1	Code: 1524 Name:
2	Address:
3	Telephone: Email:
4	Self-Represented Litigant
5	Name: Address:
6	Telephone:
7	Email: Self-Represented Litigant
8	Sen-Represented Engant
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	D. C. C.
	Petitioner 2.
19	Petitioner 2.
19 20	Petitioner 2.
	JOINT APPLICATION AND DECLARATION TO WAIVE FEES AND COSTS
20	
20 21	
20 21 22	
20 21 22 23	JOINT APPLICATION AND DECLARATION TO WAIVE FEES AND COSTS
20 21 22 23 24	JOINT APPLICATION AND DECLARATION TO WAIVE FEES AND COSTS We declare that, pursuant to NRS 12.015, we are requesting permission from this Court to
20 21 22 23 24 25	JOINT APPLICATION AND DECLARATION TO WAIVE FEES AND COSTS We declare that, pursuant to NRS 12.015, we are requesting permission from this Court to proceed without paying court costs or other costs and fees because we cannot afford to pay such
20 21 22 23 24 25 26	JOINT APPLICATION AND DECLARATION TO WAIVE FEES AND COSTS We declare that, pursuant to NRS 12.015, we are requesting permission from this Court to proceed without paying court costs or other costs and fees because we cannot afford to pay such expenses.

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Petitioner 1's Information:

Check each box that applies, you may need to check more than one box. Fill in requested information.

1. If a person helps support you, list the amount of money they contribute each month.

1

2

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 Sta	amps;
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, \[\sqrt{per week}, \[\sqrt{per month,} \]	-OR- ☐ 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	s (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 inco	ome 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	ain here)
27		
28	If more room is needed, attach additional sheets.	

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Petitioner 1's List of Monthly Expenses:		
Rent or Mortgage	\$ _	
Phone, gas, electricity and other utilities	\$ _	
Food	\$ _	
Childcare	\$	
Insurance	\$	
Medical	\$	
Transportation	\$ _	
Other:	\$ _	
Total Expenses Per Month	\$ _	
Petitioner 1's List of Assets and Their Value:		
Motor Vehicle(s):	What is it worth?	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, retirement	t, jewelry, furs, furnitur	re, etc.):
(Print the Type of Account)	What is it worth?	Amount owed
	\$	\$
	\$	\$
	\$	\$
	\$	\$

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1	Cash in the amount of:		\$	
			Φ	
3	Who lives with you?: Name	Age	Relationship	Monthly contribution to household.
4				
5				
6				
7				
8				
9				
10	If more roon	n is needed, at	tach additional s	sheets.
11				
12	Pe	etitioner 2's I	nformation:	
13	Check each box that app	plies, you may ll in requested		nore than one box.
14		ii iii requested	miormation.	
15	2. If a person helps support you,	list the amou	nt of money the	y contribute each month.
16				
17	Petitioner 2's Monthly Benefits Rece	eived:		
18	☐ I receive benefits from one of more	of the follow	ing programs (p	lease check all that apply):
19	Supplemental Security Income	(SSI);		Food Stamps;
20	☐ Temporary Assistance for Need	ly Families (T	ANF);	Client of Legal Services;
21	☐ Medicaid Subsidized Housing t	hrough Reno	Housing Author	ity.
22	Other State or Federal Program	of Assistance	(Name of Progr	ram)
23				·
24	Petitioner 2's Monthly Money Earne	ed and Receiv	<u>red:</u>	
25	☐ I am working and my hourly wage	is \$	I	work hours a week.
26	☐ I am not paid by the hour. I receive	a salary in the	e following amo	unt:
27	\$	per day,	per week,	per month, -OR − □ per year.
28	☐ I receive commissions or tips each	month in the f	following amour	nt: \$
	1			

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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	me or benefits.
10	(If you have check this box, please explain how you are meeting your basic	living needs. For
11	example, are you are living with others who are helping to support you, are y	you are in a
12	homeless shelter, or are you meeting your needs in other ways? Please expla	in 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	_	
25	Other: \$ _	
26	Total Expenses Per Month \$ _	
27		
28		

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Motor Vehicle(s):		What is it wo	rth?	Amount owed.
Print the Year, Make, and Mod	el)			
		\$		\$
		\$		\$
		\$		\$
		\$		\$
Home or Real Estate – other		What is it wo		Amount owed.
Print the Type of Property)	·			
•••		\$		\$
Accounts or Other Personal				
saving, checking, stocks, bonds		ent, jewelry, furs, f	urnitur	e, etc.):
Print the Type of Account)		What is it wo		Amount owed.
,		\$		\$
		\$		\$
		\$		\$
		\$		\$
Cash in the amount of:		\$		
Who lives with you?:				
Name	Age	Relationship		onthly contribution nousehold.
If mor	re room is needed, atta	nch additional sheet	- —-	

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1	If there is additional information you both believe the court should consider, please write it here:
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13	
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	1 outloned 2 straine.