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**ANSWER AND  
COUNTERCLAIM TO  
COMPLAINT FOR  
DIVORCE  
(WITH MINOR CHILDREN)**

**AC-2**

Resource Center  
1 South Sierra St., Third Floor  
Reno, NV 89501  
775-325-6731  
[www.washoecourts.com](http://www.washoecourts.com)

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**ANSWER AND COUNTERCLAIM TO  
COMPLAINT FOR DIVORCE  
(WITH MINOR CHILDREN)**

**PACKET AC-2**

Use this packet only if all of the following statements are true:

- You are currently married.
- You received a complaint for divorce and wish to file an answer and counterclaim.
- You and your spouse have minor child(ren) together, either natural-born or adopted.
- A default has not been entered against you.

**Attention**

- An answer must be filed and served within 21 days after you have received the summons and complaint. If you do not file within that time, your spouse may take a default against you and be awarded what they have asked for in their complaint.
- If you received a request to waive service of summons, please contact the Resource Center for more information.
- If you received other motions with the complaint for divorce, you must answer to those motions with forms other than this answer and counterclaim. Please contact the Resource Center for more information.

The penalty for willfully making a false statement under penalty of perjury is a minimum of 1 year, and a maximum of 4 years in prison, in addition to a fine of not more than \$5,000.00. N.R.S. §199.145.

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## **INSTRUCTIONS FOR COMPLETING FORMS**

Carefully read all instructions before starting to fill out any of the forms.

Use **black or blue ink only**. Neatly print or type the information requested.

Do not use correction fluid/tape on the forms.

This packet contains the following forms:

1. EFile User Agreement (Standard)
2. Family Court Information Sheet
3. Answer and Counterclaim to Complaint for Divorce With Children
  - a. Appendix A: Child Custody Schedule
  - b. Appendix B: Child Support Worksheets
4. General Financial Disclosure Form
5. Proof of Service
6. Definitions of Terms Used in this Packet

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## INSTRUCTIONS: STEP 1

If you already have an eFlex account for a different case, you do not need to create another account and can skip this step.

### eFlex Account and eFile User Agreement:

To file your documents, you will need to sign up for an eFlex account and have a valid email address. There is no fee to sign up for a standard eFlex account.

To sign up:

- 1) Carefully read and complete the eFile User Agreement (Standard) by filling in as much information as possible, signing, and dating page two;
- 2) Return the eFile User Agreement (Standard) to the Second Judicial District Court or email it to [eflexsupport@washoecourts.us](mailto:eflexsupport@washoecourts.us); and
- 3) Request an account at <https://wcefex.washoecourts.com/>.

SECOND JUDICIAL DISTRICT COURT

  
WASHOE COUNTY  
STATE OF NEVADA

**EFILE USER AGREEMENT  
(Standard)**

This serves as your eFile User Agreement with the Second Judicial District Court for the purpose of permit e-filing of court case documents using the eFlex Electronic Filing System. Currently, this account will be subject to a \$3.00 fee per transaction. This agreement will expire years unless the account is renewed. Accounts may be renewed online at [www.washoecourts.us](http://www.washoecourts.us).

By registering for an eFlex account I agree and consent to the following:

- I will submit court filings electronically through eFlex in court cases for which I am an act of record, or an officer of the Court filing documents in my official capacity.
- As a registered eFlex account holder, I cannot deactivate my email address without filing Intent to change my email address with the District Court. This Written Notice of Intent must bar number and a list of all pending court matters. Also included must be an acknowledgment and attorneys of record on those pending matters have been notified of my new email address that it is my responsibility to keep my email address updated on my eFlex account profile.
- I understand that once my eFlex account is deactivated, I will no longer be able to electro any documents using my account and will not receive eFlex electronic service. Further, I have access to court records through my eFlex account.
- Electronic signatures (e.g. /s/ ) are permissible on electronically filed documents submit E-Flex account. (See Nevada Electronic Filing and Conversion Rules, Rule 11).
- I will accept eFlex electronic notices sent to my email on file with eFlex as a valid and efiled documents replacing the need for paper service. Electronic service of document documents permitted to be served by mail, express mail, overnight delivery, or facsimile, petition or other document that must be served with a summons, and summons cannot be served electronically.
- I agree to the terms of the license agreement as stated by Tybera on the court's eFlex website of use and "privacy policy" when registering for an eFlex account and pressing the submit button.
- I understand that email addresses supplied by the registered user via the username/through "eFlex Account" supersede the court's case management system for the purpose of valid and effective service of efiled documents. I understand that it is my responsibility to address updated on my eFlex account profile.
- I agree to file the proper motion to withdraw/notice of change/substitution of counsel/not employment (whatever applies) into each of my cases when ever I depart from an agency or cease to represent a party in any case, or cease to be an eFlex user **within 10 days** of (if known), I will designate the new attorney and/or e-File contact on each case. Further, I, the Clerk of Court of any employment change which will globally affect all or a majority of

Revised September 26, 2018

• I acknowledge receipt, understanding and agree to follow the Nevada Electronic Filing and Conversion Rules (EFCR).

