execution form in blue ink. If you have documentation that proves the exemptions you are claiming, attach the documentation to the Claim of Exemption form (but be sure to black out any personal information, such as Social Security numbers, bank account numbers, etc.).
- 4. Make four copies of the completed Claim of Exemption from Execution form.
- 5. Take the completed Claim of Exemption form and all copies to the court where the judgment against you was issued, and file the Claim of Exemption with the court clerk.

NOTE: You must file your Claim of Exemption with the court within ten days after the Sheriff serves the Writ of Execution or Writ of Garnishment on you by mail, identifying the specific property that is subject to execution or garnishment, or within ten days after your wages are withheld if you are being garnished.

- 6. After your Claim of Exemption has been filed with the court, mail a copy of your Claim of Exemption to the following three parties (keep one copy for your records):
 - The Sheriff who mailed you the Writ of Execution or served your bank or employer;
 - The judgment creditor's attorney (or the judgment creditor directly if no attorney is involved);
 - Any garnishee (likely your employer, if your wages are being garnished; your bank, if your bank account has been attached; or some other third-party, if money or assets in the third-party's possession have been executed against).
- 7. Watch your mail. After receiving your Claim of Exemption, the judgment creditor has eight days to file an objection. If an objection is filed, a hearing will be set. You will receive a copy of the objection and a notice of the hearing in the mail.
- 8. Attend the court hearing if one is set. Before the hearing, collect whatever documentation you need to show that you are entitled to the exemptions you have claimed. Take your documentation to the hearing, along with a proposed order for the judge to sign. (You can obtain a form order from the First Judicial District Court Clerk's Office, or on its website, www.carson.org/ccdc.) At the hearing, it will be your responsibility to prove to the judge that your claimed exemptions are appropriate. If the judge approves your exemptions, ask the judge to sign your order, which you will then file with the court and serve on the Sheriff and any garnishee.

1 Name: _____
2 Address: _____
3 _____

4 **In The First Judicial District Court of the State of Nevada**
5 **In and for Carson City**

6 _____ Plaintiff,
7 vs.
8 _____ Defendant.
9 _____

Case No.: _____ 1B
Dept. No.: _____

NOTICE OF INTENT TO APPEAR BY COMMUNICATIONS EQUIPMENT

Date of hearing: _____
Time of hearing: _____

10 In accordance with the Order adopting Part IX of the Supreme Court Rules effective
11 March 1, 2009, _____, intends to appear at the above-captioned
12 hearing via _____, _____ resides
13 in _____, _____ cannot appear at
14 this hearing because _____
15 _____
16 _____

17 _____ contact phone number for this hearing is _____.
18 _____ shall appear for the hearing via electronic device, by way
19 of _____. The parties shall confirm with the
20 Court that the court is capable of connecting to such electronic device in advance of the
21 scheduled time for the hearing.

22 Dated this _____ day of _____, 20_____.

23 Respectfully Submitted by:

24 _____
(Print Name)

25 _____
(Signature)

CERTIFICATE OF SERVICE

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I hereby certify that on this date, I deposited a true and correct copy of the foregoing
Notice of Intent to Appear by Communications Equipment in the United States Mail;
by personal delivery or by facsimile to the following:

Dated this _____ day of _____, 20_____.

(Signature)

Your name: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
In Proper Person _____

**In The First Judicial District Court of the State of Nevada
In and for Carson City**

_____) Case No.: _____
Plaintiff,)
Dept. No.: _____
)
vs.) **NOTICE TO SET**
)
_____)
Defendant.)
_____)

TO: _____
(NAME OF OPPOSING PARTY AND THEIR COUNSEL)

YOU WILL PLEASE TAKE NOTICE that the undersigned, _____,
(your name)
will appear telephonically before the Judicial Assistant of the above-entitled court, on
Wednesday, _____, 20_____, between 9:00 a.m. and 9:30 a.m. or
at a time set by the Judicial Assistant to set this matter for _____.
(What you are wanting heard)

_____) (Your Name) _____ (Telephone number)
_____) (Other Party or Attorney Name) _____ (Telephone number)

DATED this _____ day of _____, 20_____.

_____) (Signature)

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), the undersigned hereby certifies that on this date, I deposited a true and correct copy of the foregoing Notice to Set in the U.S. Mail with postage pre-paid thereon, addressed to:

Dated this _____ day of _____, 20_____.

(Signature)

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Your Name: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
In Proper Person _____

**In The First Judicial District Court of the State of Nevada
In and for Carson City**

_____,) Case No.: _____ 1B
Plaintiff,)
) Dept. No.: _____
)
vs.) **OBJECTION TO MASTER'S FINDINGS**
) **AND RECOMMENDATIONS**
)
_____,)
Defendant.)
)
)
)

IMPORTANT: THIS DOCUMENT MUST BE FILED 10 (TEN) DAYS FROM RECEIPT OF THE MASTER'S FINDINGS AND RECOMMENDATIONS AND SERVED UPON THE OTHER PARTY AND THE DIVISION OF WELFARE AND SUPPORTIVE SERVICES. FAILURE TO TIMELY FILE AND SERVE WILL RESULT IN FINAL JUDGMENT BEING ORDERED BY DISTRICT COURT.

TO: _____, and his/her attorney of record,
(Other Party's Name)

(or if this is a child support case, the Attorney General's Name)

Notice is hereby given that _____, who is the
(Your Name)
_____ in this action, does hereby request a review of the
(Plaintiff, Defendant, Obligee or Obligor)

Master's Findings and Recommendations entered on _____
(Date recommendation was entered)
by Master _____
(Name of Master who signed the Recommendations)

Review of the Master's Findings and Recommendations is requested for the following reasons:

1 ***State very specifically why you object to the Master's Findings and Recommendation.***

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19 (If more space is needed to explain your position or make your argument, you may attach more
20 sheets, but be sure to write only on one side of the paper.)

21

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

23

Date: _____

24

25

(Signature)

Your Name: _____
Address: _____
City, State, Zip _____
Telephone: _____
Email Address: _____
Self-Represented

DISTRICT COURT
____ CARSON CITY ____ COUNTY, NEVADA

Plaintiff,
vs.

Defendant.

CASE NO.: _____
DEPT: _____

**OPPOSITION TO MOTION FOR AN ORDER TO ENFORCE AND/OR FOR AN
ORDER TO SHOW CAUSE REGARDING CONTEMPT**

(*Your name*) _____, in Proper Person, files this opposition to the motion for an order to enforce and/or for an order to show cause regarding contempt.

**POINTS AND AUTHORITIES
LEGAL ARGUMENT**

The refusal to obey a lawful order issued by the court is an act of contempt. NRS 22.010(3). The facts of contempt must be presented to the court through an affidavit. NRS 22.030(2). A person found guilty of contempt may be fined up to \$500 for each act of contempt, may be imprisoned for up to 25 days, or both. A person found guilty of contempt may also be required to pay the reasonable expenses, including attorney's fees, of the person seeking to enforce the order. NRS 22.100.

FACTS AND ARGUMENT

I did not violate the court order as the other party alleged because (*explain your side; be very specific about why you do not believe you violated the order, or if you did violate the order, explain the reason*):

(Attach additional sheets and any documents supporting your explanation as necessary).

COUNTERMOTION

I would like the Court to order the following (*explain anything that you would like the judge to order, or enter "N/A" if you do not want anything else; be specific*):

I respectfully ask the Court to deny the opposing party’s motion and grant me the relief requested above, including an award of attorney’s fees if I am able to retain an attorney for this matter, and any other relief the Court finds appropriate.

DATED _____, 20____.

Submitted By: (*your signature*) _____

(*print your name*) _____

**DECLARATION IN SUPPORT OF OPPOSITION ORDER TO ENFORCE AND/OR
FOR AN ORDER TO SHOW CAUSE REGARDING CONTEMPT**

I declare, under penalty of perjury:

1. That I have personal knowledge of the facts contained in this Opposition and in this Declaration and I am competent to testify to the same.
2. That the statements in this Opposition and Declaration are true and correct to the best of my knowledge.
3. Additional facts to support my opposition to the motion for an order to show cause are:

4. I have attached the following Exhibit(s) to the Opposition to support my requests and/or my opposition (*describe exhibit or write N/A on any blank lines*):

- a. _____
- b. _____
- c. _____
- d. _____

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

DATED _____, 20____.

Submitted By: (*your signature*) _____
(*print your name*) _____

Your Name: _____
Address: _____
City, State, Zip _____
Telephone: _____
Email Address: _____
Self-Represented

DISTRICT COURT
CARSON CITY COUNTY, NEVADA

Plaintiff,

vs.

Defendant.

CASE NO.: _____

DEPT: _____

**OPPOSITION TO MOTION FOR ORDERS TO MODIFY CHILD CUSTODY,
VISITATION, AND/OR CHILD SUPPORT AND COUNTERMOTION**

(*Your name*) _____, in Proper Person, files this Opposition and Counter-motion to the motion for an order modifying child custody, visitation, and/or child support.

**POINTS AND AUTHORITIES
LEGAL ARGUMENT**

(*you must check and comply with the box below*)

- I understand that I must file my Financial Disclosure Form to oppose / support any request to modify child support, and that failure to file my Financial Disclosure Form may result in my request being denied.

When considering whether to modify physical custody, the court must determine what type of physical custody arrangement exists between the parties. The court must look at the actual physical custody timeshare the parties are exercising to determine what custody arrangement is in effect. Rivero v. Rivero, 125 Nev. 410, 430, 216 P.3d 213, 227 (2009).

Different tests apply to modify custody depending on the current custody arrangement. Joint physical custody may be modified or terminated if it is in the best interest of the child.

NRS 125.510; Truax v. Truax, 110 Nev. 473, 874 P.2d 10 (1994). Primary physical custody may be modified only when “(1) there has been a substantial change in circumstances affecting the welfare of the child, and (2) the modification would serve the child's best interest.” Ellis v. Carucci, 123 Nev. 145, 153, 161 P.3d 239, 244 (2007).

Pursuant to NRS 125C.0035(4), in determining the best interest of the child, the court must consider and set forth its specific findings concerning, among other things:

(a) The wishes of the child if the child is of sufficient age and capacity to form an intelligent preference as to his or her physical custody.

(b) Any nomination of a guardian for the child by a parent.

(c) Which parent is more likely to allow the child to have frequent associations and a continuing relationship with the noncustodial parent.

(d) The level of conflict between the parents.

(e) The ability of the parents to cooperate to meet the needs of the child.

(f) The mental and physical health of the parents.

(g) The physical, developmental and emotional needs of the child.

(h) The nature of the relationship of the child with each parent.

(i) The ability of the child to maintain a relationship with any sibling.

(j) Any history of parental abuse or neglect of the child or a sibling of the child.

(k) Whether either parent or any other person seeking physical custody has engaged in an act of domestic violence against the child, a parent of the child or any other person residing with the child.

(l) Whether either parent or any other person seeking physical custody has committed any act of abduction against the child or any other child.

A child support order must be reviewed by the court every three years upon request of a parent or guardian. A child support order may be reviewed at any time on the basis of changed circumstances. A change in 20% or more in the gross monthly income of a person subject to a child support order shall be deemed changed circumstances. NRS 125B.145. Any inaccuracy or falsification of financial information which results in an inappropriate award of child support is also grounds to modify child support. NRS 125B.080.

FACTS AND ARGUMENT

A. Opposition & Countermotion to Modify Child Custody and/or Visitation

1. **Current Custody Order.** The current custody order was filed on *(date)* _____.

2. **Legal Custody** (*check one*).

The other parent did not ask to change legal custody. Legal custody should stay the same. (*STOP. Go to Section 3*).

I agree to the other parent's request to change legal custody. (*STOP. Go to Section 3*).

