

1 Case No.

2 Dept. No.

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

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IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
IN AND FOR THE COUNTY OF CHURCHILL

9

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\_\_\_\_\_

11

Plaintiff,

12

v.

**ANSWER TO COMPLAINT AND  
COUNTERCLAIM**

13

14

\_\_\_\_\_

Defendant.

15

16

\_\_\_\_\_/

17

COMES NOW Defendant, \_\_\_\_\_, in Proper Person,  
(Your name)

18

19

and hereby Answers Plaintiff's Complaint as follows:

20

**I.**

21

**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.**

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23

Defendant admits the allegations in paragraphs: \_\_\_\_\_

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**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.

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**III.**

There are no minor children born to, or adopted through, this union, and Wife is not pregnant.

**IV.**

**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

**WIFE SHALL RECEIVE THE FOLLOWING:**


**HUSBAND SHALL RECEIVE THE FOLLOWING:**


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

4 **V.**

5 **Division of Debts**

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

- 9 1. \_\_\_\_\_ All of the community debts have been previously divided and  
10 each is to keep those debts assigned to him/her and hold the other  
11 party harmless from those debts.
- 12 2. \_\_\_\_\_ There is no community debts to be divided.
- 13 3. \_\_\_\_\_ The community debts should be divided as follows: (Be sure to list  
14 specific debts with the last four numbers of the account, if  
15 available.)

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

18	_____	_____
19	_____	_____
20	_____	_____
21	_____	_____

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

24	_____	_____
25	_____	_____
26	_____	_____
27	_____	_____

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

4 **VI.**

5 **Spousal Support (Alimony)**

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

10 \_\_\_\_\_ Alimony is not appropriate in this case.

11 \_\_\_\_\_ Wife shall receive spousal support in the amount of

12 \$ \_\_\_\_\_ per \_\_\_\_\_, due and payable on the \_\_\_\_\_  
13 (amount wife to receive) (week or month) (date amount due)

14 of each \_\_\_\_\_ for a period of period of \_\_\_\_\_. The spousal  
15 (week or month) (number of weeks/months/years)

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

18 **OR**

19 \_\_\_\_\_ Husband shall receive spousal support in the amount of

20 \$ \_\_\_\_\_ per \_\_\_\_\_, due and payable on the \_\_\_\_\_  
21 (amount husband to receive) (week or month) (date amount due)

22 of each \_\_\_\_\_ for a period of period of \_\_\_\_\_. The spousal  
23 (week or month) (number of weeks/months/years)

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

26 **VII.**

27 **Former Name**

28 ***If Wife is filing, wife should Initial ONLY ONE 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.***

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\_\_\_\_\_ 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.

**VIII.**

The parties are incompatible in marriage and there is no hope for reconciliation, and/or the parties have lived separate and apart for more than one year without cohabitation.

**IX.**

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

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)

1 VERIFICATION AND ACKNOWLEDGEMENT

2 STATE OF NEVADA )

3 ) ss:

4 COUNTY OF \_\_\_\_\_)

5 \_\_\_\_\_, being first duly sworn, under penalties of perjury,

6 (Your name)

7 deposes and says:

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

12 \_\_\_\_\_  
13 (Signature)

14 SUBSCRIBED and SWORN to before me

15 This \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

16 \_\_\_\_\_  
17 NOTARY PUBLIC

18 STATE OF NEVADA )

19 ) ss:

20 COUNTY OF \_\_\_\_\_)

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

26 \_\_\_\_\_  
27 NOTARY PUBLIC  
28

**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)



1 Case No.:

2 Department No.:

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6 **IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA,**  
7 **IN AND FOR THE COUNTY OF CHURCHILL**

8  
9 \_\_\_\_\_,

10 Plaintiff,

11 vs.

12 \_\_\_\_\_,

13 Defendant.

**GENERAL FINANCIAL DISCLOSURE**  
**FORM**

14 The judge uses this form to understand the financial position of the Plaintiff and the  
15 Defendant. You must fill this form out completely and truthfully.

