Case No.

Dept. No.

The undersigned hereby affirms that this document does not contain the social security number of any person.

_____

IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF CHURCHILL

_____,

Plaintiff,

v.

ANSWER TO COMPLAINT AND COUNTERCLAIM

_____,

Defendant.

_____/

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

and hereby Answers Plaintiff's Complaint as follows:

I.

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

Defendant admits the allegations in paragraphs: _____

_____

_____

///

///

///

II.

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

Defendant denies the allegations in paragraph(s) _____ of the Complaint.

III.

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

After reasonable investigation, this Defendant is without sufficient information to form a belief as to the truth or falsity of the matters alleged in paragraph(s)_____ Of the Complaint; the allegations are therefore denied with proof demanded at trial.

COUNTERCLAIM

Defendant, as and for a Counterclaim for Divorce against Plaintiff, alleges as follows:

I.

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

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

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

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

_____.
(County of residence)

II.

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

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

III.

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

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

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

_____.
(date of expected

IV.

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

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

Name	Age	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V.

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

The state of residence of the children is as follows:

///

Name	State of Residence	Length of time child has lived in that State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If the children have not been physically present in the State of Nevada for the past six months, STOP HERE. There may be a jurisdictional issue regarding the authority of the Court to enter orders concerning custody and visitation of the child(ren), and you should seek legal assistance on this matter before going any further.

VI.

Legal custody of the Children

***WARNING*: Your choice of custody terms will have a direct effect on your legal rights to your child(ren). Be sure you are familiar with the legal definitions of the different kinds of custody before you choose how custody will be stated in these documents.**

The policy of the State of Nevada is to grant parties joint legal custody. Sole legal custody is only granted in extreme or unusual circumstances.

Initial ONLY ONE of the following statements and print "not applicable or N/A" in the other space.

***WARNING*: if you select "SOLE CUSTODY" you must describe facts that demonstrate the other parent is not fit to have joint legal custody and you may be required to appear in Court to justify your choice of sole legal custody.**

_____ Mother and father are fit and proper persons to share joint legal custody of the minor child(ren),

_____.
(Names of the Children)

OR

_____ _____ is fit and proper persons to have sole legal custody of the
(Mother or Father)

minor child(ren),

_____.
(Names of the Children)

VII.

Physical custody of the children

There are TWO different choices in the following paragraph: (a) joint physical custody or (b) primary physical custody. Choose only ONE. Both parties are to initial ONE choice you agree upon. In the space for the other choice, print "not applicable" or "N/A."

(a)

Joint Physical Custody

_____ Mother and Father are fit and proper persons to be awarded joint physical custody of the minor child(ren), _____.
(Names of the Children)

(b)

Primary Physical Custody

_____ _____ is a fit and proper person to have the primary
(Name of custodial parent)
physical custody of the minor child(ren), _____
(Name of the Children)
with visitation by the non-custodial parent as set forth in the following visitation schedule.

VII.

Weekly/Monthly and Summer Visitation

Visitation must be set out in specific detail, including a full weekly or monthly schedule with the day(s) the exchange will take place, the time(s) of the exchange and who will provide transportation. Also include specific details regarding holiday sharing and summer vacation periods. Without very detailed and specific visitation, a Decree will not be granted. Terms such as "reasonable visitation" and "visitation at reasonable times and places" will NOT be accepted.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

HOLIDAY VISITATION

You may add or subtract any holiday(s) on the following list. If you choose not to exchange the chil(ren) on a specific holiday, print "not applicable" or "N/A" in the space for that holiday. If no changes for the holidays are to be made in the regular visitation schedule, state that clearly in the next paragraph and print "not applicable" or "N/A" on the lines provided for the individual holiday(s).