I do not agree with the other parent's request to change legal custody. I want legal custody to stay the same because (*explain*):

I would like legal custody changed. Listed below are the current legal custody order and the legal custody order I would like the Court to order:

Child's Name:	Date of Birth	I Have Now: <input checked="" type="checkbox"/> <i>check one</i>	I Would Like: <input checked="" type="checkbox"/> <i>check one</i>
		<input type="checkbox"/> No legal custody <input type="checkbox"/> Joint legal custody <input type="checkbox"/> Sole legal custody	<input type="checkbox"/> Joint legal custody <input type="checkbox"/> Sole legal custody
		<input type="checkbox"/> No legal custody <input type="checkbox"/> Joint legal custody <input type="checkbox"/> Sole legal custody	<input type="checkbox"/> Joint legal custody <input type="checkbox"/> Sole legal custody
		<input type="checkbox"/> No legal custody <input type="checkbox"/> Joint legal custody <input type="checkbox"/> Sole legal custody	<input type="checkbox"/> Joint legal custody <input type="checkbox"/> Sole legal custody
		<input type="checkbox"/> No legal custody <input type="checkbox"/> Joint legal custody <input type="checkbox"/> Sole legal custody	<input type="checkbox"/> Joint legal custody <input type="checkbox"/> Sole legal custody

It is in the best interest of the child(ren) to order the above legal custody because (*explain*):

3. **Physical Custody** (*check one*).

- The other parent did not ask to change physical custody. Physical custody should stay the same. (*STOP. Go to Section 4.*)
- I agree to the other parent's request to change physical custody. (*STOP. Go to Section 4.*)
- I do not agree with the other parent's request to change physical custody. I want physical custody to stay the same because (*explain*):

- I would like physical custody changed. Listed below are the current physical custody order and the physical custody order I would like the Court to order:

Child's Name:	Date of Birth	I Have Now: <input checked="" type="checkbox"/> <i>check one</i>	I Would Like: <input checked="" type="checkbox"/> <i>check one</i>
		<input type="checkbox"/> No visitation <input type="checkbox"/> Visitation only <input type="checkbox"/> Joint physical custody <input type="checkbox"/> Primary physical custody <input type="checkbox"/> Sole physical custody	<input type="checkbox"/> Visitation only <input type="checkbox"/> Joint physical custody <input type="checkbox"/> Primary physical custody <input type="checkbox"/> Sole physical custody
		<input type="checkbox"/> No visitation <input type="checkbox"/> Visitation only <input type="checkbox"/> Joint physical custody <input type="checkbox"/> Primary physical custody <input type="checkbox"/> Sole physical custody	<input type="checkbox"/> Visitation only <input type="checkbox"/> Joint physical custody <input type="checkbox"/> Primary physical custody <input type="checkbox"/> Sole physical custody
		<input type="checkbox"/> No visitation <input type="checkbox"/> Visitation only <input type="checkbox"/> Joint physical custody <input type="checkbox"/> Primary physical custody <input type="checkbox"/> Sole physical custody	<input type="checkbox"/> Visitation only <input type="checkbox"/> Joint physical custody <input type="checkbox"/> Primary physical custody <input type="checkbox"/> Sole physical custody
		<input type="checkbox"/> No visitation <input type="checkbox"/> Visitation only <input type="checkbox"/> Joint physical custody <input type="checkbox"/> Primary physical custody <input type="checkbox"/> Sole physical custody	<input type="checkbox"/> Visitation only <input type="checkbox"/> Joint physical custody <input type="checkbox"/> Primary physical custody <input type="checkbox"/> Sole physical custody

- a. It is in the best interest of the child(ren) to order the above physical custody because *(explain, referencing any applicable NRS 125C.0035(4) best interest factors listed in the Legal Argument section above)*:

- b. ***You MUST complete this section if the other parent currently has primary physical custody and you want to change the custody order.***

Since the last order, there has been a substantial change in circumstances affecting the welfare of the child(ren). *(Explain the substantial changes affecting the children that have happened since the last custody order)*:

4. **Visitation** (*check all that apply*).

The other parent did not ask to change visitation. Visitation should not be changed.

(STOP. Go to Section B).

I agree to the other parent's request to change visitation.

I do not agree to the other parent's request to change visitation. I would like to:

Keep visitation the same.

Change the regular visitation/timeshare. My proposed new schedule is attached as Exhibit 1.

Change the holiday schedule. My proposed new schedule is attached as Exhibit 1.

It is in the best interest of the children to change visitation because (*explain, referencing any applicable NRS 125C.0035(4) best interest factors listed in the Legal Argument section above*):

B. Opposition & Countermotion to Modify Child Support

Not Applicable (*check if not applicable, and go to Section C*)

5. **Current Child Support Order.**

(*Name of parent*) _____ is currently ordered to pay (*amount*)

\$_____ per month in child support for (*number*) _____ minor children.

6. **Modification** (*check one*).

- I agree to the other parent's request to change child support. (*STOP. Go to Section C*).
- I disagree with the other parent's requested changes. Child support should not be changed because (*explain*):

I would like child support changed. My reasons are listed below.

7. **Public Assistance** (*check one*).

- I have never received Temporary Assistance for Needy Families (TANF).
- I am now or have received Temporary Assistance for Needy Families (TANF) in the past.

8. **Parties' Income.**

My gross monthly income is (*insert amount*): \$ _____ / OR unknown.

The other parent's gross monthly income is (*insert amount*): \$ _____ / OR unknown.

9. **Reason for Modification.** I want child support modified because (*check all that apply*):

- Not applicable.
- Child support should be reset based on the change in custody I am requesting.
- The gross monthly income of the person paying child support has changed by more than 20% since the last child support order was entered.
- It has been more than three years since child support was last reviewed.
- The following child(ren) has/have emancipated (*write name(s)*): _____

The current child support order was set based on inaccurate or false information (*give the reason you believe child support was set inaccurately*):

The parties are not following the custodial schedule on which child support was based: (*explain the custodial schedule you have been following*):

It is in the children's best interest to modify child support because *(tell the judge why it is in the children's best interest to change child support)*:

10. **Amount Requested.** Child support should be changed so that *(name of parent who should pay child support)* _____ pays (*check one*):

- \$ _____ per month in child support.
- The statutory minimum of \$100 per month, per child.
- I'm not sure how much child support should be paid. The judge should set child support.
- Other *(explain how much child support should be ordered and how you came up with the amount of child support)*:

C. Other Relief

11. In addition to the relief requested above, I would like the Court to also order the following *(explain anything else that you would like the judge to order, or enter "N/A" if you do not want anything else; be specific)*:

I respectfully ask the Court to deny the opposing party's motion and grant me the relief requested above, including an award of attorney's fees if I am able to retain an attorney for this matter, and any other relief the Court finds appropriate.

DATED _____, 20____.

Submitted By: *(your signature)* _____

(print your name) _____

DECLARATION IN SUPPORT OF OPPOSITION TO MOTION TO MODIFY CHILD CUSTODY, VISITATION, AND/OR CHILD SUPPORT

I declare, under penalty of perjury:

1. That I have personal knowledge of the facts contained in this Opposition & Countermotion and in this Declaration and I am competent to testify to the same.
2. That the statements in this Opposition, Countermotion, and Declaration are true and correct to the best of my knowledge.
3. Additional facts to support my requests include:

4. I have attached the following Exhibit(s) to the Opposition & Countermotion to support my requests (*describe exhibit or write N/A on any blank lines*):

- a. _____
- b. _____
- c. _____
- d. _____

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

DATED _____, 20____.

Submitted By: (*your signature*) _____

(*print your name*) _____

EXHIBIT 1: Parenting Timeshare and Holiday Schedule

No Visitation Requested Because: *(explain in detail on separate sheet)*

<p>Regular Weekly Schedule During School Year: <i>Be very specific. Include the times and days of the week for each parent's timeshare.</i> <i>(ex.: Mom: Saturday 7pm – Wednesday 3pm, Dad: Wednesday 3pm – Saturday 7pm)</i></p>	
<p>Summer Schedule:</p>	<p><input type="checkbox"/> Same as the regular schedule. <input type="checkbox"/> Other: _____</p>
<p>Mother's Day:</p>	<p><input type="checkbox"/> Mother every year from 9am – 7pm. <input type="checkbox"/> Other: _____</p>
<p>Father's Day:</p>	<p><input type="checkbox"/> Father every year from 9am – 7pm. <input type="checkbox"/> Other: _____</p>
<p>Children's Birthday:</p>	<p><input type="checkbox"/> <u>Even years</u> with <i>(parent)</i> _____ <u>Odd years</u> with <i>(parent)</i> _____ *Time shall be from 9am – 7pm.* <input type="checkbox"/> Other: _____</p>
<p>3 Day Weekends:</p>	<p><input type="checkbox"/> Each December before December 31, the parties must confer regarding their respective schedules for the upcoming year and agree in writing on an allocation of the Martin Luther King Day; President's Day; Labor Day; Memorial Day; and Nevada Day three day weekends between themselves. If the parties do not agree, the parties' normal weekly schedule will control with the parent otherwise entitled to have the children over the weekend being entitled to have the children in his or her care for the holiday as well. <input type="checkbox"/> Other: _____</p>
<p>Fourth of July:</p>	<p><input type="checkbox"/> Even years with <i>(parent)</i> _____ Odd years with the other parent. *Time shall begin July 4, at 10 a.m. and end on July 5, at 10 a.m.* <input type="checkbox"/> Other: _____</p>

Easter / Spring Break:	<input type="checkbox"/> Even years with (<i>parent</i>) _____ Odd years with the other parent. *Time shall begin the day school lets out until noon the day before school resumes.* <input type="checkbox"/> Other: _____
Thanksgiving:	<input type="checkbox"/> Odd years with (<i>parent</i>) _____ Even years with the other parent. *Time shall begin the day school lets out until noon the day before school resumes.* <input type="checkbox"/> Other: _____
Winter Break / Christmas:	<input type="checkbox"/> Segment 1 consists of the first one-half of the Winter break and includes Christmas Eve and Christmas Day. Segment 1 begins the day the children are released from school for the break at the time the children are released from school. Segment 2 consists of the second one-half of the Winter break and includes New Year's Eve and New Year's Day. Segment 2 begins at noon on the first day of the second half of the Winter break and ends at noon the day before school resumes. In the event that the date marking the halfway point in the Winter break falls on December 25, Segment 2 will not begin until December 26. <u>Even years:</u> Segment 1 with (<i>parent</i>) _____, Segment 2 with the other parent. <u>Odd years:</u> segment 1 with (<i>parent</i>) _____, segment 2 with the other parent. <input type="checkbox"/> Other: _____
Other Holidays:	
Vacation:	<input type="checkbox"/> The parents will not establish a formal vacation plan, and will instead mutually agree on vacation days and times with the children. <input type="checkbox"/> Each parent may have up to (<i>number</i>) _____ vacation days per year with the children. The parent shall notify the other parent of the vacation and provide a general vacation itinerary at least (<i>number</i>) _____ days before the planned vacation. Vacation time supersedes the normal weekly or summer schedule and is not allowed during a holiday or school break allotted to the other parent.

Your Name: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
In Proper Person _____

**In The First Judicial District Court of the State of Nevada
In and for Carson City**

_____) Case No.: _____ 1B
Plaintiff/Petitioner,)
) Dept. No.: _____
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vs.) **ORDER**
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_____)
Defendant/Respondent.)
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State what you want the Court to order. If you have more than one request, clearly list and number each request.

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DATED this _____ day of _____, 20____.

DISTRICT COURT JUDGE

Protected Person's Bill of Rights

The Legislature hereby declares that, except as otherwise specifically provided by law, each proposed protected person has the right to have an attorney before a guardianship is imposed to ask the court for relief, and each protected person has the right to:

- (a) Have an attorney at any time during a guardianship to ask the court for relief.
- (b) Receive notice of all guardianship proceedings and all proceedings relating to a determination of capacity unless the court determines that the protected person lacks the capacity to comprehend such notice.
- (c) Receive a copy of all documents filed in a guardianship proceeding.
- (d) Have a family member, an interested party, a person of natural affection, an advocate for the protected person or a medical provider speak or raise any issues of concern on behalf of the protected person during a court hearing, either orally or in writing, including, without limitation, issues relating to a conflict with a guardian. As used in this paragraph, "person of natural affection" means a person who is not a family member of a protected person but who shares a relationship with the protected person that is similar to the relationship between family members.
- (e) Be educated about guardianships and ask questions and express concerns and complaints about a guardian and the actions of a guardian, either orally or in writing.
- (f) Participate in developing a plan for his or her care, including, without limitation, managing his or her assets and personal property and determining his or her residence and the manner in which he or she will receive services.
- (g) Have due consideration given to his or her current and previously stated personal desires, preferences for health care and medical treatment and religious and moral beliefs.
- (h) Remain as independent as possible, including, without limitation, to have his or her preference honored regarding his or her residence and standard of living, either as expressed or demonstrated before a determination was made relating to capacity or as currently expressed, if the preference is reasonable under the circumstances.
- (i) Be granted the greatest degree of freedom possible, consistent with the reasons for a guardianship, and exercise control of all aspects of his or her life that are not delegated to a guardian specifically by a court order.
- (j) Engage in any activity that the court has not expressly reserved for a guardian, including, without limitation, voting, marrying or entering into a domestic partnership, traveling, working and having a driver's license.
- (k) Be treated with respect and dignity.