16 **A. Personal Information:**

- 17 1. What is your full name? (first, middle, last) \_\_\_\_\_  
18 2. How old are you? \_\_\_\_\_  
19 3. What is your date of birth? \_\_\_\_\_  
20 4. What is your occupation? \_\_\_\_\_  
21 5. What is your highest level of education? \_\_\_\_\_

22 **B. Employment Information:** ( check one)

- 23 1. Are you currently employed?  
24  No  
25  Yes If yes, what is the name of your employer? \_\_\_\_\_  
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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? \_\_\_\_\_

3. 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: \_\_\_\_\_

**C. Attorney Information:** Complete the following sentences:

1. An Attorney (*has/has not*) \_\_\_\_\_ been retained on my behalf for this case.
2. As of today, the attorney has been paid a total of \$ \_\_\_\_\_ on my behalf.
3. I have a credit with my attorney in the amount of \$ \_\_\_\_\_
4. I currently owe my attorney a total of \$ \_\_\_\_\_
5. I owe my prior attorney at total of \$ \_\_\_\_\_

**Section 1: Personal Income**

Before you can complete the next section you need to figure out your frequency. Your pay frequency is determined by the number of times you are paid each month.

Pay Frequency Table

1.00 = Paid one time per month

2.00 = Paid two times per month

2.17 = Paid every two weeks

4.00 = Paid every week

**A. Year-to-Date Income.**

As of the pay period ending \_\_\_\_\_

My Gross year to date pay is \_\_\_\_\_

**B. Fill in the line that applies to you. Only complete line 1 OR line 2.**

Line #	Income Question	Amount Earned		Number of Hours Worked Per Week		Pay Frequency (1.00, 2.00, 2.17, or 4.00)		Monthly Income
1	I am paid a hourly wage in the amount of	\$	X		X		=	
2	I am paid a base salary in the amount of	\$		N/A				

**C. File in the amount of money you receive each month for the following types of income:**

Line #	Income Question	Amount Received Monthly
3	Annuity or Trust Income	\$
4	I regularly work overtime and each month earn an average of	\$
5	I receive bonuses, commissions, or tips in the amount of	\$
6	I receive a car, gas, housing, or other allowance in the amount of	\$
7	I receive spousal support in the amount of	\$
8	I receive social security in the amount of	\$
9	I receive social security disability in the amount of	\$
10	I receive workman's compensation benefits in the amount of	\$
11	I receive unemployment benefits in the amount of	\$
12	I receive pension or retirement income in the amount of	\$
13	I receive net rental income in the amount of	\$
14	I receive income from other sources in the amount of	\$
15	Total Income Received (add lines 3-14)	\$

**D. Total monthly income from all sources:**

16	Total From Line 1 OR 2	\$
17	Total From Line 15	\$
18	Total Gross Monthly Income (add lines 16-17)	\$

**Section 2: Personal Deductions**

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

Line #	Name of Deduction	Amount Deducted Monthly
19	Court Ordered Child Support is deducted from every paycheck in the amount of	\$
20	Federal Income Tax is deducted from every paycheck in the amount of	\$
21	Social Security Tax is deducted from every paycheck in the amount of	\$
22	Medicare is deducted from every paycheck in the amount of	\$
23	Union Dues are deducted from every paycheck in the amount of	\$
24	Health Insurance Cost is deducted from every paycheck in the amount of	\$
25	Life, Disability, or Other Insurance Premiums are deducted from every paycheck in the amount of	\$
26	Federal health Savings Plan contribution is deducted from every paycheck in the amount of	\$
27	Retirement, pension, IRA or 401(k) contributions are deducted from every paycheck in the amount of	\$
28	Savings are deducted from every paycheck in the amount of	\$
29	Other:	\$
30	Other:	\$
31	<b>Total Monthly Deductions (add lines 19-30)</b>	\$

**Section 3: Income Summary**

Line #		
32	Total from Line 18	\$
33	Total from Line 31	\$
	Net Monthly Income ( <b>subtract</b> line 33 from line 32)	\$

**Section 4: Business/Self-Employment Income & Expense Schedule**

A. What is your average gross monthly income/revenue from self-employment of business?  
 \$\_\_\_\_\_.

**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 fess			
Business Entertainment/Travel			
Insurance			
Legal and Professional			
Mortgage or Rent			
Other: (type of expense)			
Pension and profit-sharing plans			
Repairs and maintenance			
Supplies			
Taxes and Licenses			
Utilities			

**Section 5: Child Information**

**A. Fill in the table below with the name and date of birth of each of your children, parent the child is living with, and whether the child is from this marriage or relationship?**