The major holidays will be handled in the following manner:

(Name each specific holiday, such as Thanksgiving, Christmas, Easter, Passover, Hanukkah)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

New Year's Day will be alternated with _____ having the child in the
(Mother or Father)
year _____ and each _____ year thereafter.
(Odd or even)

Martin Luther King's Birthday will be alternated with _____ having the
(Mother or Father)
child in the year_____ and each _____ year thereafter.
(Odd or even)

President's Day will be alternated with _____ having the child in the
(Mother or Father)
year _____ and each _____ year thereafter.
(Odd or even)

Memorial Day will be alternated with _____ having the child in the
(Mother or Father)
year _____ and each _____ year thereafter.
(Odd or even)

Fourth of July will be alternated with _____ having the child in the
(Mother or Father)
year _____ and each _____ year thereafter.
(Odd or even)

Labor Day will be alternated with _____ having the child in the
(Mother or Father)
year _____ and each _____ year thereafter.
(Odd or even)

Nevada Day will be alternated with _____ having the child in the
(Mother or Father)
year _____ and each _____ year thereafter.
(Odd or even)

Halloween will be alternated with _____ having the child in the
(Mother or Father)
year _____ and each _____ year thereafter.
(Odd or even)

Veterans' Day will be alternated with _____ having the child in the
(Mother or Father)
year _____ and each _____ year thereafter.
(Odd or even)

Child's birthday will be alternated with _____ having the child in the
(Mother or Father)
year _____ and each _____ year thereafter.
(Odd or even)

Mother shall have the child(ren) on Mother's Day and Father shall have the child(ren) on Father's Day.

Holidays not specifically time definite shall begin at _____ a.m. and end at _____ on that same day. The parent who has the holiday will pick the child(ren) up and return the child(ren) to the other parent at the end of the scheduled time.

Should a holiday fall on a three-day weekend and it is the other parent's weekend to have the child(ren), the three-day holiday will be handled as follows:

_____

_____

_____

_____

IX.

Child Support

The child support MUST be based on the formula as set out in the Nevada Revised Statutes. You may not just state an arbitrary amount and you may not state "no child support to be paid."

_____ shall pay child support in the amount of $_____
(Mother or Father)
per month, per child, for a total monthly child support obligation of $ _____.

The child support shall be paid on or before the _____ day of each month.

This amount is based upon the following information:

Husband's gross monthly income is $_____.
(amount earned per month before deductions)

Wife's gross monthly income is $ _____.
(amount earned per month before deductions)

Initial one of the following three choices.
Print "not applicable" or "N/A" on those lines you do not use.

_____ _____ is the non-custodial parent and the amount of
(Mother or Father)
Child support agreed upon in the aforementioned lines is in compliance with NRS 125B.070 and is _____%
(18%, 25%, 29%, 31%)
of _____ gross monthly income.
(Mother's or Father's)

OR

_____ Because Parents are joint physical custodians, the amount of child support on line 16 above meets the statutory requirement.

OR

_____ The support obligation amount is not the amount required in the statutes, the child support obligation for _____ would be
(Mother or Father)
$_____ per month, per child.

However, Petitioners have agreed to change that amount because:

(*Please see NRS 125B.080 for the <u>only</u> reasons you can deviate from the statutory formula, and list your reasons below*)

_____

_____

_____

_____

_____

_____

The child support obligation for each child shall continue until that child reaches the age of eighteen years; or if the child is still attending high school at the age of eighteen years, until the child reaches the age of nineteen years or graduates from high school; or is otherwise emancipated, whichever occurs first.

A wage assignment for the child support _____ be immediately put in place.
(will *or* will not)

You must initial <u>ONLY ONE</u> of the following statements regarding child support. On all other lines, print "Not applicable or N/A."

1. _____ There is already a Child Support action through the District Attorney's Office and payment of the child support shall continue to be handled through that office.

2. _____ The children are receiving Welfare benefits and the Welfare Department has, or will have, a child support case through the District Attorney's Office and the District Attorney's Office shall continue to handle the support payments.

3. _____ No formal child support obligation has ever previously been established and this will be the first Court Order for child support, and the parent paying child support will pay the support directly to the receiving parent.

4. _____ Although this is the first Court Order for child support, the payments will be handled through the District Attorney's Office and the parent who will be collecting child support shall open the case with the District Attorney's Office.

///

///

X.

Health Care

Provisions must be made for health care for the child(ren). If neither parent has health insurance on the child(ren), that must be stated. If the child(ren) is/are on Medicaid, that must be stated. Fill in all spaces. Do not leave any spaces blank.