• I understand if a party submits a proposed Order and the Order is efiled by the Court, **ONLY** eFlex account holders will be served by the Court. I understand all other parties must be served by the party who submitted the proposed Order by other means.

• I understand as a registered eFlex account holder, I will only have access to documents in court cases for which I am an active party or attorney of record. In the event that I inadvertently obtain access to unauthorized information on any case, I will immediately notify the Court Administrator/Clerk of Court presiding judicial officer and all active attorneys on that specific case. I will take every precaution to shield myself and all members of my firm from viewing, downloading or disseminating any unauthorized information. I will delete and destroy immediately any unauthorized information that I inadvertently obtain.

• I understand any violation of the terms of this agreement may result in sanctions imposed by the Court.

Attorney or Person Name: \_\_\_\_\_  
If an attorney, Bar ID: \_\_\_\_\_ Law Firm: \_\_\_\_\_  
If not an attorney, DOB: \_\_\_\_\_ Interpreter needed:  Yes or  No Language \_\_\_\_\_  
If not an attorney, Case number(s): \_\_\_\_\_  
eFlex Email Address: \_\_\_\_\_  
1<sup>st</sup> Alternate eFlex Email Address: \_\_\_\_\_  
2<sup>nd</sup> Alternate eFlex Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Designated eFlex contact person: \_\_\_\_\_

**I hereby certify that I have read the above information and agree to abide by the requirements and terms as stated in this agreement.**

Date: \_\_\_\_\_ Signature of Attorney/Person Agency Signatory: \_\_\_\_\_

Check one:  
 Renewal of Standard Account. Follow online instructions at <http://www.washoecourts.com/index.cfm?page=eflex>  
 New Standard Account

To become a registered eFlex account holder, you must request an account online at <https://wcefex.washoecourts.com> and click on the "Request an Account" button. Next, print out this form, complete and sign it and deliver the ink-signed copy to the Second Judicial District Court Filing Office, 75 Court Street, Reno, NV 89501. Upon completion of your account request **AND receipt of the signed eFile User Agreement**, your electronic request for a user account will be approved. You will be notified by email and be able to login with your user name and requested password within three (3) working days.

Translated/Interpreted by (if applicable): \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Revised September 26, 2018

If you need further assistance signing up for an account, please call the Resource Center at 775-325-6731.

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## INSTRUCTIONS: STEP 2

### Complete the Family Court Information Sheet as Shown:

1) Print the name of your spouse.

2) Print your name.

4) Complete the requested information for you and your spouse. Print "do not have" if one or both of you do not have a social security number.

5) Print the name, social security number, and date of birth for each child involved in this case.

6) Complete the remaining questions.

1		IN THE FAMILY COURT OF THE SECOND JUDICIAL DISTRICT IN AND FOR THE COUNTY OF CLATSOP	
2			
3			
4	Plaintiff/Petitioner,	CONFIDENTIAL FAMILY COURT INFORMATION SHEET	3) Print the Case No. and Department No. from the complaint you received.
5	vs.	Case No. _____	
6		Dept. No. _____	
7	Defendant/Respondent.		
8	Name: _____	Name: _____	
9	Social Security #: _____	Social Security #: _____	
10	Date of Birth: _____	Date of Birth: _____	
11	Interpreter Needed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Interpreter Needed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
12	Language: _____	Language: _____	
13	<b>IF THIS CASE INVOLVES CHILDREN, PLEASE COMPLETE THE FOLLOWING:</b>		
14	Residential Address: _____	Residential Address: _____	
15	City, State, Zip: _____	City, State, Zip: _____	
16	Mailing Address: _____	Mailing Address: _____	
17	City, State, Zip: _____	City, State, Zip: _____	
18	Telephone #: _____	Telephone #: _____	
19	Are you employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
20	Name of Employer: _____	Name of Employer: _____	
21	Business Address: _____	Business Address: _____	
22	City, State, Zip: _____	City, State, Zip: _____	
23	Telephone #: _____	Telephone #: _____	
24	Driver's License #: _____	Driver's License #: _____	
25	Ethnicity: <input type="checkbox"/> White (Not Hispanic) <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other	Ethnicity: <input type="checkbox"/> White (Not Hispanic) <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other	
26	<b>CHILDREN INVOLVED IN THIS CASE</b>		
27	Name: _____	SSN: _____	DOB: _____
28	Name: _____	SSN: _____	DOB: _____
29	Name: _____	SSN: _____	DOB: _____
30	Name: _____	SSN: _____	DOB: _____
31	Name: _____	SSN: _____	DOB: _____
32	If there are more than five children, list their names on a separate sheet of paper and attach.		
33	Does this case involve family violence: <input type="checkbox"/> Yes <input type="checkbox"/> No		
34	Are you requesting Child Support Enforcement Services from the District Attorney's Office (IV-D) Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
35	REV 9/17/19 KAL <span style="border: 1px solid black; padding: 2px;">This document contains the social security number of a person as required by NRS 123.130, NRS 125.230, and NRS 125B.055</span>		

