Case No	
Dept. No	
The undersigned hereby affirms that this document does not contain the social security number of any person.	
	CICT COURT OF THE STATE OF NEVADA COUNTY OF CHURCHILL
, Plaintiff	
vs	MOTION FOR TEMPORARY CUSTOI AND CHILD SUPPORT
Defendant,	
(Your name)	, in proper person, hereby move this Court
an Order granting me temporary custody of the Child's Name	Child's Birthdate
	been paying towards the
(Name of other party)	(has or has not)

This Motion is made based on the atta	ched Points and Authorities, my Affidavit an
pleadings. Papers and records on file herein.	
Date:	
	(Signature)
	(Print name)
	(Address)
	(Telephone Number)

POINTS AND AUTHORITIES

2	The other party and I congreted on and the child(rep) has/have
3	The other party and I separated on and the child(ren) has/have and the child(ren) has/have
4	lived with since the date of (name of person with whom child(ren) live)
5	
6	has had primary responsibility for the care of the child(ren) since (Name of primary caretaker)
7	(period of time)
8	I believe it is in the best interests of the child(ren) for this Court to enter an Order granting
9	me temporary physical custody of the child(ren) because:
10	Fully explain why you should be granted temporary physical custody of the child(ren).
11	
12	
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23	
24	
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26	
27	(If you need more room, you may attach additional sheets of paper. Make sure you write only on
28	one side of any additional sheets and identify it clearly as a continuation of this explanation.)

		is	at this ti	me.
	(Other party's name)	(employed or ur	at this ti nemployed)	
	If the other party is employ unemployed, print "not app sections.			
		is ampleyed by		and 1
	(Other party's name)	is employed by	(Name of employer)	and i
been o	employed there for(state		·	
	(state	how many weeks/months/ye	ears)	
		earns \$	per(hour/week/month/y	
	(other party's name)	(amount)	(hour/week/month/y	year)
	Answer the following only questions above, print "not			
	(Other party's name)	has been unemploy	yed since(date of last employ	
	at time, was employ (he or she)	ed by(name of last en	and earning \$(a	mount)
per	(hour/week/month/year)			
	(other party's name)	, collec	eting unemployment at this	s time.
	(other party's name)	(is or is not) collec	eting Social Security Bene-	fits at this
time.	At the present time, I(am o	receiving we remain not)	elfare benefits for the child	d(ren).
	If you are receiving welfare receiving. If you are not rebelow.		• •	
	At the present time, I	have a child s	support action filed with the	ne District

1	I am requesting that this Court enter an Order granting me temporary custody of the				
2	child(ren) and temporary child support in the amount of \$ per month.				
3	I am requesting that this Court enter an Order stating that the child support payment be due				
4	and payable to me on or before the day of each month.				
5	(date you want the support paid)				
6	The following is the Law regarding temporary custody and child support, as I understand				
7	it.				
8	<u>LAW</u>				
9	Nevada Revised Statute 125.510 gives this Court the jurisdiction to enter temporary child				
10	custody and child support orders.				
11	It is under this law that I request temporary child custody and temporary child support.				
12	DATE:				
13					
14	(Signature)				
15	(Print name)				
16	(Address)				
17					
18	(Telephone number)				
19					
20 21					
22					
23					
24					
25					
26					
27					
28					

1	<u>AFFIDAVIT</u>
2 3	STATE OF NEVADA)) ss:
4	COUNTY OF)
5	I,, being first duly sworn, under penalties of perjury, state
6	that the assertions of this affidavit are true.
7 8	1. That I am the in the case before this Court. (Plaintiff/Petitioner or Defendant/Respondent)
9	2. That I have read the attached Motion for Temporary Custody and Temporary Child
10	Support and that I am the one that filled out the information in this Motion.
11	3. That the information contained in this Motion is true to my own knowledge except
12	for those matters I stated that I believe to be true but have no actual proof of the
13	truth. As for those matters, although I do not actually know them to be true, I
14	believe them to be true.
15	
16	(signature)
17	SUBSCRIBED and SWORN to before me
18	This,
19 20	
20	
21	NOTARY PUBLIC
23	
23	
25	
26	
27	
28	
40	

