

1 Code: 1137

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 _____,
11 Plaintiff/Petitioner, Case No. _____

12 vs. Dept. No. _____

13 _____,
14 Defendant/Respondent.

15
16 ANSWER TO COMPLAINT FOR DIVORCE WITH MINOR CHILDREN AND
17 COUNTERCLAIM

18
19 I. ANSWER

20 Admit
21 List the paragraph(s) in the Complaint with which you agree.

22 1. I admit the allegations in Paragraph(s) _____

23 _____
24 _____
25 _____
26 _____
27 _____

28 If more room is needed, attach additional sheets.

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Deny
List the paragraph(s) in the Complaint with which you do not agree.

2. I deny the allegations in Paragraph(s) _____

If more room is needed, attach additional sheets.

Do Not Have Knowledge
List the paragraph(s) in the Complaint with which you do not know whether the allegations
are true.

3. I do not have enough knowledge to know if the allegations are true in Paragraph(s) _____

If more room is needed, attach additional sheets.

II. COUNTERCLAIM

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1. For the six weeks immediately before filing this Complaint with the Court, I have resided in and been physically present in the State of _____ . I intend to make that State home for an indefinite period of time. (Your State of residence)

My spouse is a resident of the State of _____ . We were married on (State in which your spouse lives)

_____, in _____, (Date of marriage, to include month, day, and year) (City and State in which married)

and ever since have been married. My spouse and I are incompatible in marriage and there is no hope for reconciliation.

2. I **AM** -OR- **AM NOT** pregnant at this time.

My spouse **IS** -OR- **IS NOT** -OR- **UNKNOWN** pregnant at this time.

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Minor Child(ren)

On the lines below: Provide the information requested regarding each minor child born to, or adopted by, you and your spouse. You **MUST LIST** where the child currently lives, where the child has lived for the **PAST 5 YEARS**, and the name(s) and current address(es) of the person(s) with whom the child lived at each address.

3.

Child's Name:		Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date Child Moved There	Child's Address (Street Address, City, State)	Person(s) With Whom Child Lived (Name and Current Address)	Relationship To Child
Child's Name:		Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date Child Moved There	Child's Address (Street Address, City, State)	Person(s) With Whom Child Lived (Name and Current Address)	Relationship To Child
Child's Name:		Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date Child Moved There	Child's Address (Street Address, City, State)	Person(s) With Whom Child Lived (Name and Current Address)	Relationship To Child

If more room is needed, attach additional sheets.

1 a. Please identify any other court case in which you have participated as a party, witness, or in
2 any other way concerning the custody of or visitation with the minor child(ren) listed above.

3 If there are no other court cases, please check this box .

4 Name(s) of minor child(ren) involved: _____

5 Court: _____

6 Case number: _____ Date of custody determination: _____

7

8 b. Please identify any court case that could affect this case, including any case relating to
9 domestic violence, protective orders, termination of parental rights, adoptions, guardianships,
10 dependency, and paternity actions. If there are no other court cases, please check this box .

11 Name(s) of minor child(ren) involved: _____

12 Court: _____ Type of case: _____

13 Case number: _____ Date of last order: _____

14

15 c. Please identify the name(s) and address(es) of any person(s) not a party to this court case
16 who claim(s) a right to legal custody, physical custody or visitation with the minor child(ren).

17 If this is not applicable, please check this box .

18 Name(s) of minor child(ren) involved: _____

19 Name(s) and address(es) of person(s) claiming custody or visitation rights: _____

20 _____

21 _____

22 _____

23 _____

24 _____

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26 _____

27 _____

28 If more room is needed, attach additional sheets.

1 **If the children have not been physically present in the State of Nevada for the past six months,**
2 **the court may not be able to issue a court order regarding custody and visitation. Depending**
3 **on your situation, the court may still be able to grant you a divorce.**