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## INSTRUCTIONS: STEP 3

### Complete the Answer and Counterclaim as Shown:

1) Print your name, address, telephone number, and email.

2) Print the name of your spouse.

3) Print your name.

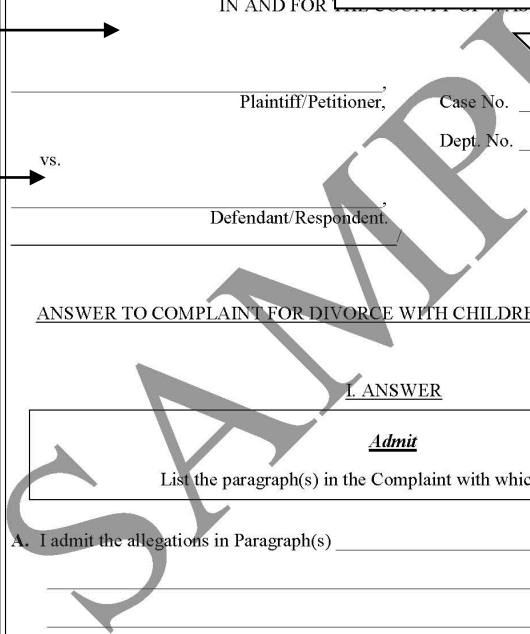
5) Complete pages 1-20, following the instructions on each page.

When listing paragraphs, use the letter or number identifying the paragraph in the complaint such as A, B, C or 1, 2, 3, etc.

For more information regarding custody schedules and child support calculations, see INSTRUCTIONS: STEP 3a & 3b.

1	Code: 1137
2	Name: _____
3	Address: _____
4	Telephone: _____
5	Email: _____
6	Self-Represented Litigant
7	IN THE
8	OF THE SECOND JUDICIAL DISTRICT
9	IN AND FOR
10	Plaintiff/Petitioner, Case No. _____
11	Defendant/Respondent, Dept. No. _____
12	vs.
13	ANSWER TO COMPLAINT FOR DIVORCE WITH CHILDREN AND COUNTERCLAIM
14	I. ANSWER
15	<u>Admit</u>
16	List the paragraph(s) in the Complaint with which you agree.
17	A. I admit the allegations in Paragraph(s) _____
18	_____
19	_____
20	_____
21	_____
22	_____
23	_____
24	_____
25	_____
26	_____
27	_____
28	If more room is needed, attach additional sheets.
	REV 10/2017 JCB 1 AC -2 CHILDREN

4) Print the Case No. and Department No. from the complaint you received.



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## INSTRUCTIONS: STEP 3a

### Child Custody Schedules

Please review Appendix A: Custody Schedules.

These example schedules can assist you in filling out the answer and counterclaim. They do not need to be filed with the court. However, you may do so if you would like.



#### APPENDIX A: Custody Schedules










These custody schedules are provided to you as examples. You may select a pre-set schedule as shown in Options 1 – 3, OR you may select to create your own visitation schedule in Option 4.

##### Option 1: Week On / Week Off (Joint Physical Custody)

You and your spouse will have equal time with the minor child(ren). The minor child(ren) will spend one week (seven days) with you and then the following week they will spend one week (seven days) with your spouse. This schedule will alternate weekly throughout the year.