(l) Be treated fairly by his or her guardian.

(m) Maintain privacy and confidentiality in personal matters.

(n) Receive telephone calls and personal mail and have visitors, unless his or her guardian and the court determine that particular correspondence or a particular visitor will cause harm to the protected person.

(o) Receive timely, effective and appropriate health care and medical treatment that does not violate his or her rights.

(p) Have all services provided by a guardian at a reasonable rate of compensation and have a court review any requests for payment to avoid excessive or unnecessary fees or duplicative billing.

(q) Receive prudent financial management of his or her property and regular detailed reports of financial accounting, including, without limitation, reports on any investments or trusts that are held for his or her benefit and any expenditures or fees charged to his or her estate.

(r) Receive and control his or her salary, maintain a bank account and manage his or her personal money.

(s) Ask the court to:

(1) Review the management activity of a guardian if a dispute cannot be resolved.

(2) Continually review the need for a guardianship or modify or terminate a guardianship.

(3) Replace the guardian.

(4) Enter an order restoring his or her capacity at the earliest possible time.

The rights of a protected person set forth in this Bill of Rights do not abrogate any remedies provided by law. All such rights may be addressed in a guardianship proceeding or be enforced through a private right of action.

Your Name: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
In Proper Person _____

**In The First Judicial District Court of the State of Nevada
In and for Carson City**

Case No.: _____ 1B

Dept. No.: _____

Plaintiff,

vs.

Defendant.

REPLY TO OPPOSITION TO MOTION

Below, write your reply to the opposition.

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(If more space is needed, attach additional sheets, but only write on one side of the paper.)

I _____ request a hearing on this matter.
(do, or do not)

If a hearing is requested, please state why you feel a hearing is necessary: _____

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

Date: _____

(Signature)

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), the undersigned hereby certifies that on this date, I deposited a true and correct copy of the foregoing Reply to Opposition to Motion in the U.S. Mail with postage pre-paid thereon, addressed to:

Dated this _____ day of _____, 20_____.

(Your Signature)

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1 Your name: _____
2 Mailing Address: _____
3 City, State, Zip: _____
4 Telephone: _____
5 In Proper Person _____

6 **In The First Judicial District Court of the State of Nevada**
7 **In and for Carson City**

8 _____) Case No.: _____
9 Plaintiff,) Dept. No. _____
10 vs.) **REQUEST FOR SUBMISSION**
11 _____)
12 Defendant.)
13 _____)

14 COMES NOW, _____, in proper person, and hereby
15 requests that the _____ previously filed
16 (name of document)
17 in the above-entitled matter on the ____ day of _____, 20____, be submitted to
18 the Court for consideration.

19 DATED this _____ day of _____, 20____.

20 Your Name _____

21 Address _____

22 Telephone # _____
23
24
25

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), the undersigned hereby certifies that on this date, I deposited a true and correct copy of the foregoing Request to Submit in the U.S. Mail with postage pre-paid thereon, addressed to:

Dated this _____ day of _____, 20_____.

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Your Name: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
In Proper Person _____

**In The First Judicial District Court of the State of Nevada
In and for Carson City**

_____,) Case No.: _____ 1B
Plaintiff,)
) Dept. No.: _____
)
vs.) **RESPONSE TO MOTION**
)
_____,)
Defendant.)
)
)
)

I, _____, respond to the Motion _____
(Your Name)
_____ filed by _____
(Title of Motion to which you are responding to) (Name of other party)

on _____ for the following reasons:
(Date Motion was filed)

State very specifically why you oppose or why you agree with the motion or request. If you agree with a part of the motion or request but disagree with another part, state that also.

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(If more space is needed to explain your position or make your argument, you may attach more sheets, but be sure to write only on one side of the paper.)

I _____ request a hearing on this matter.
(do, or do not)

If a hearing is requested, please state why you feel a hearing is necessary: _____

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

Date: _____

(Signature)

**In The First Judicial District Court of the State of Nevada
In and for Carson City**

**SCR 250 APPLICATION AND QUALIFICATIONS
FORM FOR COURT APPOINTED ATTORNEYS IN CAPITAL CASES**

In order to be considered for appointment as defense counsel to an indigent person in a capital case, you must complete and return this form. The Court will maintain a list of qualified defense counsel available for appointment in accordance with Supreme Court Rule 250.

NAME: Click here to enter text.

BUSINESS ADDRESS: Click here to enter text.

Click here to enter text.

TELEPHONE: Click here to enter text.

FAX: Click here to enter text.

DATE OF ADMISSION TO NEVADA STATE BAR: Click here to enter text.

NEVADA STATE BAR NO: Click here to enter text.

DATE AND PLACE OF ADMISSION IN OTHER JURISDICTIONS: Click here to enter text.

PLEASE MAKE A COMPLETE STATEMENT OF ANY DISCIPLINE OR SANCTIONS THAT HAVE BEEN IMPOSED OR ARE PENDING AGAINST YOU BY ANY COURT OR DISCIPLINARY BODY: Click here to enter text.

3. LIST ANY OTHER LEGAL EXPERIENCE OR TRAINING YOU HAD WHICH WOULD ASSIST YOU IN REPRESENTING A PERSON CHARGED IN A CAPITAL CASE.

[Click here to enter text.](#)

Complete the following if you wish to be considered for appointment as appellate counsel or post-conviction counsel to an indigent person in a capital case.

REQUIRED EXPERIENCE FOR POST-CONVICTION PROCEEDINGS

HAVE YOU ACTED AS COUNSEL IN AT LEAST TWO (2) POST-CONVICTION PROCEEDINGS ARISING FROM FELONY CONVICTIONS?

Yes No

If your answer is "YES," please list the cases by case caption, case number, jurisdiction of proceedings and date of proceedings.

[Click here to enter text.](#)

REQUIRED EXPERIENCE FOR DIRECT AND POST-CONVICTION APPEAL

HAVE YOU ACTED AS APPELLATE COUNSEL IN AT LEAST TWO APPEALS OF FELONY CONVICTIONS?

Yes No

If your answer is "YES," please list the cases by case caption, case number, jurisdiction hearing appeal, and date(s) of such representation.

[Click here to enter text.](#)

OTHER EXPERIENCE FOR POST-CONVICTION PROCEEDINGS

1. HAVE YOU ACTED AS APPELLATE COUNSEL ON POST-CONVICTION APPEALS IN AT LEAST TWO (2) CASES ARISING FROM FELONY CONVICTIONS?
 - a. Yes No
 - b. If your answer is "YES," please list the cases by case caption, case number, jurisdiction hearing appeal, and date(s) of such representation.
 - c. [Click here to enter text.](#)
2. LIST ANY OTHER LEGAL EXPERIENCE OR TRAINING WHICH YOU HAVE HAD WHICH WOULD ASSIST YOU IN REPRESENTING A PERSON IN A CAPITAL CASE IN A DIRECT APPEAL, A POST-CONVICTION PROCEEDING, OR ON APPEAL FROM A POST-CONVICTION PROCEEDING.
 - a. [Click here to enter text.](#)

1
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3
4 **IN THE FIRST JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA**
5 **IN AND FOR CARSON CITY**

6
7 _____, -oOo-
8 Plaintiff, CASE NO. _____ 1B
9 vs. DEPT. _____
10 _____,
11 Defendant.

12 **SCHEDULE OF ARREARS**

13 I am owed and entitled to receive certain periodic monthly payments from
14 _____ pursuant to _____ filed on
15 *(other party's name)* *(title of order)*
16 _____. A copy of the relevant provision of that Order is attached to this
17 *(date of order)*
18 schedule. _____ has failed to make some or all of those
19 *(other party's name)*
20 payments when due as set forth herein.

21 I declare under penalty of perjury under the laws of the State of Nevada that the
22 following schedule is a true and accurate statement of all payment due dates and of any payments
23 received by me during the months listed.

24 Executed this _____ day of _____, 202____.

25
26 _____
27 *Declarant's signature*

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COPY OF ORDER ATTACHED

INTRODUCTION

Nevada Revised Statutes provides that an individual may request a court seal records of arrest, criminal conviction, acquittal, or dismissal.

One complete record sealing packet must be submitted. If you have more than one case, in more than one court, both cases can be listed. Incomplete packets may be cause for denial of a request to seal records.

A current certified copy of **petitioner's criminal history must accompany the Petition to Seal Records.** You will need to be fingerprinted to obtain a copy of your criminal history. You can be fingerprinted at the Carson City Sheriff's Office or at the Department of Public Safety, Records and Technology Division. The Sheriff's Office will charge a fee per print card, and only accepts cash.

Carson City Sheriff's Office
907 E. Musser Street
Carson City, Nevada 89701
(775) 887-2020

Department of Public Safety
Records and Technology
333 West Nye Lane, Suite 100
Carson City, Nevada 89706
(775) 684-6262

FIRST JUDICIAL DISTRICT COURT

SEALING OF RECORDS

INFORMATIONAL PACKET

(REVISED DECEMBER 2020)



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NOTICE

THIS BOOKLET CONTAINS PROCEDURAL INFORMATION RELATING TO THE PROCESSING OF PETITIONS TO SEAL RECORDS. NO SECTION OF THIS BOOKLET SHOULD BE CONSTRUED AS PROVIDING LEGAL ADVICE. RECORD SEALING IS A HIGHLY SENSITIVE AREA. YOU ARE ENCOURAGED TO CONSULT WITH PRIVATE LEGAL COUNSEL.

INTRODUCTION

Nevada Revised Statutes provides that an individual may request a court seal records of arrest, criminal conviction, acquittal, or dismissal.

One complete record sealing packet must be submitted. If you have more than one case, in more than one court, both cases can be listed in one packet. Incomplete packets may be cause for denial of a request to seal records.

A current certified copy of **petitioner's criminal history must accompany the Petition to Seal Records**. You will need to be fingerprinted to obtain a copy of your criminal history. You can be fingerprinted at the Carson City Sheriff's Office or at the Department of Public Safety, Records and Technology Division. The Sheriff's Office will charge a fee per print card, and only accepts cash.

Carson City Sheriff's Office
911 E. Musser Street Carson
City, Nevada 89701
(775)887-2020

Department of Public Safety
Records and Technology
333 West Nye Lane, Suite 100
Carson City, Nevada 89706
(775)684-6262

INSTRUCTIONS FOR RECORD SEALING REQUEST

1. You must submit your fingerprint card to the State of Nevada Department of Public Safety, Records and Technology Division to request a copy of your **criminal history**.
2. You must obtain a **criminal record letter** from the Carson City Sheriff's Office.
3. Locate the appropriate case numbers for the case you are sealing. You will need both the case number of the arresting agency **and** the court case number. These numbers may be on the documents you received from the court during the court proceedings. The Petition and Order must include a list of all agencies reasonably known to the petitioner to have possession of records to be sealed. The Carson City Sheriff's Office, the Carson City District Attorney's Office and the Criminal History Repository are always listed in the Petition and Order as agencies to seal records.
4. Preparation of Forms:

There are three (3) legal documents that you must prepare: Stipulation, Petition and an Order. These documents should be submitted to the District Attorney's Office along with all required attachments, including both documents containing criminal history information as set forth above. A sample of each of the three documents can be found in this packet along with blank documents for your use.

The Petition and Order should specifically list the following information for **each court case:**

Date of Arrest:

Arresting Agency Name and Case Number:

Charge:

Court Case Number:

Final Disposition:

PCN#: (see sample document to locate this number)

The Petition and Order must list the agencies to seal records, and to whom certified copies of the Order will be directed. (ie: law enforcement agencies, justice/municipal/district court(s), city and/or county prosecuting agencies).

