1	Code: 1524
2	Name:     Address:
3	Telephone:
4	Email: Self-Represented Litigant
5	Name:
6	Address:
7	Telephone: Email: Self-Represented Litigant
8	Self-Represented Litigant
9	
10	IN THE FAMILY DIVISION
11	OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
12	IN AND FOR THE COUNTY OF WASHOE
13	
14	, ,
15	Petitioner 1, Case No
16	and Dept. No
17	, ,
18	Petitioner 2.
19	
20	
21	JOINT APPLICATION AND DECLARATION TO WAIVE FEES AND COSTS
22	
23	We dealers that surground to NDS 12.015 are an experimental from this Count to
24 25	We declare that, pursuant to NRS 12.015, we are requesting permission from this Court to
25 26	proceed without paying court costs or other costs and fees because we cannot afford to pay such
20	expenses.
27	
20	
	REV 6/2021 ER 1 F6JP APPLICATION

Ш

1	Petitioner 1's Information:           Check each box that applies, you may need to check more than one box.           Fill in requested information.				
2	<b>1.</b> If a person helps support you, list the amount of money they contribute each month.				
3	Petitioner 1's Monthly Benefits Received:				
4	I receive benefits from one of more of the following programs (please check all that apply):				
5	Supplemental Security Income (SSI); Food Stamps;				
6	Temporary Assistance for Needy Families (TANF); Client of Legal Services;				
7	Medicaid Subsidized Housing through Reno Housing Authority;				
8	Other State or Federal Program of Assistance (Name of Program)				
9	·				
10	Petitioner 1's Monthly Money Earned and Received:				
11	I am working and my hourly wage is \$ I work hours a week.				
12	I am not paid by the hour. I receive a salary in the following amount:				
13	$\$ per day, per week, per month, - <b>OR</b> per year.				
14	I receive commissions or tips each month in the following amount:				
15	I receive unemployment benefits each month in the following amount:				
16	I receive veterans or social security benefits (retirement, disability, widows,				
17	dependents, or survivor) each month in the following amount:				
18	I receive child support, spousal support, or alimony				
19	each month in the following amount:				
20	I receive other sources of income (rent, military basic allowance for quarters (BAH),				
21	trust payments, etc.) each month in the following amount:				
22	I receive pension or annuity payments each month in the following amount: \$				
23	I am not employed at the present time and am not receiving any kind of income or benefits.				
24	(If you have check this box, please explain how you are meeting your basic living needs. For				
25	example, are you are living with others who are helping to support you, are you are in a				
26	homeless shelter, or are you meeting your needs in other ways? Please explain here)				
27					
28	If more room is needed, attach additional sheets.				

Petitioner 1's List of Monthly Expenses:		
Rent or Mortgage	\$	
Phone, gas, electricity and other utilities	\$	
Food	\$	
Childcare	\$	
Insurance	· -	
Medical	\$	
Transportation	\$	
Other:	\$	
<b>Total Expenses Per Month</b>	\$	
Petitioner 1's List of Assets and Their Value:		
Motor Vehicle(s):	<u>What is it worth?</u>	Amount owed
(Print the Year, Make, and Model)		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Home or Real Estate – other than where you live:	What is it worth?	Amount owed
(Print the Type of Property)		
	\$	\$
Accounts or Other Personal Property		
(saving, checking, stocks, bonds, investments, retiremen	t, jewelry, furs, furnitur	e, etc.):
(Print the Type of Account)	<u>What is it worth?</u>	Amount owed
	\$	\$
	\$	\$
	\$	\$
	\$	\$
REV 6/2021 ER 3		F6JP APPLICA