Example provided below (with exchanges taking place on Friday afternoon):

-  Your custodial days / weeks with the minor child.
-  Your spouse's custodial days / weeks with the minor child.

Option 1: Week On / Week Off Custody Schedule						
					Friday	Saturday
						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						





**Option B: Rotating 2/2/3 (Joint Physical Custody)**

The other parent and you will have equal time with the minor child(ren). On week one, the minor child(ren) will spend two days with you (Monday – Wednesday), followed by two days with the other parent (Wednesday – Friday), ending the week with three days with you (Friday – Monday). On week two, the minor child(ren) will spend two days with the other parent (Monday – Wednesday), followed by two days with you (Wednesday – Friday), ending the week with three days with the other parent (Friday – Monday). This schedule will alternate weekly throughout the year.

Example provided on the next page (exchanges taking place in the a.m. OR pm (see below), in some cases at school drop off, on exchange days).



Your custodial days with the minor child(ren).



The other parent's custodial days with the minor child(ren).

<b>Option B: Rotating 2/2/3 Custody Schedule (AM Drop Off)</b>						
					Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	[Hatched]		[Solid]		[Hatched]	
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
[Hatched]	[Solid]		[Hatched]	[Hatched]	[Solid]	[Solid]
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
[Solid]	[Hatched]	[Hatched]		[Solid]	[Hatched]	[Hatched]
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
[Hatched]	[Solid]	[Solid]	[Hatched]	[Hatched]	[Solid]	[Solid]

<b>Option B: Rotating 2/2/3 Custody Schedule (PM Drop Off)</b>						
					Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		[Hatched]		[Solid]	[Solid]	[Hatched]
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		[Solid]	[Solid]	[Hatched]	[Hatched]	[Solid]
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
[Solid]	[Solid]	[Hatched]	[Hatched]	[Solid]	[Solid]	[Hatched]
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
[Hatched]	[Hatched]	[Solid]	[Solid]	[Hatched]	[Hatched]	[Solid]

**Option C: Every Other Weekend (Primary Physical Custody)**

The other parent OR you will have more custodial time with the minor child(ren). On week one, the parent with primary physical custody will have the entire week (seven (7) days), on week two, the parent with primary physical custody will have approximately four days, with the other parent having approximately three days of visitation with the minor child(ren). This schedule will alternate weekly throughout the year.

Example provided on the next page (exchanges taking place on Friday afternoon, in some cases at school drop off, on exchange days). You can schedule an off week visitation for the noncustodial parent.



Primary parent's custodial days with the minor child(ren).



Other parent's visitation days with the minor child(ren).

<b>Option C: Every Other Weekend</b>						
					Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	[Hatched pattern]					
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	[Hatched pattern]					[Solid line]
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	[Hatched pattern]					[Solid line]
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	[Hatched pattern]					[Solid line]

**Option D: Create your own.**

<b>Option D: Create your own.</b>						
					Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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## INSTRUCTIONS: STEP 3b

### Calculating Child Support

Appendix B does not need to be filed with the Court.

#### APPENDIX B

##### Gross Monthly Income (GMI)

The first step in determining child support is calculating your Gross Monthly Income, the amount of money you make each month *before taxes are deducted*.

Gross Monthly Income includes money received from employment, social security, unemployment benefits, pension/retirement, interest/investments, etc. Gross Monthly Income DOES NOT include SSI, SNAP, TANF, cash benefits from the county, or child support received. For a full list of incomes included in Gross Monthly Income look at NAC425.

To calculate your Gross Monthly Income from employment, use one of the tables below:

##### Parent 1

Annual Income	\$
÷ by 12 months =	\$
<b>Employment GMI</b>	

Biweekly Income	\$
x26 weeks	\$
÷ by 12 months =	\$
<b>Employment GMI</b>	

Weekly Income	\$
x52 weeks	\$
÷ by 12 months =	\$
<b>Employment GMI</b>	

Hourly Wage	\$
# of hours worked per week	
hourly wage x hours worked per week	\$
x52 weeks	\$
÷ by 12 months =	\$
<b>Employment GMI</b>	

##### Parent 2

Annual Income	\$
÷ by 12 months =	\$
<b>Employment GMI</b>	

Biweekly Income	\$
x26 weeks	\$
÷ by 12 months =	\$
<b>Employment GMI</b>	

Weekly Income	\$
x52 weeks	\$
÷ by 12 months =	\$
<b>Employment GMI</b>	

Hourly Wage	\$
# of hours worked per week	
hourly wage x hours worked per week	\$
x52 weeks	\$
÷ by 12 months =	\$
<b>Employment GMI</b>	

Copy the amount of GMI from Employment for each parent into the table on the following page.