	<u>IMPORTANT</u>
	YOU HAVE BEEN SERVED WITH A LEGAL MOTION TO CHANGE OR CLARIFY
	AN ORDER, TO RECONSIDER AN ORDER, TO TAKE ACTION OR FOR OTHER
Ī	REASONS.
	IF YOU DO NOT FILE A WRITTEN RESPONSE TO THIS MOTION WITHIN A
Ī	CERTAIN TIME, THE COURT MAY MAKE RULINGS AGAINST YOUR
	INTERESTS IN THIS CASE.
1	***
	f you were served by mail, you have thirteen (13) days from the postmarked date on the envelope in which to file a written response with the Court.
	If you were served in person, you have ten (10) days from the date of service in which to file a written response with the Court.
Sure	our response must be filed with the Court Clerk's office located at 73 N. Maine Street, nite B, Fallon, NV 89406, on the second floor. There may be a filing fee to file your sponse. You can contact the Court Clerk's office at (775) 423-6088 or go to the ourt's website at www.churchillcounty.org to view the fee schedule.
Ì	
	f you have any questions on how to file a response to this Motion, contact a private attorney.

CERTIFICATE OF SERVICE

2	The undersigned hereby certifies that they are 18 years of age or older, and on this date			
3	served a true and correct copy of the document/s entitled:			
4				
5	(Clearly list all documents you served on the other party) In the following way: (check the appropriate blank, and fill in the appropriate information)			
6	IF THE DOCUMENTS WERE SERVED BY MAIL:			
7 8	by placing a copy enclosed in a sealed envelope upon which first class postage was fully prepaid			
9 10	by placing a copy enclosed in a sealed envelope and mailing it certified, return receipt requested			
11	The envelope was addressed to:			
12	(Name)at			
13	(Address)			
14				
15	And that there is regular communication by mail between the place of mailing and the place			
16	addressed.			
17	IF THE DOCUMENTS WERE PERSONALLY SERVED:			
18	by personally serving:			
19	(Name)at			
20 21	(Address)			
22				
23				
24	DATED: This day of			
25				
26				
27	(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 JUDICIA	L DISTRICT COURT	OF THE STATE OF NEVADA
IN AND F	OR THE COUNTY O	F CHURCHILL
	,	
Plaintiff,		
V.		FINANCIAL DECLARATION
	,	
Defendant.	/	
		, the
	in the above action	n. I swear under penalty of perjury, that
(Plaintiff or Defendant) the content of the Financial Declara		
		of my knowledge as of this date.
Date:		
		(Print Name)
		(Signature)
		(Address)
SUBSCRIBED and SWORN to bef	ore me	(Telephone number)
This day of,	·	
NOTARY PUBLIC		

Financial Statement Of 1 (Your Name) 3 PERSONAL INFORMATION 4 WIFE HUSBAND 5 Last Name First Last Name First Initial Initial 6 7 Present home address Present home address 8 9 10 Occupation____ 11 Occupation_____ 12 Employed by From To Employed by From To 13 14 15 How many adults (over 18) live with you? 16 17 How many of these help pay the household costs? 18 How much money do you receive from them each month? _____ 19 If there are adults living with you who do not help financially, please explain: 20 21 How many children live with you? 22 23 How many of these are your own natural or adopted children? 24 What is your own average GROSS monthly income (before payroll deductions)? _____ 25 How much is held out from your check each month (include all withholdings)? 26 How much is your average take home pay, each month? 27 28

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	WHAT IT'S	WHAT YOU	DIFFERENCE
(DESCRIBE)	WORTH	OWE	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	DESCRIBE EACH	MINIMUM
	PAYMENT	BILL	PAYMENT
Housing	\$	SUB-TOTAL	¢.
		FROM COLUMN 2	\$
Auto/Truck	ф	Other Bills	ф
	\$		\$
Auto/Truck	\$		\$
D DII	Ψ		Ψ
Boats, RV, etc.,	\$		\$
Furniture, furnishings	¢.		¢
_	\$		\$
Credit Cards	\$		\$
	φ		φ
Charge accounts	\$		\$
M 1: 1 D:11	Ψ		Ψ
Medical Bills	\$		\$
SUB-TOTAL CARRY TO	d.	TOTAL	
COL. 4.	\$	PAYMENTS	