1	ount of:		\$	
Who lives with yo			D 1 . 1 1	
Name	F	Age	Relationship	Monthly contribution to household.
	If more room is	needed, attach	additional she	ets.
	Petiti	oner 2's Info	rmation:	
Che	eck each box that applies			re than one box.
	Г III II	requested inf	ormation.	
<b>2.</b> If a perso	n helps support you, list	the amount o	f money they co	ontribute each month.
Petitioner 2's Mo	onthly Benefits Receive	<u>d:</u>		
	onthly Benefits Receive its from one of more of		programs (plea	se check all that apply):
I receive benef		the following		se check all that apply): Food Stamps;
I receive benef	its from one of more of	the following I);	[ ]	
I receive benef	its from one of more of tal Security Income (SS	the following I); amilies (TAN	F);	Food Stamps; Client of Legal Services;
☐ I receive benef	its from one of more of tal Security Income (SS Assistance for Needy F Subsidized Housing thro	the following I); amilies (TAN ugh Reno Hou	F); C (	Food Stamps; Client of Legal Services;
☐ I receive benef	its from one of more of tal Security Income (SS Assistance for Needy F Subsidized Housing thro	the following I); amilies (TAN ugh Reno Hou	F); C (	Food Stamps; Client of Legal Services;
☐ I receive benef	its from one of more of tal Security Income (SS Assistance for Needy F Subsidized Housing thro	the following I); amilies (TAN ugh Reno Hou Assistance (Na	F); C ( using Authority. ame of Program	Food Stamps; Client of Legal Services;
☐ I receive benef	its from one of more of tal Security Income (SS Assistance for Needy F Subsidized Housing thro or Federal Program of A	the following I); amilies (TAN ugh Reno Hou Assistance (Na and Received:	F); C ( using Authority. ame of Program	Food Stamps; Client of Legal Services;
☐ I receive benef ☐ Supplemen ☐ Temporary ☐ Medicaid S ☐ Other State Petitioner 2's Mo ☐ I am working a	its from one of more of tal Security Income (SS Assistance for Needy F Subsidized Housing thro or Federal Program of A	the following I); amilies (TAN ugh Reno Hou Assistance (Na <b>and Received:</b>	F); C ( using Authority. ame of Program	Food Stamps; Client of Legal Services; n) rk hours a week
☐ I receive benef ☐ Supplemen ☐ Temporary ☐ Medicaid S ☐ Other State Petitioner 2's Mo ☐ I am working a ☐ I am not paid b	its from one of more of tal Security Income (SS Assistance for Needy F Subsidized Housing thro or Federal Program of A <b>onthly Money Earned a</b> and my hourly wage is \$ by the hour. I receive a sa	the following I); amilies (TAN ugh Reno Hou Assistance (Na <b>and Received:</b> alary in the fo	F); C ( using Authority. ame of Program	Food Stamps; Client of Legal Services; n) rk hours a week
<ul> <li>I receive beneff</li> <li>Supplemen</li> <li>Temporary</li> <li>Medicaid S</li> <li>Other State</li> </ul> Petitioner 2's Mo <ul> <li>I am working a</li> <li>I am not paid b</li> </ul>	its from one of more of tal Security Income (SS Assistance for Needy F Subsidized Housing thro or Federal Program of A <b>onthly Money Earned a</b> and my hourly wage is \$ by the hour. I receive a sa	the following I); amilies (TAN ugh Reno Hou Assistance (Na m <b>d Received:</b> alary in the fo per day,	F); C I word amount of Program	Food Stamps; Client of Legal Services; n) rk
<ul> <li>I receive beneff</li> <li>Supplemen</li> <li>Temporary</li> <li>Medicaid S</li> <li>Other State</li> </ul> Petitioner 2's Mo <ul> <li>I am working a</li> <li>I am not paid b</li> </ul>	Ats from one of more of tal Security Income (SS Assistance for Needy F Subsidized Housing through or Federal Program of A <b>Anthly Money Earned a</b> and my hourly wage is \$ by the hour. I receive a security of the security o	the following I); amilies (TAN ugh Reno Hou Assistance (Na m <b>d Received:</b> alary in the fo per day,	F); C I word amount of Program	Food Stamps; Client of Legal Services; () () () () () () () () () () () () ()

1	I receive unemployment benefits each month in the following amount:	\$			
2	I receive veterans or social security benefits (retirement, disability, widows,				
3	dependents, or survivor) each month in the following amount:	\$			
4	I receive child support, spousal support, or alimony				
5	each month in the following amount:	\$			
6	I receive other sources of income (rent, military basic allowance for quarters	(BAH),			
7	trust payments, etc.) each month in the following amount:	\$			
8	I receive pension or annuity payments each month in the following amount:	\$			
9	I am not employed at the present time and am not receiving any kind of income or benefits.				
10	(If you have check this box, please explain how you are meeting your basic 1	iving needs. For			
11	example, are you are living with others who are helping to support you, are you are in a				
12	homeless shelter, or are you meeting your needs in other ways? Please explai	n here)			
13					
14	If more room is needed, attach additional sheets.				
15					
16	Petitioner 2's List of Monthly Expenses:				
17	Rent or Mortgage \$				
18	Phone, gas, electricity and other utilities \$				
19	Food \$ _				
20	Childcare \$				
21	Insurance \$				
22	Medical \$				
23					
24	Transportation \$				
25	Other: \$				
26	Total Expenses Per Month \$				
27					
27 28					

Ш

Motor Vehicle(s):		<u>What is it wo</u>	orth? <u>Amount owe</u>
Print the Year, Make, and Mode	el)		
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Home or Real Estate – other	than where you live:	What is it wo	orth? <u>Amount owe</u>
(Print the Type of Property)			
		\$	\$
Accounts or Other Personal I	Property		
(saving, checking, stocks, bonds	, investments, retirem	ent, jewelry, furs, f	urniture, etc.):
(Print the Type of Account)		<u>What is it wo</u>	orth? Amount owe
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Cash in the amount of:		\$	
Who lives with you?:			
Name	Age	Relationship	Monthly contributi to household.

1	If there is additional information you both believe the court should consider, please write it here:
2	
3	
4	
5	
6	
7	
8	
9 10	
10	
12	
12	
14	If more room is needed, attach additional sheets.
15	
16	This document does not contain the personal information of any person as defined by NRS
17	603A.040.
18	We declare under penalty of perjury under the law of the State of Nevada that the foregoing is
19	true and correct.
20	
21	Date: Petitioner 1's Signature:
22	
23	Petitioner 1's Name:
24	
25	Date:      Petitioner 2's Signature:
26	
27	Petitioner 2's Name:
28	
	REV 6/2021 ER 7 F6JP APPLICATION