4 **Legal Custody of the Minor Child(ren)**

5 Place an **"X"** in a box to select **ONLY ONE** of the options below.

6 **4. Who should have legal custody of the minor child(ren)?**

7 **BOTH PARENTS: JOINT LEGAL CUSTODY**

8
9 **-OR-**

10
11 **ME: SOLE LEGAL CUSTODY**

12
13 **-OR-**

14
15 **MY SPOUSE: SOLE LEGAL CUSTODY**

16 **Physical Custody of the Minor Child(ren)**

17 Place an **"X"** in a box to select **ONLY ONE** of the options below.

18
19 **5. Who should have physical custody of the minor child(ren)?**

20 **BOTH PARENTS: JOINT PHYSICAL CUSTODY**

21
22 **-OR-**

23
24 **ME: PRIMARY PHYSICAL CUSTODY**

25
26 **-OR-**

27
28 **MY SPOUSE: PRIMARY PHYSICAL CUSTODY**

Custody / Visitation and Exchange Schedule

Place an **"X"** in a box to select **ONLY ONE** of the custody schedules provided below. A more detailed description of each custody schedule is provided in Appendix A. If you select **Option 4**, or would like to modify **Options 1-3**, write in your proposed custody / visitation schedule below.

6. **Option 1** Week On / Week Off: (Joint Custody) The minor child(ren) will spend one week with you and then the following week they will spend with your spouse.

This schedule will alternate weekly throughout the year.

The exchange will take place on _____ at _____ **A.M.** -OR- **P.M.**
(Day of the week) (Time)

The parties will exchange the minor child(ren) at _____.
(Location)

Option 2 Repeating Two / Two / Three: (Joint Custody) The minor child(ren) will spend two days with you, then two days with your spouse, three days with you, two days with your spouse, two days with you, three days with your spouse, alternating throughout the year.

The first exchange will take place on the first Friday following this Court's Order.

The exchanges will take place at _____ **A.M.** -OR- **P.M.**
(Time)

The parties will exchange the minor child(ren) at _____.
(Location)

NOTE: This schedule is often used when the parents have a young child or children.

Option 3 Three Weekends A Month: (Primary Custody) The minor child(ren) will spend the first three full weekends (starts on the first Friday of the month) with **ME** -OR- **MY SPOUSE.** Remaining weekdays and weekends will be spent with the other parent.

The exchange will take place on Friday at _____ **A.M.** -OR- **P.M.** and Sunday
at _____ **A.M.** -OR- **P.M.**
(Time) (Time)

The parties will exchange the minor child(ren) at _____.
(Location)

1 **Option 4** Schedule Described Below: I request the following schedule (*Include instructions*
2 *for transportation and exchange*):

3 _____
4 _____
5 _____
6 _____
7 _____
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28 If more room is needed, attach additional sheets.

Holiday Visitation Schedule

Please fill out the below holiday visitation schedule. Undesignated religious or school holidays shall follow the parent’s regular timeshare schedule, unless detailed below. For example, Christmas typically falls during the 1st half of Winter Break. If nothing is identified in “Other”, the parent who has the 1st half of the break, has the minor child(ren) for Christmas.

7.