REV 1/17/2020 JDB

Child Support Worksheet

- Use this work sheet to help you calculate the child support.

# APPENDIX B

## Gross Monthly Income (GMI)

**The first step in determining child support is calculating your Gross Monthly Income, the amount of money you make each month *before taxes are deducted*.**

Gross Monthly Income includes money received from employment, social security (*Not SSI*), unemployment benefits, pension/retirement, interest/investments, etc. Gross Monthly Income DOES NOT include SSI, SNAP, TANF, cash benefits from the county, or child support received. *For a full list of incomes included in Gross Monthly Income please see NAC 425.*

To calculate your Gross Monthly Income from employment, use one of the tables below:

### Parent 1

Annual Income	\$
÷ by 12 months = <b>Employment GMI</b>	\$

Biweekly Income	\$
x26 weeks	\$
÷ by 12 months = <b>Employment GMI</b>	\$

Weekly Income	\$
x52 weeks	\$
÷ by 12 months = <b>Employment GMI</b>	\$

Hourly Wage	\$
# of hours worked per week	
hourly wage x hours worked per week	\$
x52 weeks	\$
÷ by 12 months = <b>Employment GMI</b>	\$

### Parent 2

Annual Income	\$
÷ by 12 months = <b>Employment GMI</b>	\$

Biweekly Income	\$
x26 weeks	\$
÷ by 12 months = <b>Employment GMI</b>	\$

Weekly Income	\$
x52 weeks	\$
÷ by 12 months = <b>Employment GMI</b>	\$

Hourly Wage	\$
# of hours worked per week	
hourly wage x hours worked per week	\$
x52 weeks	\$
÷ by 12 months = <b>Employment GMI</b>	\$

**Copy the amount of GMI from Employment for each parent into the table on the following page.**

Now that you have determined the GMI from employment, add any money you receive each month from social security, unemployment benefits, pension/retirement, interest/investments, etc. Use the table below to find your Total Gross Monthly Income.

**Parent 1**

**Parent 2**

Employment GMI:	\$
Social Security:	\$
Unemployment:	\$
Pension/Retirement:	\$
Interest/Investments:	\$
Other:	\$
<b>TOTAL GMI:</b>	<b>\$</b>

Employment GMI:	\$
Social Security:	\$
Unemployment:	\$
Pension/Retirement:	\$
Interest/Investments:	\$
Other:	\$
<b>TOTAL GMI:</b>	<b>\$</b>

You should now have your Total Gross Monthly Income. If you or the other parent's Total Gross Monthly Income is less than \$1,883 a month, use the **Low-Income** Child Support Schedule below to complete the following pages. Please continue to the next page.

**Low-Income Child Support Schedule**  
**Child Support Obligation of Low-Income Payers**  
**at 75% to 150% of the 2024 Federal Poverty Guidelines**