5. **Submission of Forms**

After the three legal documents are completed and signed by the applicant, the following should be submitted to the District Attorney's Office:

1. Original and two copies of the Stipulation.
2. Original and two copies of the Petition.
3. Original and two copies of the Order.
4. Criminal history letter from the Carson City Sheriff's Office.
5. Certified copy of criminal history from the Department of Public Safety, Records and Technology Division.
6. For gross misdemeanor or felony convictions, a Judgment of Conviction and Probation Discharge Order can be obtained from the Clerk of the First Judicial District Court.

DISTRICT ATTORNEY REVIEW

1. The District Attorney's Office will notify you when your documents are ready for pick up. You can email the District Attorney's Office at CCDAInfo@carson.org. Please allow 4-6 weeks for processing.
2. After the Stipulation has been signed by the District Attorney's Office, take the originals and necessary copies of the Stipulation, Petition (with attachments) and Order to the District Court Clerk's Office and pay the filing fee.
3. The Clerk will retain your paperwork and submit your Order to the Judge for review and signature. At that time you should ask the Clerk for as many certified copies of the signed Order as you will need for distribution to the law enforcement agencies, courts, and prosecuting officials involved in the sealing of records that you have listed in the Petition and Order. A certified copy of the Order should also be retained for your records. There is a fee for certified copies.
4. It is your responsibility to serve a certified copy of the signed Order to each agency listed in the Order. It is important that you include all agencies involved in your case to ensure your record is appropriately sealed.

DENIAL PROCESS

If you are notified by the District Attorney's Office that the Stipulation will not be signed by the District Attorney's Office, your documents will be returned to you and you may file your Petition directly with the court:

1. The District Attorney will return your documents to you.
2. Submit your Petition and Order to the Carson City District Court with appropriate filing fee. You must submit the original and two copies of the Petition and Order to the court. Once you have filed the Petition, the court will return one copy to you. One copy must be served on the District Attorney's Office and the other copy is for your records. You must complete the Certificate of Service located at the back of the Petition.
3. When submitting your documents, ask the Clerk for as many certified copies of the signed Order as needed for distribution to the law enforcement agencies, courts and prosecuting officials involved in the sealing of records as specifically named in the Petition and Order. A certified copy of the Order should also be retained for your records. There is a fee for certified copies.
4. The District Attorney's Office will review your Petition and either:
 - a. File an Objection to the Petition and mail a copy to you, or
 - b. File a Notice of Non-Opposition to the Petition and mail a copy to you.
5. Upon receipt of the Objection or Non-Opposition from the District Attorney's Office, the Judge will determine if a hearing is necessary and notify you of the date.

6. If the Judge signs the Order Sealing Records it is your responsibility to serve a certified copy of the Order to each of the agencies listed in the Petition and Order and any other agencies in possession of the criminal records.

FREQUENTLY CALLED NUMBERS

Carson City District Attorney's Office..... 885 E. Musser Street, Suite 2030a Carson City, Nevada 89701	(775)887-2072
Carson City District Court..... 885 E. Musser Street, Suite 3031 Carson City, Nevada 89701	(775)887-2082
Carson City Sheriff's Office..... 911 E. Musser Street Carson City, Nevada 89701	(775)887-2020
Department of Public Safety..... Records and Technology Division (Criminal Records Repository) 333 West Nye Lane, Suite 100 Carson City, Nevada 89706	(775)684-6262

SAMPLE FORMS

1 **In The First Judicial District Court of the State of Nevada**
2 **In and for Carson City**

3
4 In the Matter of the Application of)

5 Jane Doe,)

Case No.: 15 CR ##### 1B
Dept. No.: #

6) **STIPULATION TO SEAL RECORDS**
7)
8)

9 For an Order to Seal Records)

10 **IT IS HEREBY STIPULATED AND AGREED** by and between

11 Jane Doe, Petitioner, represented by

12 Attorney Name (name of attorney if, applicable) and

13 Jason D. Woodbury, District Attorney for Carson City, Nevada, that the records of arrest,

14 conviction, acquittal, or dismissal, pertaining to criminal case number 15 CR ##### 1B

15 more specifically referred to in the Petition to Seal Records on file herein, be sealed pursuant to
16 NRS 179.245 and/or 179.255 (add 453.3365 if Substance Abuse Treatment).
17

18 **IT IS FURTHER STIPULATED AND AGREED** that no hearing is necessary in this
19 matter, and that it may be submitted to the court for a decision.
20

21 DATED this Day day of Month, 20 Year.

22 Your Signature

23 Petitioner's Signature

24 JASON D. WOODBURY
25 DISTRICT ATTORNEY

By _____

Dated _____

1 **In The First Judicial District Court of the State of Nevada**
2 **In and for Carson City**

3 In the Matter of the Application of)
4 Jane Doe)

Case No.: 15 CR ##### 1B

Dept. No.: 1

) **PETITION TO SEAL RECORDS**
)

6 For an Order to Seal Records)
7)

8 COMES NOW Jane Doe,

9 Petitioner, represented by Attorney Name (name of
10 attorney if, applicable), pursuant to the provisions of NRS 179.245 and/or 179.255 (add
11 453.3365 if Substance Abuse Treatment) and respectfully represents the following:

12 That the Petitioner has been arrested as follows:

13 Date of Arrest:

MM/DD/YEAR

14 Arresting Agency & #:

Agency Name

15 Charge:

Example - PETIT LARCENY

16 Court Case #:

15 CR ##### 1B

17 Final Disposition:

Example - GUILTY

18 PCN#:

NVCCSO#####C (SEE ATTACHED EXAMPLE)

19 that the statutory time period has been fulfilled concerning any arrests resulting in conviction,
20 and that Petitioner has no pending charges or subsequent convictions other than minor traffic
21 violations, and that further action will not be brought concerning any arrests resulting in
22 dismissal or acquittal.

23 WHEREFORE, Petitioner prays for an Order sealing all records of this matter which are
24 presently in the custody of this Court, of another court in the State of Nevada or of a public or
25 private agency, company or official of the State of Nevada, including but not limited to the
County Sheriff, the State of Nevada Criminal History Records Repository, the Federal Bureau of
Investigation, and all other law enforcement agencies reasonably known by either the Petitioner
or the Court to have possession of such records.

DATED this Day day of Month, 20 Year.

Your Signature

Attorney/Petitioner

CERTIFICATE OF SERVICE

I hereby certify that on this this Day day of Month, 20 Year, I served the foregoing PETITION TO SEAL RECORDS by hand delivering or mailing a true and correct copy thereof to the addressed as follows:

Carson City District Attorney
885 E Musser Street, suite 2030
Carson City NV 89701

Your Signature
Signature

SAMPLE

CRIMINAL HISTORY RECORD PCN/[REDACTED] ←
FINGERPRINT BASED RECORD

ARREST DATE: 09/03/2007 AGENCY: CARSON CITY SHERIFFS OFFICE
NAME USED: [REDACTED]

CHARGE 1: DUI 1ST OFFENSE MISDEMEANOR
CARSON CITY COUNTY 10.22.020
NO DISPOSITION RECORD ON FILE

ARRESTED: CARSON CITY SHERIFFS OFFICE ORI: [REDACTED]
LOCAL NUMBER: [REDACTED]
BOOKED: CARSON CITY SHERIFF'S DEPT ORI: [REDACTED]
PHOTOGRAPH AVAILABLE
RECORD CREATED: 09/04/2007 19:12:52 LAST UPDATED: 09/04/2007 19:13:22
***** END OF CRIMINAL HISTORY RECORD *****

CRIMINAL HISTORY RECORD PCN/[REDACTED]
FINGERPRINT BASED RECORD

ARREST DATE: 01/16/2007 AGENCY: CARSON CITY SHERIFFS OFFICE
NAME USED: [REDACTED]

CHARGE 1: TRAFFICKING CON SUB SCH 1 4 TO 13 GRAMS FELONY
NEVADA STATUTE NRS 453.3385
NO DISPOSITION RECORD ON FILE

CHARGE 2: POSS CON SUB FOR SALE SCH 1 2 1ST OFFENSE FELONY
NEVADA STATUTE NRS 453.337
NO DISPOSITION RECORD ON FILE

ARRESTED: CARSON CITY SHERIFFS OFFICE ORI: [REDACTED]
LOCAL NUMBER: [REDACTED]

1 **In The First Judicial District Court of the State of Nevada**
2 **In and for Carson City**

3 In the Matter of the Application of)
4 Jane Doe,) Case No.: 15 CR ##### 1B
5) Dept. No.: #

6 **ORDER TO SEAL RECORDS**

7)
8 For an Order to Seal Records)

9 Pursuant to the Petition of Jane Doe,

10 Petitioner, represented by Attorney Name (name of

11 attorney if, applicable) and Jason D. Woodbury, District Attorney for Carson City, Nevada, the

12 Court finding that the statutory requirements of NRS 179.245 and/or 179,255 (add 453.3365 if

13 Substance Abuse Treatment) are satisfied, and good cause appearing, therefore

14 **IT IS HEREBY ORDERED** that the following records of arrest be sealed:

- 15 Date of Arrest: MM/DD/YEAR
16 Arresting Agency & #: Agency Name
17 Charge: Example - PETIT LARCENY
18 Court Case #: 15 CR ##### 1B
19 Final Disposition: Example - GUILTY
20 PCN#: NVCCSO#####C (SEE ATTACHED EXAMPLE)

21
22 A copy of this Order shall be sent by Petitioner to each public or private company,
23 agency or other official named herein, including, but not limited to the County Sheriff, the State
24 of Nevada Criminal History Records Repository, the Federal Bureau of Investigation, and all
25 other law enforcement agencies reasonably known by either the Petitioner or the Court to have
possession of such records. The person or agency so notified shall seal the records in his or her

1
2 custody that relate to the matters contained in this order shall advise the Court of his or her
3 compliance, and shall then seal the order.

4 All proceedings recounted in the sealed records are deemed never to have occurred, and
5 petitioner may properly answer accordingly to any inquiry concerning the sealed arrest,
6 conviction or acquittal.

7 DATED this Day day of Month, 20 Year.

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10 _____
11 DISTRICT JUDGE
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1 (Your name or firm) Jane Doe

2 (Address) Street Name

3 City, State, Zip

4 (Telephone) (area code) ###-####

5
6 **In The First Judicial District Court of the State of Nevada**
7 **In and for Carson City**

8
9 In the Matter of the Application of

10 Jane Doe,

11 Petitioner's Name

Case No. 15 CR ##### 1B

12 For an Order to Seal Records

13 **AFFIRMATION**
14 **Pursuant to NRS 239B.030/603A.040**
15 **(Initial Appearance)**

16 The undersigned does hereby affirm that upon the filing of additional documents in the above
17 matter, an Affirmation will be provided **ONLY** if the document contains a social security
18 number (NRS 239B.030) or "personal information" (NRS 603A.040), which means a natural
19 person's first name or first initial and last name in combination with any one or more of the
20 following data elements:

- 21 1. Social Security number.
- 22 2. Driver's license number or identification card number.
- 23 3. Account number, credit card number or debit card number, in combination with any
24 required security code, access code or password that would permit access to the
25 person's financial account.

22 The term does not include publicly available information that is lawfully made available to the
23 general public.

24 (Your signature) Your Signature (Date) MM/DD/YEAR

25 The purpose of this initial affirmation is to ensure that each person who initiates a case, or upon
first appearing in a case, acknowledges their understanding that no further affirmations are
necessary unless a pleading which is filed contains personal information.