The child(ren) presently _____ covered by a health insurance policy.
(is/are *or* is/are not)

The child(ren) presently _____ on Medicaid.
(is/are *or* is/are not)

_____ shall maintain health insurance on the child(ren) through his/her/their
(Husband or Wife or both)
employment.

The parties shall each share equally any health expenses incurred on behalf of the child(ren) that are not covered by insurance, and each party shall be responsible for one half of the deductible and one half of the insurance premium.

XI.

Division of Assets

Initial ONLY ONE of the statements below. Print "N/A" in the spaces you do not use.

1. _____ All of the community assets and property have been previously divided and each is to keep the property they have in their possession at this time.

2. _____ There is no community property to be divided.

3. _____ The community property should be divided as follows (Include retirement accounts and the last four numbers of all bank account, if available)

WIFE SHALL RECEIVE THE FOLLOWING:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

HUSBAND SHALL RECEIVE THE FOLLOWING:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

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

XII.

Division of Debts

Initial ONLY ONE of the statements below. Print "not applicable or N/A" in the spaces you do not use. Be sure to address all retirement accounts, bank accounts and vehicles. Include VINs when listing vehicles.

1_____ All of the community debts have been previously divided and each is to keep those debts assigned to him/her and hold the other party harmless from those debts.

2 _____ There is no community debts to be divided.

3 _____ The community debts should be divided as follows: (Be sure to list specific debts with the last four numbers of the account, if available.

WIFE SHALL RECEIVE THE FOLLOWING DEBTS
AS HER SOLE AND SEPARATE DEBT:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

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

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

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

XIII.

Spousal Support (Alimony)

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

_____ Alimony is not appropriate in this case.

OR

_____ Wife shall receive spousal support in the amount of

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

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

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

OR

_____ Husband shall receive spousal support in the amount of

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

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

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

XIV.

<u>Former Name</u>
If Wife is filing, wife should Initial <u>ONLY ONE</u> of the following statements and print "not applicable" or "N/A" in the spaces you do not use. If Husband is filing, husband should print "not applicable or N/A" in ALL spaces.

_____ Wife does not wish to return to her former name.

_____ Wife wishes to return to her former name of

_____.

_____ Wife never changed her name and therefore does not request restoration of her former name.

XV.

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

XVI.

The Defendant cannot afford to retain counsel to protect _____ rights and the rights
(his or her)
of the children and should be awarded attorney's fees and costs.

///

WHEREFORE, Defendant prays for judgment against Plaintiff as follows:

1. That the bonds of matrimony heretofore and now existing between the Plaintiff and Defendant be forever dissolved and that each of the parties be restored to the status of unmarried persons.
2. That the Court grants the relief requested in this Answer and Counterclaim; and
3. For other and further relief as the Court may deem just and proper in this action.

DATE: _____

_____
(Print Name)

_____
(Signature)

_____
(Address)

_____

_____
(Telephone number)

VERIFICATION AND ACKNOWLEDGEMENT

STATE OF NEVADA)
) ss:
COUNTY OF _____)

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

deposes and says:

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

_____
(Signature)

SUBSCRIBED and SWORN to before me
This ____ day of _____, _____.

_____
NOTARY PUBLIC

STATE OF NEVADA)
) ss:
COUNTY OF _____)

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

_____
NOTARY PUBLIC

CERTIFICATE OF SERVICE

The undersigned hereby certifies that they are 18 years of age or older, and on this date served a true and correct copy of the document/s entitled: _____

_____

(Clearly list all documents you served

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

IF THE DOCUMENTS WERE SERVED BY MAIL:

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

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

The envelope was addressed to:

(Name) _____ at

(Address) _____

_____

And that there is regular communication by mail between the place of mailing and the place addressed.

IF THE DOCUMENTS WERE PERSONALLY SERVED:

_____ by personally serving:

(Name) _____ at

(Address) _____

_____

DATED: This ____ day of _____, _____.

_____

(Signature of person who performed service)

Case No.

Dept. No.

The undersigned hereby affirms that this document does not contain the social security number of any person.

_____

IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF CHURCHILL

_____,

Plaintiff,

v. **FINANCIAL DECLARATION**

_____,

Defendant.