Monthly Income Up To	One Child		Two Children		Three Children		Four Children		Five Children	
	Percent	Child Support Amount	Percent	Child Support Amount	Percent	Child Support Amount	Percent	Child Support Amount	Percent	Child Support Amount
\$941	10.56%	\$99	14.52%	\$137	17.16%	\$162	18.48%	\$174	19.80%	\$186
\$975	10.75%	\$105	14.79%	\$144	17.48%	\$170	18.82%	\$183	20.16%	\$197
\$1,008	10.95%	\$110	15.05%	\$152	17.79%	\$179	19.16%	\$193	20.53%	\$207
\$1,042	11.14%	\$116	15.32%	\$160	18.11%	\$189	19.50%	\$203	20.89%	\$218
\$1,076	11.34%	\$122	15.59%	\$168	18.42%	\$198	19.84%	\$213	21.26%	\$229
\$1,109	11.53%	\$128	15.86%	\$176	18.74%	\$208	20.18%	\$224	21.62%	\$240
\$1,143	11.73%	\$134	16.12%	\$184	19.05%	\$218	20.52%	\$235	21.99%	\$251
\$1,177	11.92%	\$140	16.39%	\$193	19.37%	\$228	20.86%	\$245	22.35%	\$263
\$1,210	12.11%	\$147	16.66%	\$202	19.69%	\$238	21.20%	\$257	22.71%	\$275
\$1,244	12.31%	\$153	16.92%	\$211	20.00%	\$249	21.54%	\$268	23.08%	\$287
\$1,277	12.50%	\$160	17.19%	\$220	20.32%	\$260	21.88%	\$279	23.44%	\$299
\$1,311	12.70%	\$166	17.46%	\$229	20.63%	\$271	22.22%	\$291	23.81%	\$312
\$1,345	12.89%	\$173	17.73%	\$238	20.95%	\$282	22.56%	\$303	24.17%	\$325
\$1,378	13.09%	\$180	17.99%	\$248	21.26%	\$293	22.90%	\$316	24.54%	\$338
\$1,412	13.28%	\$187	18.26%	\$258	21.58%	\$305	23.24%	\$328	24.90%	\$352
\$1,445	13.47%	\$195	18.53%	\$268	21.90%	\$317	23.58%	\$341	25.26%	\$365
\$1,479	13.67%	\$202	18.79%	\$278	22.21%	\$329	23.92%	\$354	25.63%	\$379
\$1,513	13.86%	\$210	19.06%	\$288	22.53%	\$341	24.26%	\$367	25.99%	\$393
\$1,546	14.06%	\$217	19.33%	\$299	22.84%	\$353	24.60%	\$380	26.36%	\$408
\$1,580	14.25%	\$225	19.60%	\$310	23.16%	\$366	24.94%	\$394	26.72%	\$422
\$1,614	14.45%	\$233	19.86%	\$321	23.47%	\$379	25.28%	\$408	27.09%	\$437
\$1,647	14.64%	\$241	20.13%	\$332	23.79%	\$392	25.62%	\$422	27.45%	\$452
\$1,681	14.83%	\$249	20.40%	\$343	24.11%	\$405	25.96%	\$436	27.81%	\$468
\$1,714	15.03%	\$258	20.66%	\$354	24.42%	\$419	26.30%	\$451	28.18%	\$483
\$1,748	15.22%	\$266	20.93%	\$366	24.74%	\$432	26.64%	\$466	28.54%	\$499
\$1,782	15.42%	\$275	21.20%	\$378	25.05%	\$446	26.98%	\$481	28.91%	\$515
\$1,815	15.61%	\$283	21.47%	\$390	25.37%	\$461	27.32%	\$496	29.27%	\$531
\$1,849	15.81%	\$292	21.73%	\$402	25.68%	\$475	27.66%	\$511	29.64%	\$548
\$1,883	16.00%	\$301	22.00%	\$414	26.00%	\$489	28.00%	\$527	30.00%	\$565

# Child Support Worksheet

## ① Parent 1's Information

Gross monthly income (GMI) includes: employment income, including consistent overtime; interest and investment income; Social Security old-age insurance benefits and disability benefits (SSD), but not supplemental security income (SSI); alimony; military allowances; periodic payments from a pension or retirement plan; and unemployment benefits.

How much is Parent 1's gross monthly income? \$ \_\_\_\_\_

Ⓐ If Parent 1's gross monthly income is less than \$1,883, use the attached low-income child support schedule to identify Parent 1's child support obligation. \$ \_\_\_\_\_

If Parent 1's gross monthly income is less than \$1,883, stop here, and go to line ③.

Ⓑ Multiply the amount of Parent 1's gross monthly income which is more than \$1,883 but less than \$6,000 by

.16 (for 1 child)

.22 (for 2 children)

.26 (for 3 children)

.28 (for 4 children)

Add .02 for each additional child \$ \_\_\_\_\_

Ⓒ Multiply the amount of Parent 1's gross monthly income which is more than \$6,000 but less than \$10,000 by

.08 (for 1 child)

.11 (for 2 children)

.13 (for 3 children)

.14 (for 4 children)

Add .01 for each additional child \$ \_\_\_\_\_

Ⓓ Multiply the amount of Parent 1's gross monthly income which is more than \$10,000 by

.04 (for 1 child)

.06 (for 2 children)

.06 (for 3 children)

.07 (for 4 children)

Add .005 for each additional child \$ \_\_\_\_\_

Parent 1's child support obligation (Add lines B, C, and D) \$ \_\_\_\_\_

**② Parent 2's Information**

Gross monthly income (GMI) includes: employment income, including consistent overtime; interest and investment income; Social Security old-age insurance benefits and disability benefits (SSD), but not supplemental security income (SSI); alimony; military allowances; periodic payments from a pension or retirement plan; and unemployment benefits.