FORMS

DISTRICT COURT CIVIL COVER SHEET

Carson City

County, Nevada

Case No. _____

(Assigned by Clerk's Office)

I. Party Information *(provide both home and mailing addresses if different)*

Plaintiff(s) (name/address/phone): 	Defendant(s) (name/address/phone):
Attorney (name/address/phone): 	Attorney (name/address/phone):

II. Nature of Controversy *(please select the one most applicable filing type below)*

Civil Case Filing Types

<p style="text-align: center;">Real Property</p> <p>Landlord/Tenant</p> <p><input type="checkbox"/> Unlawful Detainer</p> <p><input type="checkbox"/> Other Landlord/Tenant</p> <p>Title to Property</p> <p><input type="checkbox"/> Judicial Foreclosure</p> <p><input type="checkbox"/> Other Title to Property</p> <p>Other Real Property</p> <p><input type="checkbox"/> Condemnation/Eminent Domain</p> <p><input type="checkbox"/> Other Real Property</p>	<p style="text-align: center;">Negligence</p> <p><input type="checkbox"/> Auto</p> <p><input type="checkbox"/> Premises Liability</p> <p><input type="checkbox"/> Other Negligence</p> <p style="text-align: center;">Malpractice</p> <p><input type="checkbox"/> Medical/Dental</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Accounting</p> <p><input type="checkbox"/> Other Malpractice</p>	<p style="text-align: center;">Torts</p> <p>Other Torts</p> <p><input type="checkbox"/> Product Liability</p> <p><input type="checkbox"/> Intentional Misconduct</p> <p><input type="checkbox"/> Employment Tort</p> <p><input type="checkbox"/> Insurance Tort</p> <p><input type="checkbox"/> Other Tort</p>
<p style="text-align: center;">Probate</p> <p>Probate <i>(select case type and estate value)</i></p> <p><input type="checkbox"/> Summary Administration</p> <p><input type="checkbox"/> General Administration</p> <p><input type="checkbox"/> Special Administration</p> <p><input type="checkbox"/> Set Aside <input type="checkbox"/> Surviving Spouse</p> <p><input type="checkbox"/> Trust/Conservatorship</p> <p><input type="checkbox"/> Other Probate</p> <p>Estate Value</p> <p><input type="checkbox"/> Greater than \$300,000</p> <p><input type="checkbox"/> \$200,000-\$300,000</p> <p><input type="checkbox"/> \$100,001-\$199,999</p> <p><input type="checkbox"/> \$25,001-\$100,000</p> <p><input type="checkbox"/> \$20,001-\$25,000</p> <p><input type="checkbox"/> \$2,501-20,000</p> <p><input type="checkbox"/> \$2,500 or less</p>	<p style="text-align: center;">Construction Defect & Contract</p> <p>Construction Defect</p> <p><input type="checkbox"/> Chapter 40</p> <p><input type="checkbox"/> Other Construction Defect</p> <p>Contract Case</p> <p><input type="checkbox"/> Uniform Commercial Code</p> <p><input type="checkbox"/> Building and Construction</p> <p><input type="checkbox"/> Insurance Carrier</p> <p><input type="checkbox"/> Commercial Instrument</p> <p><input type="checkbox"/> Collection of Accounts</p> <p><input type="checkbox"/> Employment Contract</p> <p><input type="checkbox"/> Other Contract</p>	<p style="text-align: center;">Judicial Review/Appeal</p> <p>Judicial Review</p> <p><input type="checkbox"/> Foreclosure Mediation Case</p> <p><input checked="" type="checkbox"/> Petition to Seal Records</p> <p><input type="checkbox"/> Mental Competency</p> <p>Nevada State Agency Appeal</p> <p><input type="checkbox"/> Department of Motor Vehicle</p> <p><input type="checkbox"/> Worker's Compensation</p> <p><input type="checkbox"/> Other Nevada State Agency</p> <p>Appeal Other</p> <p><input type="checkbox"/> Appeal from Lower Court</p> <p><input type="checkbox"/> Other Judicial Review/Appeal</p>
<p style="text-align: center;">Civil Writ</p> <p>Civil Writ</p> <p><input type="checkbox"/> Writ of Habeas Corpus</p> <p><input type="checkbox"/> Writ of Mandamus</p> <p><input type="checkbox"/> Writ of Quo Warrant</p> <p><input type="checkbox"/> Writ of Prohibition</p> <p><input type="checkbox"/> Other Civil Writ</p>		<p style="text-align: center;">Other Civil Filing</p> <p>Other Civil Filing</p> <p><input type="checkbox"/> Compromise of Minor's Claim</p> <p><input type="checkbox"/> Foreign Judgment</p> <p><input type="checkbox"/> Other Civil Matters</p>

Business Court filings should be filed using the Business Court civil coversheet.

Date _____

Signature of initiating party or representative _____

See other side for family-related case filings.

1 **In The First Judicial District Court of the State of Nevada**
2 **In and for Carson City**

3
4 In the Matter of the Application of)
5 Petitioner's Name,)

) Case No.:
) Dept. No.:

6) **STIPULATION TO SEAL RECORDS**
7)
8)

8 For an Order to Seal Records)

9 **IT IS HEREBY STIPULATED AND AGREED** by and between

10 _____, Petitioner, represented by

11 _____ (name of attorney if, applicable) and

12 Jason D. Woodbury, District Attorney for Carson City, Nevada, that the records of arrest,

13 conviction, acquittal, or dismissal, pertaining to criminal case number _____,

14 and more specifically referred to in the Petition to Seal Records on file herein, be sealed pursuant

15 to NRS 179.245 and/or 179.255 (add 453.3365 if Substance Abuse Treatment).
16

17 **IT IS FURTHER STIPULATED AND AGREED** that no hearing is necessary in this
18 matter, and that it may be submitted to the court for a decision.

19 DATED this _____ day of _____, 20____.

20
21 _____
22 Petitioner's Signature

23 JASON D. WOODBURY
24 DISTRICT ATTORNEY

25 By _____

Dated _____

1 **In The First Judicial District Court of the State of Nevada**
2 **In and for Carson City**

3 In the Matter of the Application of)
4 Petitioner's Name,)

) Case No.:
) Dept. No.:

5)
6) **PETITION TO SEAL RECORDS**
7)
8)

9 For an Order to Seal Records)

10 COMES NOW _____,
11 Petitioner, represented by _____ (name of
12 attorney if, applicable), pursuant to the provisions of NRS 179.245 and/or 179.255 (add
13 453.3365 if Substance Abuse Treatment) and respectfully represents the following:

14 That the Petitioner has been arrested as follows:

15 Date of Arrest:
16 Arresting Agency & #:
17 Charge:
18 Court Case #:
19 Final Disposition:
20 PCN#:

21 that the statutory time period has been fulfilled concerning any arrests resulting in conviction,
22 and that Petitioner has no pending charges or subsequent convictions other than minor traffic
23 violations, and that further action will not be brought concerning any arrests resulting in
24 dismissal or acquittal.

25 WHEREFORE, Petitioner prays for an Order sealing all records of this matter which are
presently in the custody of this Court, of another court in the State of Nevada or of a public or
private agency, company or official of the State of Nevada, including but not limited to the
County Sheriff, the State of Nevada Criminal History Records Repository, the Federal Bureau of
Investigation, and all other law enforcement agencies reasonably known by either the Petitioner
or the Court to have possession of such records.

DATED this _____ day of _____, 20 ____.

Attorney/Petitioner Signature

CERTIFICATE OF SERVICE

I hereby certify that on this _____ day of _____, 20____, I served the foregoing
PETITION TO SEAL RECORDS by hand delivering or mailing a true and correct copy thereof
to the addressed as follows:

Carson City District Attorney
885 E Musser Street, suite 2030
Carson City NV 89701

Signature

1 **In The First Judicial District Court of the State of Nevada**
2 **In and for Carson City**

3 In the Matter of the Application of)
4 Petitioner's Name,)

) Case No.:
) Dept. No.:

5) **ORDER TO SEAL RECORDS**
6)
7)

8 For an Order to Seal Records)

9 Pursuant to the Petition of _____,

10 Petitioner, represented by _____ (name of

11 attorney if, applicable) and Jason D. Woodbury, District Attorney for Carson City, Nevada, the

12 Court finding that the statutory requirements of NRS 179.245 and/or 179,255 (add 453.3365 if

13 Substance Abuse Treatment) are satisfied, and good cause appearing, therefore

14 **IT IS HEREBY ORDERED** that the following records of arrest be sealed:

15 Date of Arrest:
16 Arresting Agency & #:
17 Charge:
18 Court Case #:
19 Final Disposition:
20 PCN#:

21 A copy of this Order shall be sent by Petitioner to each public or private company,
22 agency or other official named herein, including, but not limited to the County Sheriff, the State
23 of Nevada Criminal History Records Repository, the Federal Bureau of Investigation, and all
24 other law enforcement agencies reasonably known by either the Petitioner or the Court to have
25 possession of such records. The person or agency so notified shall seal the records in his or her

1 custody that relate to the matters contained in this order shall advise the Court of his or her
2 compliance, and shall then seal the order.

3 All proceedings recounted in the sealed records are deemed never to have occurred, and
4 petitioner may properly answer accordingly to any inquiry concerning the sealed arrest,
5 conviction or acquittal.

6 DATED this _____ date of _____, 20____.

7
8
9 _____
DISTRICT JUDGE
10
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1 (Your name or firm) _____
2
3 (Address) _____
4 _____
5 (Telephone) _____

6 **In The First Judicial District Court of the State of Nevada**
7 **In and for Carson City**

8
9 In the Matter of the Application of

10 _____
11 Petitioner's Name Case No. _____

12 For an Order to Seal Records

13 **AFFIRMATION**
14 **Pursuant to NRS 239B.030/603A.040**
15 **(Initial Appearance)**

16 The undersigned does hereby affirm that upon the filing of additional documents in the above
17 matter, an Affirmation will be provided **ONLY** if the document contains a social security
18 number (NRS 239B.030) or "personal information" (NRS 603A.040), which means a natural
19 person's first name or first initial and last name in combination with any one or more of the
20 following data elements:

- 21 1. Social Security number.
- 22 2. Driver's license number or identification card number.
- 23 3. Account number, credit card number or debit card number, in combination with any
24 required security code, access code or password that would permit access to the
25 person's financial account.

26 The term does not include publicly available information that is lawfully made available to the
27 general public.

28 (Your signature) _____ (Date) _____

29 The purpose of this initial affirmation is to ensure that each person who initiates a case, or upon
30 first appearing in a case, acknowledges their understanding that no further affirmations are
31 necessary unless a pleading which is filed contains personal information.

**SEALING RECORDS OF CRIMINAL PROCEEDINGS
(Current as of November 2020)**

NRS 179.241 Definitions. As used in NRS 179.2405 to 179.301, inclusive, unless the context otherwise requires, the words and terms defined in NRS 179.242, 179.243 and 179.244 have the meanings ascribed to them in those sections. (Added to NRS by 2013, 107; A 2017, 1482, 2413)

NRS 179.242 “Agency of criminal justice” defined. “Agency of criminal justice” has the meaning ascribed to it in NRS 179A.030. (Added to NRS by 2013, 107)

NRS 179.243 “Disposition” defined. “Disposition” has the meaning ascribed to it in NRS 179A.050. (Added to NRS by 2013, 107)

NRS 179.244 “Record” defined. “Record” has the meaning ascribed to “record of criminal history” in NRS 179A.070. (Added to NRS by 2013, 107)

NRS 179.2445 Rebuttable presumption that records should be sealed; exception.

1. Except as otherwise provided in subsection 2, upon the filing of a petition for the sealing of records pursuant to NRS 179.245, 179.255, 179.259 or 179.2595, there is a rebuttable presumption that the records should be sealed if the applicant satisfies all statutory requirements for the sealing of the records.

2. The presumption set forth in subsection 1 does not apply to a defendant who is given a dishonorable discharge from probation pursuant to NRS 176A.850 and applies to the court for the sealing of records relating to the conviction. (Added to NRS by 2017, 2412; A 2017, 2233)

NRS 179.245 Sealing records after conviction: Persons eligible; petition; notice; hearing; order. [Effective July 1, 2020.]