_____/

Attached is the Financial Declaration of _____, the _____ in the above action. I swear under penalty of perjury, that
(Plaintiff or

the content of the Financial Declaration is true to the best of my knowledge as of this date.

Date: _____ _____

(Print Name)

_____

(Signature)

_____

(Address)

_____

_____

(Telephone number)

SUBSCRIBED and SWORN to before me

This ____ day of _____, _____.

_____

NOTARY PUBLIC

Financial Statement Of

_____
(Your Name)

I. PERSONAL INFORMATION

WIFE	HUSBAND
_____	_____
Last Name First Initial	Last Name First Initial
Present home address	Present home address
_____	_____
_____	_____
_____	_____
Occupation_____	Occupation_____
Employed by From To	Employed by From To
_____ ____ ____	_____ ____ ____
_____ ____ ____	_____ ____ ____
_____ ____ ____	_____ ____ ____

How many adults (over 18) live with you? _____

How many of these help pay the household costs? _____

How much money do you receive from them each month? _____

If there are adults living with you who do not help financially, please explain:

_____

_____

How many children live with you? _____

How many of these are your own natural or adopted children? _____

What is your own average GROSS monthly income (before payroll deductions)? _____

How much is held out from your check each month (include all withholdings)? _____

How much is your average take home pay, each month? _____

II. INCOME AND EXPENSES

YOUR OWN INCOME

Average take home pay- wages and tips	$
Aid to Dependent	$
General Assistance	$
SSI	$
Social Security Retirement	$
Unemployment	$
Workers Compensation	$
Private pension	$
Rent, investment income	$
Child Support received	$
Other-describe each source	$
ATTACH COPY OF LAST PAY CHECK STUB TOTAL INCOME	$
EXPENSES-YOUR'S AND CHILDREN LIVING WITH YOU	$
Rent or mortgage	$
Health, doctors, medicine, etc.	$
Gas, power, water, garbage, telephone	$
Transportation, including car payments, gas insurance, repairs, bus	$
Clothing, cleaning, laundry, etc.	$
Child care, elder care	$
Child support paid out	$
Food	$
Recreation, education	$
Other	$
TOTAL EXPENSES	$
DIFFERNCE (INCOME-EXPENSES)	$

III. COMMUNITY ASSESTS AND LIABILITIES

WHAT YOU OWN (DESCRIBE)	WHAT IT'S WORTH	WHAT YOU OWE	DIFFERENCE OR NET
Home	$	$	$
Car/truck	$	$	$
Car/truck	$	$	$
Boats, RV, etc	$	$	$
Furniture, furnishings	$	$	$
Clothes, jewelry, personal items	$	$	$
Cash	$	$	$
Bank accounts, CD's Stocks	$	$	$
Tools, inventory	$	$	$
Pension or retirement fund	$	$	$
Credit Cards, charge accounts	$	$	$
Other	$	$	$
TOTAL VALUE	$	$	$

IV. MONTHLY PAYMENTS YOU MUST MAKE TO OTHERS

DESCRIBE EACH BILL	MINIMUM PAYMENT	DESCRIBE EACH BILL	MINIMUM PAYMENT
Housing	$	SUB-TOTAL FROM COLUMN 2	$
Auto/Truck	$	Other Bills	$
Auto/Truck	$		$
Boats, RV, etc.,	$		$
Furniture, furnishings	$		$
Credit Cards	$		$
Charge accounts	$		$
Medical Bills	$		$
SUB-TOTAL CARRY TO COL. 4.	$	TOTAL PAYMENTS	

CERTIFICATE OF SERVICE

The undersigned hereby certifies that they are 18 years of age or older, and on this date served a true and correct copy of the document/s entitled: _____

_____

(Clearly list all documents you served

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

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

The envelope was addressed to:

(Name) _____ at

(Address) _____

_____

And that there is regular communication by mail between the place of mailing and the place addressed.

IF THE DOCUMENTS WERE PERSONALLY SERVED:

_____ by personally serving:

(Name) _____ at

(Address) _____

_____

DATED: This ____ day of _____, _____.

_____

(Signature of person who performed service)