How much is Parent 2's gross monthly income? \$ \_\_\_\_\_

**Ⓐ** If Parent 2's gross monthly income is less than \$1,883, use the attached low-income child support schedule to identify Parent 2's child support obligation. \$ \_\_\_\_\_

If Parent 2's gross monthly income is less than \$1,883, stop here, and go to line ③.

**Ⓑ** Multiply the amount of Parent 2's gross monthly income which is more than \$1,883 but less than \$6,000 by

- .16 (for 1 child)
- .22 (for 2 children)
- .26 (for 3 children)
- .28 (for 4 children)
- Add .02 for each additional child \$ \_\_\_\_\_

**Ⓒ** Multiply the amount of Parent 2's gross monthly income which is more than \$6,000 but less than \$10,000 by

- .08 (for 1 child)
- .11 (for 2 children)
- .13 (for 3 children)
- .14 (for 4 children)
- Add .01 for each additional child \$ \_\_\_\_\_

**Ⓓ** Multiply the amount of Parent 2's gross monthly income which is more than \$10,000 by

- .04 (for 1 child)
- .06 (for 2 children)
- .06 (for 3 children)
- .07 (for 4 children)
- Add .005 for each additional child \$ \_\_\_\_\_

**Parent 2's child support obligation (Add lines B, C, and D) \$ \_\_\_\_\_**

③ **Joint Physical Custody.** Only fill out this section if you are asking for joint physical custody. Skip to ④ if one parent is to be awarded primary physical custody.

**Subtract** the lower earning parent's child support obligation from the higher earning parent's child support obligation.

	Higher		
	\$ _____		
-	Lower		
	\$ _____		
	Child Support Obligation	paid by	Name of higher income parent:
	\$ _____		_____

④ **Adjustments.** (complete all that apply)

- If Parent 1 wants primary or sole physical custody, the court uses the number in ⑥ as the standard amount of child support Parent 2 would pay.
- If Parent 2 wants to have primary or sole physical custody, the court uses the number in ⑥ as the standard amount of child support Parent 1 would pay.
- If you want both parents to have joint physical custody, the court uses the number in ③ as the standard amount of child support.

Adjustment Factors	Amount -/+
Any special education needs of the child	\$
A parent's legal responsibility to support others	\$
Value of services contributed by either parent	\$
Any public assistance paid to support the child	\$
Cost of transportation of the child to and from visitation	\$
The relative income of both households.	\$
The obligor's ability to pay	\$
Any other necessary expenses for the benefit of the child(ren)	\$
Total Deviations	\$

⑤ **Final Child Support Amount Requested:**

\$ \_\_\_\_\_ paid by (*name*) \_\_\_\_\_



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## INSTRUCTIONS: STEP 4

### Complete the General Financial Disclosure Form as Shown:

1) Print your name, address, telephone number, and email.

2) Print your name.

3) Print your spouse's name.

5) Answer all of the questions on each page of the form.

MISC  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Attorney for \_\_\_\_\_  
Nevada State Bar No. \_\_\_\_\_

Second Ju \_\_\_\_\_  
Washoe County, Nevada

4) Print the Case No. and Department No. from the complaint you received.

Case No. \_\_\_\_\_  
Dept. \_\_\_\_\_

Plaintiff, \_\_\_\_\_  
vs. \_\_\_\_\_  
Defendant. \_\_\_\_\_

**GENERAL FINANCIAL DISCLOSURE FORM**

**A. Personal Information:**

1. What is your full name? (*first, middle, last*) \_\_\_\_\_  
2. How old are you? \_\_\_\_\_ 3. What is your date of birth? \_\_\_\_\_  
4. What is your highest level of education? \_\_\_\_\_

**B. Employment Information:**

1. Are you currently employed/ self-employed? (*check one*)  
 No  
 Yes If yes, complete the table below. Attached an additional page if needed.

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? \_\_\_\_\_

**C. 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: \_\_\_\_\_

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## INSTRUCTIONS: STEP 5

### Electronically Filing the Documents

You will need to upload the original documents to eFlex. EFlex is available online at <https://wcefex.washoecourts.com/>, in the Law Library and Resource Center.

Sign into your eFlex account using the username and password you created and electronically file the:

- Family Court Information Sheet;
- Answer and Counterclaim;
- General Financial Disclosure form.

Make sure to keep the original documents you file for your personal records. File-stamped copies of your documents are available through your eFlex account. \

Scanners are available at the Law Library and Resource Center.

There may be a filing fee charged when documents are filed. Fee information is available at the Resource Center and online at: [www.washoecourts.com](http://www.washoecourts.com).

