

1 Code: 1524
2 Name: _____
3 Address: _____
4 Telephone: _____
5 Email: _____
6 Self-Represented Litigant
7 Name: _____
8 Address: _____
9 Telephone: _____
10 Email: _____
11 Self-Represented Litigant
12

13
14
15 IN THE FAMILY DIVISION
16 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
17 IN AND FOR THE COUNTY OF WASHOE
18

19 _____,
20 Petitioner 1,
21 Case No. _____
22 and Dept. No. _____
23 _____,
24 Petitioner 2.
25 _____/

26 JOINT APPLICATION AND DECLARATION TO WAIVE FEES AND COSTS
27
28

29 We declare that, pursuant to NRS 12.015, we are requesting permission from this Court to
30 proceed without paying court costs or other costs and fees because we cannot afford to pay such
31 expenses.
32

33 //

34 //

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.

Petitioner 1's Monthly Benefits Received:

☐ I receive benefits from one of more of the following programs (please check all that apply):

☐ Supplemental Security Income (SSI);

☐ Food Stamps;

☐ Temporary Assistance for Needy Families (TANF);

☐ Client of Legal Services;

☐ Medicaid Subsidized Housing through Reno Housing Authority;

☐ Other State or Federal Program of Assistance (Name of Program) _____

Petitioner 1's Monthly Money Earned and Received:

☐ I am working and my hourly wage is \$ _____. I work _____ hours a week.

☐ I am not paid by the hour. I receive a salary in the following amount:

\$ _____ ☐ per day, ☐ per week, ☐ per month, **–OR–** ☐ per year.

☐ I receive commissions or tips each month in the following amount: \$ _____

☐ I receive unemployment benefits each month in the following amount: \$ _____

☐ I receive veterans or social security benefits (retirement, disability, widows, dependents, or survivor) each month in the following amount: \$ _____

☐ I receive child support, spousal support, or alimony each month in the following amount: \$ _____

☐ I receive other sources of income (rent, military basic allowance for quarters (BAH), trust payments, etc.) each month in the following amount: \$ _____

☐ I receive pension or annuity payments each month in the following amount: \$ _____

☐ I am not employed at the present time and am not receiving any kind of income or benefits.

(If you have check this box, please explain how you are meeting your basic living needs. For example, are you are living with others who are helping to support you, are you are in a homeless shelter, or are you meeting your needs in other ways? Please explain here)

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: _____ \$ _____

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, jewelry, furs, furniture, etc.):

(Print the Type of Account) What is it worth? Amount owed.

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

☐ Cash in the amount of: \$ _____

Who lives with you?:

Name	Age	Relationship	Monthly contribution to household.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If more room is needed, attach additional sheets.

Petitioner 2's Information:

Check each box that applies, you may need to check more than one box.

Fill in requested information.

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

Petitioner 2's Monthly Benefits Received:

☐ I receive benefits from one of more of the following programs (please check all that apply):

☐ Supplemental Security Income (SSI);

☐ Food Stamps;

☐ Temporary Assistance for Needy Families (TANF);

☐ Client of Legal Services;

☐ Medicaid Subsidized Housing through Reno Housing Authority.

☐ Other State or Federal Program of Assistance (Name of Program) _____

Petitioner 2's Monthly Money Earned and Received:

☐ I am working and my hourly wage is \$ _____. I work _____ hours a week.

☐ I am not paid by the hour. I receive a salary in the following amount:

\$ _____ ☐ per day, ☐ per week, ☐ per month, –OR– ☐ per year.

☐ I receive commissions or tips each month in the following amount: \$ _____

- ☐ I receive unemployment benefits each month in the following amount: \$ _____
- ☐ I receive veterans or social security benefits (retirement, disability, widows, dependents, or survivor) each month in the following amount: \$ _____
- ☐ I receive child support, spousal support, or alimony each month in the following amount: \$ _____
- ☐ I receive other sources of income (rent, military basic allowance for quarters (BAH), trust payments, etc.) each month in the following amount: \$ _____
- ☐ I receive pension or annuity payments each month in the following amount: \$ _____
- ☐ I am not employed at the present time and am not receiving any kind of income or benefits. (If you have check this box, please explain how you are meeting your basic living needs. For example, are you are living with others who are helping to support you, are you are in a homeless shelter, or are you meeting your needs in other ways? Please explain here)

If more room is needed, attach additional sheets.

Petitioner 2'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 2'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)

_____	\$ _____	\$ _____
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☐ Accounts or Other Personal Property

(saving, checking, stocks, bonds, investments, retirement, jewelry, furs, furniture, etc.):

(Print the Type of Account) What is it worth? Amount owed.

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

☐ Cash in the amount of: \$ _____

Who lives with you?:

Name	Age	Relationship	Monthly contribution to household.
------	-----	--------------	---------------------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If more room is needed, attach additional sheets.

1 If there is additional information you both believe the court should consider, please write it here:

2 _____

3 _____

4 _____

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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: _____