1. Except as otherwise provided in subsection 6 and NRS 176.211, 176A.245, 176A.265, 176A.295, 179.247, 179.259, 201.354 and 453.3365, a person may petition the court in which the person was convicted for the sealing of all records relating to a conviction of:

(a) A category A felony, a crime of violence pursuant to NRS 200.408 or residential burglary pursuant to NRS 205.060 after 10 years from the date of release from actual custody or discharge from parole or probation, whichever occurs later;

(b) Except as otherwise provided in paragraphs (a) and (e), a category B, C or D felony after 5 years from the date of release from actual custody or discharge from parole or probation, whichever occurs later;

(c) A category E felony after 2 years from the date of release from actual custody or discharge from parole or probation, whichever occurs later;

(d) Except as otherwise provided in paragraph (e), any gross misdemeanor after 2 years from the date of release from actual custody or discharge from probation, whichever occurs later;

(e) A violation of NRS 422.540 to 422.570, inclusive, a violation of NRS 484C.110 or 484C.120 other than a felony, or a battery which constitutes domestic violence pursuant to NRS 33.018 other than a felony, after 7 years from the date of release from actual custody or from the date when the person is no longer under a suspended sentence, whichever occurs later;

(f) Except as otherwise provided in paragraph (e), if the offense is punished as a misdemeanor, a battery pursuant to NRS 200.481, harassment pursuant to NRS 200.571, stalking pursuant to NRS 200.575 or a violation of a temporary or extended order for protection, after 2 years from the date of release from actual custody or from the date when the person is no longer under a suspended sentence, whichever occurs later; or

(g) Any other misdemeanor after 1 year from the date of release from actual custody or from the date when the person is no longer under a suspended sentence, whichever occurs later.

2. A petition filed pursuant to subsection 1 must:

- (a) Be accompanied by the petitioner's current, verified records received from the Central Repository for Nevada Records of Criminal History;
- (b) If the petition references NRS 453.3365, include a certificate of acknowledgment or the disposition of the proceedings for the records to be sealed from all agencies of criminal justice which maintain such records;
- (c) Include a list of any other public or private agency, company, official or other custodian of records that is reasonably known to the petitioner to have possession of records of the conviction and to whom the order to seal records, if issued, will be directed; and
- (d) Include information that, to the best knowledge and belief of the petitioner, accurately and completely identifies the records to be sealed, including, without limitation, the:
 - (1) Date of birth of the petitioner;
 - (2) Specific conviction to which the records to be sealed pertain; and
 - (3) Date of arrest relating to the specific conviction to which the records to be sealed pertain.

3. Upon receiving a petition pursuant to this section, the court shall notify the law enforcement agency that arrested the petitioner for the crime and the prosecuting attorney, including, without limitation, the Attorney General, who prosecuted the petitioner for the crime. The prosecuting attorney and any person having relevant evidence may testify and present evidence at any hearing on the petition.

4. If the prosecuting attorney who prosecuted the petitioner for the crime stipulates to the sealing of the records after receiving notification pursuant to subsection 3 and the court makes the findings set forth in subsection 5, the court may order the sealing of the records in accordance with subsection 5 without a hearing. If the prosecuting attorney does not stipulate to the sealing of the records, a hearing on the petition must be conducted.

5. If the court finds that, in the period prescribed in subsection 1, the petitioner has not been charged with any offense for which the charges are pending or convicted of any offense, except for minor moving or standing traffic violations, the court may order sealed all records of the conviction which are in the custody of any agency of criminal justice or any public or private agency, company, official or other custodian of records in the State of Nevada, and may also order all such records of the petitioner returned to the file of the court where the proceeding was commenced from, including, without limitation, the Federal Bureau of Investigation and all other agencies of criminal justice which maintain such records and which are reasonably known by either the petitioner or the court to have possession of such records.

6. A person may not petition the court to seal records relating to a conviction of:

- (a) A crime against a child;
- (b) A sexual offense;
- (c) Invasion of the home with a deadly weapon pursuant to NRS 205.067;
- (d) A violation of NRS 484C.110 or 484C.120 that is punishable as a felony pursuant to paragraph (c) of subsection 1 of NRS 484C.400;
- (e) A violation of NRS 484C.430;
- (f) A homicide resulting from driving or being in actual physical control of a vehicle while under the influence of intoxicating liquor or a controlled substance or resulting from any other conduct prohibited by NRS 484C.110, 484C.130 or 484C.430;
- (g) A violation of NRS 488.410 that is punishable as a felony pursuant to NRS 488.427; or
- (h) A violation of NRS 488.420 or 488.425.

7. If the court grants a petition for the sealing of records pursuant to this section, upon the request of the person whose records are sealed, the court may order sealed all records of the civil proceeding in which the records were sealed.

8. As used in this section:

- (a) "Crime against a child" has the meaning ascribed to it in NRS 179D.0357.
- (b) "Sexual offense" means:
 - (1) Murder of the first degree committed in the perpetration or attempted perpetration of sexual assault or of sexual abuse or sexual molestation of a child less than 14 years of age pursuant to paragraph (b) of subsection 1 of NRS 200.030.
 - (2) Sexual assault pursuant to NRS 200.366.
 - (3) Statutory sexual seduction pursuant to NRS 200.368, if punishable as a felony.
 - (4) Battery with intent to commit sexual assault pursuant to NRS 200.400.

- (5) An offense involving the administration of a drug to another person with the intent to enable or assist the commission of a felony pursuant to NRS 200.405, if the felony is an offense listed in this paragraph.
- (6) An offense involving the administration of a controlled substance to another person with the intent to enable or assist the commission of a crime of violence pursuant to NRS 200.408, if the crime of violence is an offense listed in this paragraph.
- (7) Abuse of a child pursuant to NRS 200.508, if the abuse involved sexual abuse or sexual exploitation.
- (8) An offense involving pornography and a minor pursuant to NRS 200.710 to 200.730, inclusive.
- (9) Incest pursuant to NRS 201.180.
- (10) Open or gross lewdness pursuant to NRS 201.210, if punishable as a felony.
- (11) Indecent or obscene exposure pursuant to NRS 201.220, if punishable as a felony.
- (12) Lewdness with a child pursuant to NRS 201.230.
- (13) Sexual penetration of a dead human body pursuant to NRS 201.450.
- (14) Sexual conduct between certain employees of a school or volunteers at a school and a pupil pursuant to NRS 201.540.
- (15) Sexual conduct between certain employees of a college or university and a student pursuant to NRS 201.550.
- (16) Luring a child or a person with mental illness pursuant to NRS 201.560, if punishable as a felony.
- (17) An attempt to commit an offense listed in this paragraph.

(Added to NRS by 1971, 955; A 1983, 1088; 1991, 303; 1993, 38; 1997, 1673, 1803, 3159; 1999, 647, 648, 649; 2001, 1167, 1692; 2001 Special Session, 261; 2003, 312, 316, 319, 1385; 2005, 2355; 2007, 2751; 2009, 105, 418, 1884; 2013, 107, 980, 1165, 1382; 2015, 909, 1441; 2017, 1328, 1482, 1653, 2413; 2019, 4405, effective July 1, 2020)

NRS 179.247 Vacating judgment and sealing of records after conviction of certain offenses: Persons eligible; petition; notice; order.

1. If a person has been convicted of any offense listed in subsection 2, the person may petition the court in which he or she was convicted or, if the person wishes to file more than one petition and would otherwise need to file a petition in more than one court, the district court, for an order:
 - (a) Vacating the judgment; and
 - (b) Sealing all documents, papers and exhibits in the person's record, minute book entries and entries on dockets, and other documents relating to the case in the custody of such other agencies and officers as are named in the court's order.
2. A person may file a petition pursuant to subsection 1 if the person was convicted of:
 - (a) A violation of NRS 201.354, for engaging in prostitution or solicitation for prostitution, provided that the person was not alleged to be a customer of a prostitute;
 - (b) A crime under the laws of this State, other than a crime of violence; or
 - (c) A violation of a county, city or town ordinance, for loitering for the purpose of solicitation or prostitution.
3. A petition filed pursuant to subsection 1 must satisfy the requirements of NRS 179.245.
4. The court may grant a petition filed pursuant to subsection 1 if:
 - (a) The petitioner was convicted of a violation of an offense described in subsection 2;
 - (b) The participation of the petitioner in the offense was the result of the petitioner having been a victim of:
 - (1) Trafficking in persons as described in the Trafficking Victims Protection Act of 2000, 22 U.S.C. §§ 7101 et seq.; or
 - (2) Involuntary servitude as described in NRS 200.463 or 200.4631; and
 - (c) The petitioner files a petition pursuant to subsection 1 with due diligence after the petitioner has ceased being a victim of trafficking or involuntary servitude or has sought services for victims of such trafficking or involuntary servitude.
5. Before the court decides whether to grant a petition filed pursuant to subsection 1, the court shall:
 - (a) Notify the Central Repository for Nevada Records of Criminal History, the Office of the Attorney General and each office of the district attorney and law enforcement agency in the county in which the petitioner was convicted and allow the prosecuting attorney who prosecuted the petitioner for the crime and any person to testify and present evidence on behalf of any such entity; and

(b) Take into consideration any reasonable concerns for the safety of the defendant, family members of the defendant or other victims that may be jeopardized by the granting of the petition.

6. If the prosecuting attorney who prosecuted the petitioner for the crime stipulates to vacating the judgment of the petitioner and sealing all documents, papers and exhibits related to the case after receiving notification pursuant to subsection 5 and the court makes the findings set forth in subsection 4, the court may vacate the judgment and seal all documents, papers and exhibits in accordance with subsection 7 without a hearing. If the prosecuting attorney does not stipulate to vacating the judgment and sealing the documents, papers and exhibits, a hearing on the petition must be conducted.

7. If the court grants a petition filed pursuant to subsection 1, the court shall:

(a) Vacate the judgment and dismiss the accusatory pleading; and

(b) Order sealed all documents, papers and exhibits in the petitioner's record, minute book entries and entries on dockets, and other documents relating to the case in the custody of such other agencies and officers as are named in the court's order.

8. If a petition filed pursuant to subsection 1 does not satisfy the requirements of NRS 179.245 or the court determines that the petition is otherwise deficient with respect to the sealing of the petitioner's record, the court may enter an order to vacate the judgment and dismiss the accusatory pleading if the petitioner satisfies all requirements necessary for the judgment to be vacated.

9. If the court enters an order pursuant to subsection 8, the court shall also order sealed the records of the petitioner which relate to the judgment being vacated in accordance with paragraph (b) of subsection 7, regardless of whether any records relating to other convictions are ineligible for sealing either by operation of law or because of a deficiency in the petition.

10. As used in this section, "crime of violence" means:

(a) Any offense involving the use or threatened use of force or violence against the person or property of another; or

(b) Any felony for which there is a substantial risk that force or violence may be used against the person or property of another in the commission of the felony.

(Added to NRS by 2017, 1481; A 2019, 409)

NRS 179.255 Sealing of records after dismissal, decline of prosecution or acquittal: Petition; notice; hearing; exceptions; order; inspection of records. [Effective July 1, 2020.]

1. If a person has been arrested for alleged criminal conduct and the charges are dismissed, the prosecuting attorney having jurisdiction declined prosecution of the charges or such person is acquitted of the charges, the person may petition:

(a) The court in which the charges were dismissed, at any time after the date the charges were dismissed;

(b) The court having jurisdiction in which the charges were declined for prosecution:

(1) Any time after the applicable statute of limitations has run;

(2) Any time 8 years after the arrest; or

(3) Pursuant to a stipulation between the parties; or

(c) The court in which the acquittal was entered, at any time after the date of the acquittal,

➤ for the sealing of all records relating to the arrest and the proceedings leading to the dismissal, declination or acquittal.

2. If the conviction of a person is set aside pursuant to NRS 458A.240, the person may petition the court that set aside the conviction, at any time after the conviction has been set aside, for the sealing of all records relating to the setting aside of the conviction.

3. A petition filed pursuant to subsection 1 or 2 must:

(a) Be accompanied by the petitioner's current, verified records received from the Central Repository for Nevada Records of Criminal History;

(b) Except as otherwise provided in paragraph (c), include the disposition of the proceedings for the records to be sealed;

- (c) If the petition references NRS 453.3365, include a certificate of acknowledgment or the disposition of the proceedings for the records to be sealed from all agencies of criminal justice which maintain such records;
- (d) Include a list of any other public or private agency, company, official and other custodian of records that is reasonably known to the petitioner to have possession of records of the arrest and of the proceedings leading to the dismissal, declination or acquittal and to whom the order to seal records, if issued, will be directed; and
- (e) Include information that, to the best knowledge and belief of the petitioner, accurately and completely identifies the records to be sealed, including, without limitation, the:
 - (1) Date of birth of the petitioner;
 - (2) Specific charges that were dismissed or of which the petitioner was acquitted; and
 - (3) Date of arrest relating to the specific charges that were dismissed or of which the petitioner was acquitted.