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12	(Name)at		
13	(Address)		
14			
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16	addressed.		
17	IF THE DOCUMENTS WERE PERSONALLY SERVED:		
18	by personally serving:		
19	(Name) at		
20	(Address)		
21 22			
23			
24	DATED: This,		
25			
26			
27	(Signature of person who performed service)		

1	Case No				
2	Dept. No				
3	The undersigned hereby affirms that				
4	this document does not contain the social security number of any person.				
5					
6					
7	IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA				
8	IN AND FOR THE COUNTY OF CHURCHILL				
9					
10					
11	Plaintiff				
12	vs. REQUEST FOR SUBMISSION				
13					
14	Defendant				
15					
16					
17	I the in this metter				
18	I, in this matter, (Your Name) (Plaintiff or Defendant)				
19	request thefiled on				
20	(Title of Document you want submitted to the Court) (Date document filed)				
21	in this case be submitted to the Judge for consideration and determination.				
22	Dated:				
23	Dated.				
24	Your Signature:				
25	Name (Printed):				
26					
27	Phone:				
28					

Case No		
Dept. No		
The undersigned hereby affirms that		
this document does not contain the social security number of any person.		
IN THE TENTH JUDIO	CIAL DISTRICT COUR	RT OF THE STATE OF NEVADA
IN AN	D FOR THE COUNTY	OF CHURCHILL
Plaintiff	,	
VS.		<u>ORDER</u>
	,	
	/	
It appears to the satisfac	ction of the Court from the	ne Motion(Name of Motion)
	filed on	, and the Court hereby finds
		otion filed)
and good cause appearing,		
IT IS HEREBY ORDE	ERED that (<i>note exactly</i>	what you want the Court to Order.)

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. REPLY TO OPPOSTION TO MOTION Defendant. I,, in proper person, responds to the Opposition filed by, on as follows:					
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. REPLY TO OPPOSTION TO MOTION Defendant. / I,	Case No.				
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IN AND FOR THE COUNTY OF CHURCHILL	this document does not con-	tain the			
IN AND FOR THE COUNTY OF CHURCHILL					
Plaintiff, v. REPLY TO OPPOSTION TO MOTION Defendant.	IN THE TEN	——— NTH JUDICIAL DISTR	ICT COURT	OF THE STATE OF N	NEVADA
Plaintiff, v. REPLY TO OPPOSTION TO MOTION Defendant.		IN AND FOR THE	COUNTY O	F CHURCHILL	
v. REPLY TO OPPOSTION TO MOTION Defendant					
	Plaintiff,				
I,, in proper person, responds to the	V.		REP	LY TO OPPOSTION	TO MOTIO
(Your name)	Defendant.		/		
Opposition filed by on as follows: (Name of other party) (date Opposition filed)	I,			_, in proper person, res	sponds to the
(Name of other party) (date Opposition filed)	Opposition filed by	(Your name)	on		as follows:
		(Name of other party)		(date Opposition filed)	

1	
2	
3	
4	
5	
6	
7	
8 9	If you need more space, you may attach additional sheets of paper. Be sure to write only on one side of the sheet.
10	I, request a hearing on this matter.
11	(do or do not)
12	If a hearing is requested, please state why you feel a hearing is necessary:
13	
14	
15	
16	
17	
18	
19	Date:
20	
21	(Print Name)
22	
23	(Signature)
24 25	(Address
26	
	(Telephone number
	2
27 28	(Telephone number

CERTIFICATE OF SERVICE

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19	(Name) at		
20	(Address)		
21			
22 23			
24	DATED: This,		
25			
26			
27	(Signature of person who performed service)		