Child's Name	Child's Date of Birth	Whom is child living with? (Mom, Dad, or Both)	Is this child from this relationship?	Has this child been certified as special needs/disabled?
1 <sup>st</sup>				
2 <sup>nd</sup>				
3 <sup>rd</sup>				
4 <sup>th</sup>				
5 <sup>th</sup>				

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

	Children's Expenses	1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child	4 <sup>th</sup> Child	5 <sup>th</sup> Child
1	Child Care	\$	\$	\$	\$	\$
2	Clothes, Shoes and Accessories	\$	\$	\$	\$	\$
3	Unreimbursed Medical Expenses	\$	\$	\$	\$	\$
4	Telephone and Internet	\$	\$	\$	\$	\$
5	Entertainment	\$	\$	\$	\$	\$
6	Food	\$	\$	\$	\$	\$
7	Insurance (other than health)	\$	\$	\$	\$	\$
8	Education Related Expenses	\$	\$	\$	\$	\$
9	Summer Camp/Programs	\$	\$	\$	\$	\$
10	Vehicle	\$	\$	\$	\$	\$
11	Transportation Cost for Visitation	\$	\$	\$	\$	\$
12	Total Monthly Expenses for Children (add lines 1-10)	\$	\$	\$	\$	\$

**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 attached a separate sheet.**

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

**Section 6: Personal Expenses:** Fill in the table with the amount of money you spend each month on the following expenses and check whether you pay the expense for you, for the other party, or for both of you.

Expense	Monthly Amount of Expense	For Me	For the Other Party	For Both
Home				
Mortgage/Rent/Lease	\$			
Property Taxes	\$			
HOA	\$			
Home Owner's Insurance	\$			
Lawn Care	\$			
Pest Control	\$			
Pool Service	\$			
Security	\$			
Other	\$			
Utilities				
Water	\$			
Electric	\$			
Gas	\$			
Sewer	\$			
Home Phone	\$			
Internet/Cable	\$			
Other	\$			
Medical				
Health Insurance	\$			
Unreimbursed Medical Expenses	\$			
Other	\$			
Transportation				



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Car Loan/Lease Payment	\$			
Fuel	\$			
Auto Insurance	\$			
Other	\$			
Personal				
Food (groceries and restaurants)	\$			
Pets	\$			
Cell Phone	\$			
Membership Fees	\$			
Clothing, Shoes, etc...	\$			
Dry Cleaning	\$			
Other	\$			
Debts				
Credit Card Payments	\$			
Child Support	\$			
Alimony/Spousal Support	\$			
Student Loans	\$			
Other	\$			
Total Monthly Expenses	\$			

**Section 7: Asset and Debt Chart**

A. Complete the chart below by listing all assets and debts, the value of each, the amount owed on each, and whose name the asset or debt is under (You, the Other Party, or Both)

Line#	Description of Asset or Debt	Gross Value		Total Amount Owed		Net Value	Whose Name is on the Account? (Me, the Other Party or Both)
1		\$	-	\$	=	\$	
2		\$	-	\$	=	\$	
3		\$	-	\$	=	\$	
4		\$	-	\$	=	\$	
5		\$	-	\$	=	\$	
6		\$	-	\$	=	\$	
7		\$	-	\$	=	\$	
8		\$	-	\$	=	\$	
9		\$	-	\$	=	\$	
10		\$	-	\$	=	\$	
11		\$	-	\$	=	\$	
12		\$	-	\$	=	\$	
13		\$	-	\$	=	\$	
14		\$	-	\$	=	\$	
15		\$	-	\$	=	\$	
16		\$	-	\$	=	\$	
17		\$	-	\$	=	\$	
18		\$	-	\$	=	\$	
19		\$	-	\$	=	\$	
20		\$	-	\$	=	\$	
Total Value of Assets (add lines 1-20)		\$	-	\$	=	\$	

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)		\$	

IMPORTANT: Read the following paragraph carefully.

I am the ( *check one*)  Plaintiff  Defendant in the above action. I swear or affirm under penalty of perjury that I have read and followed all instructions in completing this Financial Disclosure Form. I understand that, by my signature, I guarantee the truthfulness of the information on this Form. I also understand that if I knowingly make false statements, I may be subject to punishment, including contempt of court.

\_\_\_\_\_  
*Your Signature*

\_\_\_\_\_  
*Date*

**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)