- 4. Upon receiving a petition pursuant to subsection 1, the court shall notify the law enforcement agency that arrested the petitioner for the crime and:
 - (a) If the charges were dismissed, declined for prosecution or the acquittal was entered in a district court or justice court, the prosecuting attorney for the county; or
 - (b) If the charges were dismissed, declined for prosecution or the acquittal was entered in a municipal court, the prosecuting attorney for the city.

↪ The prosecuting attorney and any person having relevant evidence may testify and present evidence at any hearing on the petition.

- 5. Upon receiving a petition pursuant to subsection 2, the court shall notify:
 - (a) If the conviction was set aside in a district court or justice court, the prosecuting attorney for the county; or
 - (b) If the conviction was set aside in a municipal court, the prosecuting attorney for the city.

↪ The prosecuting attorney and any person having relevant evidence may testify and present evidence at any hearing on the petition.

6. If the prosecuting attorney stipulates to the sealing of the records after receiving notification pursuant to subsection 4 or 5 and the court makes the findings set forth in subsection 7 or 8, as applicable, the court may order the sealing of the records in accordance with subsection 7 or 8, as applicable, without a hearing. If the prosecuting attorney does not stipulate to the sealing of the records, a hearing on the petition must be conducted.

7. If the court finds that there has been an acquittal, that the prosecution was declined or that the charges were dismissed and there is no evidence that further action will be brought against the person, the court may order sealed all records of the arrest and of the proceedings leading to the acquittal, declination or dismissal which are in the custody of any agency of criminal justice or any public or private company, agency, official or other custodian of records in the State of Nevada.

8. If the court finds that the conviction of the petitioner was set aside pursuant to NRS 458A.240, the court may order sealed all records relating to the setting aside of the conviction which are in the custody of any agency of criminal justice or any public or private company, agency, official or other custodian of records in the State of Nevada.

9. If the prosecuting attorney having jurisdiction previously declined prosecution of the charges and the records of the arrest have been sealed pursuant to subsection 7, the prosecuting attorney may subsequently file the charges at any time before the running of the statute of limitations for those charges. If such charges are filed with the court, the court shall order the inspection of the records without the prosecuting attorney having to petition the court pursuant to NRS 179.295.

(Added to NRS by 1971, 955; A 1997, 3160; 2001, 1693; 2009, 1439; 2013, 110, 1385; 2017, 2415; 2019, 4407, effective July 1, 2020)

NRS 179.259 Sealing records after completion of program for reentry: Persons eligible; procedure; order; inspection of sealed records by certain entities.

1. Except as otherwise provided in subsections 3, 4 and 5, 4 years after an eligible person completes a program for reentry, the court may order sealed all documents, papers and exhibits in the eligible person's record, minute book entries and entries on dockets, and other documents relating to the case in the custody of such other agencies and officers as are named in the court's order. The court may order those records sealed without a hearing unless the Division of Parole and

Probation of the Department of Public Safety petitions the court, for good cause shown, not to seal the records and requests a hearing thereon.

2. If the court orders sealed the record of an eligible person, the court shall send a copy of the order to each agency or officer named in the order. Each such agency or officer shall notify the court in writing of its compliance with the order.

3. A professional licensing board is entitled, for the purpose of determining suitability for a license or liability to discipline for misconduct, to inspect and to copy from a record sealed pursuant to this section.

4. The Division of Insurance of the Department of Business and Industry is entitled, for the purpose of determining suitability for a license or liability to discipline for misconduct, to inspect and to copy from a record sealed pursuant to this section.

5. A person may not petition the court to seal records relating to a conviction of a crime against a child or a sexual offense.

6. As used in this section:

(a) "Crime against a child" has the meaning ascribed to it in NRS 179D.0357.

(b) "Eligible person" means a person who has:

(1) Successfully completed a program for reentry, which the person participated in pursuant to NRS 209.4886, 209.4888, 213.625 or 213.632; and

(2) Been convicted of a single offense which was punishable as a felony and which did not involve the use or threatened use of force or violence against the victim. For the purposes of this subparagraph, multiple convictions for an offense punishable as a felony shall be deemed to constitute a single offense if those offenses arose out of the same transaction or occurrence.

(c) "Program for reentry" means:

(1) A correctional program for reentry of offenders and parolees into the community that is established by the Director of the Department of Corrections pursuant to NRS 209.4887; or

(2) A judicial program for reentry of offenders and parolees into the community that is established in a judicial district pursuant to NRS 209.4883.

(d) "Sexual offense" has the meaning ascribed to it in paragraph (b) of subsection 8 of NRS 179.245.

(Added to NRS by 2001, 1166; A 2003, 26, 2586; 2007, 2753; 2015, 3509; 2017, 2417)

NRS 179.2595 Sealing more than one record; procedure.

Notwithstanding the procedure established in NRS 179.245, 179.255 or 179.259 for the filing of a petition for the sealing of records:

1. If a person wishes to have more than one record sealed and would otherwise need to file a petition in more than one court for the sealing of the records, the person may, instead of filing a petition in each court, file a petition in district court for the sealing of all such records.

2. If a person files a petition for the sealing of records in district court pursuant to subsection 1 or NRS 179.245, 179.255 or 179.259, the district court may order the sealing of any other records in the justice or municipal courts in accordance with the provisions of NRS 179.2405 to 179.301, inclusive.

3. A district court shall act in accordance with subsection 2 regardless of whether a petition filed pursuant to this section includes a request for the sealing of a record in a district court.

(Added to NRS by 2017, 2412; A 2019, 411)

NRS 179.265 Rehearings after denial of petition: Time for; number.

1. A person whose petition is denied under NRS 179.245 or 179.255 may petition for a rehearing not sooner than 2 years after the denial of the previous petition.

2. No person may petition for more than two rehearings.

(Added to NRS by 1971, 956)

NRS 179.271 Sealing of records after decriminalization of offense: Written request; notice; hearing; no fee; exception.

1. Except as otherwise provided in this section, if an offense is decriminalized:
 - (a) Any person who was convicted of that offense before the date on which the offense was decriminalized may submit a written request to any court in which the person was convicted of that offense for the sealing of any record of criminal history in its possession and in the possession of any agency of criminal justice relating to the conviction.
 - (b) Upon receipt of a request pursuant to paragraph (a), the court shall, as soon as practicable, send written notice of the request to the office of the prosecuting attorney that prosecuted the offense. If the office of the prosecuting attorney objects to the granting of the request, a written objection to the request must be filed with the court within 10 judicial days after the date on which notice of the request was received. If no written objection to the request is filed, the court shall grant the request. If a written objection to the request is filed, the court must hold a hearing on the request. At the hearing, the court shall grant the request unless the prosecuting attorney establishes, by clear and convincing evidence, that there is good cause not to grant the request. The decision of the court to grant or deny the request is not subject to appeal.
2. No fee may be charged by any court or agency of criminal justice for the submission of a request pursuant to this section.
3. The provisions of this section do not apply to a traffic offense.
4. As used in this section:
 - (a) "Decriminalized" means that an offense is no longer punishable as a crime as the result of enactment of an act of the Legislature or the passage of a referendum petition or initiative petition pursuant to Article 19 of the Nevada Constitution.
 - (b) "Traffic offense" means a violation of any state or local law or ordinance governing the operation of a motor vehicle upon any highway within this State.

(Added to NRS by 2019, 1459)

NRS 179.275 Order sealing records: Distribution to Central Repository and persons named in order; compliance. [Effective July 1, 2020.]

Where the court orders the sealing of a record pursuant to NRS 34.970, 174.034, 176.211, 176A.245, 176A.265, 176A.295, 179.245, 179.247, 179.255, 179.259, 179.2595, 179.271, 201.354 or 453.3365, a copy of the order must be sent to:

1. The Central Repository for Nevada Records of Criminal History; and
2. Each agency of criminal justice and each public or private company, agency, official or other custodian of records named in the order, and that person shall seal the records in his or her custody which relate to the matters contained in the order, shall advise the court of compliance and shall then seal the order.

(Added to NRS by 1971, 956; A 1991, 304; 1999, 2089; 2001, 1168; 2001 Special Session, 261; 2003, 312; 2009, 107, 420; 2013, 111; 2017, 1485, 1655, 2418, 3015; 2019, 1460, 2981, 4409, effective July 1, 2020)

NRS 179.285 Order sealing records: Effect; proceedings deemed never to have occurred; restoration of civil rights. [Effective July 1, 2020.] Except as otherwise provided in NRS 179.301:

1. If the court orders a record sealed pursuant to NRS 34.970, 174.034, 176.211, 176A.245, 176A.265, 176A.295, 179.245, 179.247, 179.255, 179.259, 179.2595, 179.271, 201.354 or 453.3365:

(a) All proceedings recounted in the record are deemed never to have occurred, and the person to whom the order pertains may properly answer accordingly to any inquiry, including, without limitation, an inquiry relating to an application for employment, concerning the arrest, conviction, dismissal or acquittal and the events and proceedings relating to the arrest, conviction, dismissal or acquittal.

(b) The person is immediately restored to the following civil rights if the person's civil rights previously have not been restored:

- (1) The right to vote;
- (2) The right to hold office; and

(3) The right to serve on a jury.

2. Upon the sealing of the person's records, a person who is restored to his or her civil rights pursuant to subsection 1 must be given:

- (a) An official document which demonstrates that the person has been restored to the civil rights set forth in paragraph (b) of subsection 1; and
- (b) A written notice informing the person that he or she has not been restored to the right to bear arms, unless the person has received a pardon and the pardon does not restrict his or her right to bear arms.

3. A person who has had his or her records sealed in this State or any other state and whose official documentation of the restoration of civil rights is lost, damaged or destroyed may file a written request with a court of competent jurisdiction to restore his or her civil rights pursuant to this section. Upon verification that the person has had his or her records sealed, the court shall issue an order restoring the person to the civil rights to vote, to hold office and to serve on a jury. A person must not be required to pay a fee to receive such an order.

4. A person who has had his or her records sealed in this State or any other state may present official documentation that the person has been restored to his or her civil rights or a court order restoring civil rights as proof that the person has been restored to the right to vote, to hold office and to serve as a juror.

(Added to NRS by 1971, 956; A 1981, 1105; 1991, 304; 2001, 1169, 1694; 2001 Special Session, 262; 2003, 312, 316, 319, 2687; 2009, 108, 420; 2011, 22; 2017, 1485, 1655, 2418, 3015; 2019, 1460, 2981, 4409, effective July 1, 2020)

NRS 179.295 Reopening of sealed records. [Effective July 1, 2020.]

1. The person who is the subject of the records that are sealed pursuant to NRS 34.970, 174.034, 176.211, 176A.245, 176A.265, 176A.295, 179.245, 179.247, 179.255, 179.259, 179.2595, 179.271, 201.354 or 453.3365 may petition the court that ordered the records sealed to permit inspection of the records by a person named in the petition, and the court may order such inspection. Except as otherwise provided in this section, subsection 9 of NRS 179.255 and NRS 179.259 and 179.301, the court may not order the inspection of the records under any other circumstances.

2. If a person has been arrested, the charges have been dismissed and the records of the arrest have been sealed, the court may order the inspection of the records by a prosecuting attorney upon a showing that as a result of newly discovered evidence, the person has been arrested for the same or a similar offense and that there is sufficient evidence reasonably to conclude that the person will stand trial for the offense.

3. The court may, upon the application of a prosecuting attorney or an attorney representing a defendant in a criminal action, order an inspection of such records for the purpose of obtaining information relating to persons who were involved in the incident recorded.

4. This section does not prohibit a court from considering a proceeding for which records have been sealed pursuant to NRS 174.034, 176.211, 176A.245, 176A.265, 176A.295, 179.245, 179.247, 179.255, 179.259, 179.2595, 179.271, 201.354 or 453.3365 in determining whether to grant a petition pursuant to NRS 176.211, 176A.245, 176A.265, 176A.295, 179.245, 179.255, 179.259, 179.2595 or 453.3365 for a conviction of another offense. (Added to NRS by 1971, 956; A 1981, 1105; 1991, 304; 1997, 3160; 2001, 1169, 1694; 2001 Special Session, 262; 2003, 312, 316, 319; 2009, 108, 420; 2013, 1386; 2017, 1486, 1656, 2419, 3016; 2019, 1461, 2982, 4410, effective July 1, 2020)

NRS 179.301 Inspection of certain sealed records by certain persons and agencies.