#### FILING FEE WAIVERS

If you cannot afford the fee, you may apply to have it waived. To apply, you must fill out and file the **Application for Waiver of Fees and Costs packet**, which you can get at:

- Resource Center, 1 South Sierra Street, Reno, NV, Third Floor
- Law Library, 75 Court Street, Reno, NV, First Floor
- Online at: [www.washoecourts.com](http://www.washoecourts.com) (select the “Forms and Packets” tab on the right hand side of the home screen)

## INSTRUCTIONS: STEP 6

### Setting a Case Management Conference

You must have a case management conference. If your spouse who filed the complaint did not set one, you need to set one by filling out and filing the **F-1 Notice to Set** packet. The notice to set packet can be found at the Law Library or Resource Center, or on our website at [www.washoecourts.com](http://www.washoecourts.com), under the Forms and Packets tab.

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## INSTRUCTIONS: STEP 7

### Complete the Proof of Service as Shown:

1) Print your name, address, telephone number, and email.

2) Print the names of the parties, the Case No. and Dept. No. just as they appear on all other documents in this case.

3) Print the name of the person served, the date, and select how they were served.

4) The person who completed service must date, sign, and print their name.

1	Code: 3720
2	Name: _____
3	Address: _____
4	Telephone: _____
5	Email: _____
6	Self-Represented Litigant
7	IN THE FAMILY DIVISION
8	OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
9	IN AND FOR THE COUNTY OF WASHOE
10	Plaintiff / Petitioner / Joint Petitioner, _____
11	vs. _____
12	Defendant / Respondent / Joint Petitioner, _____
13	Case No. _____
14	Dept. No. _____
15	<u>PROOF OF SERVICE</u>
16	I served a true and correct copy of the Answer to Complaint for Divorce with Minor Children and Counterclaim and General Financial Disclosure Form upon the following people:
17	I. Name: _____ Date: _____
18	By: <input type="checkbox"/> Service by eFlex <input type="checkbox"/> Personal Service
19	<input type="checkbox"/> Certified mail, return receipt attached <input type="checkbox"/> U.S. Mail, postage prepaid
20	<input type="checkbox"/> Other: _____
21	Address where service occurred, if applicable: _____
22	If more room is needed, attach additional sheets.
23	A copy of this Proof of Service has been electronically served, mailed, or personally delivered
24	to all parties or their lawyer.
25	This document does not contain the personal information of any person as defined by
26	NRS 603A.040.
27	Date: _____ Your Signature: _____
28	Print Your Name: _____
	REV 9/2018 JCB 1 AC2 PROOF OF SERVICE

## INSTRUCTIONS: STEP 8

### Filing the Proof of Service

After service is completed, you must file the proof of service with the court. See INSTRUCTIONS: STEP 5. There will not be a filing fee for the proof of service.

Without proof of service on the other party, the court cannot consider your answer and counterclaim.

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## **Time to Respond**

Your spouse has 21 days to respond, starting the day after being served. If you served your spouse by mail, your spouse has 24 days to respond.

Your documents are not filed until any filing fees are paid.

If your spouse does not respond within that time period, you may move for default on the counterclaim. A default packet is available at the Law Library, Resource Center, or online at [www.washoecourts.com](http://www.washoecourts.com).

## Legal Assistance Information

The information in this packet is provided as a courtesy only. This packet is not a substitute for the advice of an attorney. Counsel is always recommended for legal matters.

If you do not have an attorney, you are encouraged to seek the advice of a licensed attorney or contact the Resource Center or the Law Library. **The Resource Center and the Law Library staff cannot give legal advice** but can give information regarding court procedures.

You may wish to speak with a lawyer at no cost through the Law Library's Lawyer in the Library program. The Lawyer in the Library program is held via Zoom; you must register ahead of time to participate. No walk-ins accepted as space is limited.

### LAWYER IN THE LIBRARY

Sign up on our website:

<https://www.washoecourts.com/LawLibrary/LawyerInLibrary>

For questions, contact the Law Library at 775-328-3250

To seek assistance from other free or reduced-cost legal resources in the area, please contact:

#### NEVADA LEGAL SERVICES

449 S. Virginia St.  
Reno, NV 89501

775-284-3491 – leave a message, if  
necessary

<https://nevadalegalservices.org>

#### NORTHERN NEVADA LEGAL AID

1 S. Sierra St., 1<sup>st</sup> Floor  
Reno, NV 89501

775-321-2062 – leave a message, if  
necessary

<https://nnlegalaid.org>