1. The Nevada Gaming Control Board and the Nevada Gaming Commission and their employees, agents and representatives may inquire into and inspect any records sealed pursuant to NRS 179.245 or 179.255, if the event or conviction was related to gaming, to determine the suitability or qualifications of any person to hold a state gaming license, manufacturer's, seller's or distributor's license or registration as a gaming employee pursuant to chapter 463 of NRS. Events and convictions, if any, which are the subject of an order sealing records:

- (a) May form the basis for recommendation, denial or revocation of those licenses.

- (b) Must not form the basis for denial or rejection of a gaming work permit unless the event or conviction relates to the applicant's suitability or qualifications to hold the work permit.
2. The Division of Insurance of the Department of Business and Industry and its employees may inquire into and inspect any records sealed pursuant to NRS 179.245 or 179.255, if the event or conviction was related to insurance, to determine the suitability or qualifications of any person to hold a license, certification or authorization issued in accordance with title 57 of NRS. Events and convictions, if any, which are the subject of an order sealing records may form the basis for recommendation, denial or revocation of those licenses, certifications and authorizations.
3. A prosecuting attorney may inquire into and inspect any records sealed pursuant to NRS 179.245 or 179.255 if:
- (a) The records relate to a violation or alleged violation of NRS 202.485; and
 - (b) The person who is the subject of the records has been arrested or issued a citation for violating NRS 202.485.
4. The Central Repository for Nevada Records of Criminal History and its employees may inquire into and inspect any records sealed pursuant to NRS 179.245 or 179.255 that constitute information relating to sexual offenses, and may notify employers of the information in accordance with federal laws and regulations.
5. Records which have been sealed pursuant to NRS 179.245 or 179.255 and which are retained in the statewide registry established pursuant to NRS 179B.200 may be inspected pursuant to chapter 179B of NRS by an officer or employee of the Central Repository for Nevada Records of Criminal History or a law enforcement officer in the regular course of his or her duties.
6. The State Board of Pardons Commissioners and its agents and representatives may inquire into and inspect any records sealed pursuant to NRS 179.245 or 179.255 if the person who is the subject of the records has applied for a pardon from the Board.
7. As used in this section:
- (a) "Information relating to sexual offenses" means information contained in or concerning a record relating in any way to a sexual offense.
 - (b) "Sexual offense" has the meaning ascribed to it in NRS 179A.073.
(Added to NRS by 1981, 1105; A 1987, 1759; 1997, 1674; 2003, 2688, 2833; 2003, 20th Special Session, 16; 2005, 973; 2011, 23; 2013, 111; 2015, 3510; 2017, 2674)

SERVICE OF DOCUMENTS

IN GENERAL YOU MUST SERVE THE OTHER PARTY A COPY OF ANY DOCUMENT THAT IS FILED WITH THE COURT. IF SERVICE IS NOT DONE PROPERLY, IT MAY DELAY YOUR CASE

A. TYPES OF SERVICE (for initial filing of Complaint or Petition)

- 1) **PERSONAL SERVICE** - any third person (not a party to the action) can personally serve a document.
 - a) Process can be served by the sheriff of the county where the defendant is found, or by a deputy, or by any person who is not a party and who is over 18 years of age - (contact Sheriff's Office for procedures and costs)
 - b) Some businesses specialize in serving documents – see Yellow Pages under “Process Servers”
 - c) In general, the complaint and summons must be served on the Defendant within 120 days after the complaint is filed per NRCP4(e). If the complaint is not **served**, the complaint may be dismissed by the Court.
- 2) **SERVICE BY PUBLICATION** (for use when party resides out of the state, or has departed from the state, or cannot, after due diligence, be found within the state, or by concealment seeks to avoid the service of summons)
 - a) Complete an *Affidavit for Publication of Summons Residence (Known/Unknown)* **and** *Order for Publication of Summons Residence (Known/Unknown)* *

*Forms available at carson.org or selfhelp.nvcourt.gov/forms
 - b) After the judge has signed the *Order for Publication of Summons Residence (Known/Unknown)*, you must publish the Complaint and Summons in a newspaper of general circulation in Carson City one time per week for four weeks in a row (NOTE: It will be published a total of five times to meet this requirement). Contact the paper for procedures and costs.
 - c) You will also need to mail a copy of the Complaint and Summons to Defendant at his/her last known address.

B. SERVICE OF OTHER PLEADINGS AND PAPERS

- 1) After the commencement of the action and the completion of Initial Filing, every pleading subsequently filed is required to be served on the other party/parties. This is generally done by mailing a copy to the other party **or** his or her attorney.

FOR INFORMATION ON OTHER TYPES OF SERVICE SEE NEVADA RULES OF CIVIL PROCEDURE (NRCP RULE 4 – PROCESS **and** NRCP RULE 5 – SERVICE AND FILING OF PLEADINGS AND OTHER PAPERS)

*******IMPORTANT DISCLOSURE*******

THIS INFORMATION IS PROVIDED AS A COURTESY ONLY. THE FIRST JUDICIAL DISTRICT COURT, AND THEIR EMPLOYEES SHALL NOT BE LIABLE FOR ERRORS CONTAINED HEREIN OR FOR DIRECT, INDIRECT, SPECIAL OR CONSEQUENTIAL DAMAGES IN CONNECTION WITH THE FURNISHING OF THIS MATERIAL - Private Counsel is always recommended for legal matters.

Your name: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
In Proper Person _____

**In The First Judicial District Court of the State of Nevada
In and for Carson City**

_____) Case No.: _____
Plaintiff,)
Dept. No. _____
vs.)
_____) **SUBPOENA**
Defendant.)
_____)

SUBPOENA
 REGULAR DUCES TECUM

THE STATE OF NEVADA SENDS GREETINGS TO:

YOU ARE HEREBY COMMANDED that all singular, business and excuses being set aside, you appear and attend on the ____ day of _____, 20____, at the hour of _____ M., in Department No. _____ of the First Judicial District Court, 885 E. Musser Street, Carson City, Nevada. Your attendance is required to give testimony or to produce and permit inspection and copying of designated books, documents or tangible things in your possession, custody or control, or to permit inspection of premises. You are required to bring with you at the time of your appearance any items set forth below. If you fail to attend, you may be deemed guilty of contempt of Court and liable to pay all losses and damages caused by your failure to appear. Please see "Exhibit A" attached hereto for information regarding the rights of the person subject to this Subpoena.

DATED THIS _____ day of _____, 20_____.

SCOTT HOEN, CLERK OF THE COURT By:

_____, Deputy Clerk

ITEMS TO BE PRODUCED

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1 STATE OF NEVADA)
2) ss.
3 CARSON CITY)

4 I hereby certify that I am over 18 years of age and not a party to nor interested in the
5 proceeding in which this service is made. That I received this Subpoena on the _____ day of
6 _____, 20_____, and personally served the same by delivering a copy to the
7 witness at (state address) _____
8 _____

9 on this _____ day of _____, 20_____.

10 _____
11 Signature of person making service

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EXHIBIT "A"

NEVADA RULES OF CIVIL PROCEDURE

RULE 45

(c) Protection of Persons Subject to Subpoena.

1. A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The Court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

2. (A) Person commanded to produce and permit inspection and copying of designated books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d)(2) of this rule, a person commanded to produce and permit inspection and copying may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to inspection or copying of any or all of the designated materials or of the premises. If objection is made, the party serving the subpoena shall not be entitled to inspect and copy the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production. Such an order to compel production shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection and copying commanded.

3. (A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it:

(i) fails to allow reasonable time for compliance;

(ii) requires a person who is not a party or an officer of a party to travel to a place more than 100 miles from the place where that person resides, is employed or regularly transacts business in person, except that such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held, or

(iii) requires disclosure of privileged or other protected matter and no exception or waiver applies, or

(iv) subjects a person to undue burden.

1 (B) If a subpoena

2 (i) requires disclosure of a trade secret or other confidential research, development, or
3 commercial information, or

4 (ii) requires disclosure of an unretained expert's opinion or information not describing
5 specific events or occurrences in dispute and resulting from the expert's study made not at the
6 request of any party, the court may, to protect a person subject to or affected by the subpoena,
7 quash or modify the subpoena or, if the party in whose behalf is issued shows a substantial need
8 for the testimony or material that cannot be otherwise met without undue hardship and assures
9 that the person to whom the subpoena is addressed will be reasonably compensated, the court
10 may order appearance or production only upon specified conditions.

11 **(d) Duties in Responding to Subpoena.**

12 (1) A person responding to a subpoena to produce documents shall produce them as they
13 are kept in the usual course of business or shall organize and label them to correspond with the
14 categories in the demand.

15 (2) When information subject to a subpoena is withheld on a claim that it is privileged or
16 subject to protection as trial preparation materials, the claim shall be made expressly and shall be
17 supported by a description of the nature of the documents, communications, or things not
18 produced that is sufficient to enable the demanding party to contest the claims.
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Name: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____

**In The First Judicial District Court of the State of Nevada
In and for Carson City**

_____) Case No.: _____
Plaintiff,)
) Dept. No.: _____
)
vs.)
) **SUMMONS**
)
_____)
Defendant.)
)

**THE STATE OF NEVADA SENDS GREETINGS TO THE ABOVE-NAMED DEFENDANT:
NOTICE! YOU HAVE BEEN SUED. THE COURT MAY DECIDE AGAINST YOU WITHOUT
YOUR BEING HEARD UNLESS YOU RESPOND WITHIN 20 DAYS.
READ THE INFORMATION BELOW.**

TO THE DEFENDANT: A civil Complaint has been filed by the plaintiff against you.

1. If you wish to defend this lawsuit, you must, within 20 days after this Summons is served on you, exclusive of the day of service, file with this Court a written pleading* in response to this Complaint.
2. Unless you respond, your default will be entered upon application of the plaintiff, and this Court may enter a judgment against you for the relief demanded in the Complaint**, which could result in the taking of money or property or the relief requested in the Complaint.
3. If you wish to seek the advice of an attorney in this matter, you should do so promptly so that your response may be filed on time.
4. You are required to serve your response upon plaintiff's attorney, whose address is:

SCOTT HOEN, Clerk of the Court

By: _____, Deputy Clerk

Date: _____, 20_____.

*There is a fee associated with filing a responsive pleading. Please refer to fee schedule.
**Note – When service by publication, insert a brief statement of the object of the action. See Rule 4.

RETURN OF SERVICE ON REVERSE SIDE

Your Name: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
In Proper Person _____

**In The First Judicial District Court of the State of Nevada
In and for Carson City**

In the Matter of the Petition of:

(Minor Child's Current Name)
For Change of Name.

Case No.: 1B
Dept. No.:

**APPLICATION FOR APPOINTMENT
OF GUARDIAN AD LITEM**

COMES NOW, Petitioner, _____, the _____
Petitioner's name (Mother, Father, or Guardian)
of _____, and hereby makes application to the above-entitled Court for an
Minor Child's Current Name
Order appointing _____ as the Guardian Ad Litem for the minor
Petitioner's Name
child, the Petitioner's son, daughter, or minor protected person, in bringing the above-entitled
action for the minor child's change of legal name, pursuant to NRCP 17(c) and NRS 12.050(1).

Based on the foregoing, it is respectfully requested that this Court enter its order
accordingly.

DATED this _____ day of _____, 20____.

(Signature)

Your Name: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
In Proper Person

**In The First Judicial District Court of the State of Nevada
In and for Carson City**

In the Matter of the Petition of:

(Minor Child's Current Name)
For Change of Name.

Case No.: 1B
Dept. No.:

**ORDER APPOINTING
GUARDIAN AD LITEM**

The Court having reviewed the Petition filed in the above-entitled matter and the
Application of _____, and good cause appearing therefor,
Petitioner's Name

IT IS HEREBY ORDERED that _____ is appointed
Petitioner's Name

Guardian Ad Litem of _____, the Petitioner's son, daughter, or minor
Minor Child's Current Name
protected person, in order to pursue the claims set forth in the above-entitled action on behalf of

Minor Child's Current Name

DATED this _____ day of _____, 20____.

DISTRICT JUDGE