Check box if this holiday applies	Holiday	Exchange Times	Even Numbered Years	Odd Numbered Years
<input type="checkbox"/>	1 st Half Spring Break	Begins upon release of school and ends at 9 a.m. halfway through the break.	<input type="checkbox"/> Me <input type="checkbox"/> My spouse	<input type="checkbox"/> Me <input type="checkbox"/> My spouse
<input type="checkbox"/>	2 nd Half Spring Break	Begins at 9 a.m. halfway through the break and ends when school resumes.	<input type="checkbox"/> Me <input type="checkbox"/> My spouse	<input type="checkbox"/> Me <input type="checkbox"/> My spouse
<input type="checkbox"/>	Mother’s Day	Begins 7 p.m. evening before Mother’s Day; ends 9 a.m. the morning after.	<input type="checkbox"/> Me <input type="checkbox"/> My spouse	<input type="checkbox"/> Me <input type="checkbox"/> My spouse
<input type="checkbox"/>	Father’s Day	Begins 7 p.m. evening before Father’s Day; ends 9 a.m. the morning after.	<input type="checkbox"/> Me <input type="checkbox"/> My spouse	<input type="checkbox"/> Me <input type="checkbox"/> My spouse
<input type="checkbox"/>	4 th of July	Begins 7 p.m. on July 3rd; ends 9 a.m. on July 5th.	<input type="checkbox"/> Me <input type="checkbox"/> My spouse	<input type="checkbox"/> Me <input type="checkbox"/> My spouse
<input type="checkbox"/>	Halloween	Begins 7 p.m. on October 30th; ends 9 a.m. on November 1st.	<input type="checkbox"/> Me <input type="checkbox"/> My spouse	<input type="checkbox"/> Me <input type="checkbox"/> My spouse
<input type="checkbox"/>	Fall Break	Begins upon release of school and ends when school resumes.	<input type="checkbox"/> Me <input type="checkbox"/> My spouse	<input type="checkbox"/> Me <input type="checkbox"/> My spouse
<input type="checkbox"/>	Thanksgiving Break	Begins upon release of school and ends when school resumes.	<input type="checkbox"/> Me <input type="checkbox"/> My spouse	<input type="checkbox"/> Me <input type="checkbox"/> My spouse
<input type="checkbox"/>	1 st Half Winter Break	Begins upon release of school and ends at 9 a.m. halfway through the break.	<input type="checkbox"/> Me <input type="checkbox"/> My spouse	<input type="checkbox"/> Me <input type="checkbox"/> My spouse
<input type="checkbox"/>	2 nd Half Winter Break	Begins at 9 a.m. halfway through the break and ends when school resumes.	<input type="checkbox"/> Me <input type="checkbox"/> My spouse	<input type="checkbox"/> Me <input type="checkbox"/> My spouse
<input type="checkbox"/>	National Holidays not listed above that result in a 3-day weekend.	Begins upon release of school and ends when school resumes. Example: Memorial Day Weekend.	<input type="checkbox"/> Me <input type="checkbox"/> My spouse	<input type="checkbox"/> Me <input type="checkbox"/> My spouse
<input type="checkbox"/>	Other:		<input type="checkbox"/> Me <input type="checkbox"/> My spouse	<input type="checkbox"/> Me <input type="checkbox"/> My spouse
<input type="checkbox"/>	Other:		<input type="checkbox"/> Me <input type="checkbox"/> My spouse	<input type="checkbox"/> Me <input type="checkbox"/> My spouse
<input type="checkbox"/>	Other:		<input type="checkbox"/> Me <input type="checkbox"/> My spouse	<input type="checkbox"/> Me <input type="checkbox"/> My spouse

If more room is needed, attach additional sheets.

Summer Visitation Schedule

Place an **"X"** in a box to select **ONLY ONE** of the summer visitation schedules provided below. If you select **Option 3**, or would like to modify **Options 1 or 2**, write in your proposed visitation schedule below. If one or both parents want an additional undesignated block of time, describe it in Option 3.

8. **Option 1: Visitation Remains the Same.**

Option 2: Alternating Two Week Timeshares: The minor child(ren) will spend two weeks with you and then the following two weeks they will spend with your spouse. This will alternate for the remainder of the summer break.

Option 3: Schedule Described Below: I request the following summer visitation schedule:

If more room is needed, attach additional sheets.

Transportation for ALL Exchanges

Complete the statement below.

9. Transportation will be provided by the parent **PICKING UP** –OR– **DROPPING OFF** the minor child(ren) –OR– **OTHER:** _____

(Explain how transportation shall be provided)

Best Interest

Answer each question.

Describe, in detail, why the requested custody and visitation schedule is in the best interest of the child(ren). If you need more room to answer the questions attach additional sheets.

10. The requested custody and visitation schedule is in the best interest of the minor child(ren) for the following reasons:

a. The minor child(ren) **IS/ARE** –OR– **IS NOT/ARE NOT** old enough and capable of having a preference in the custody and visitation.

If the minor child(ren) is/are, their age(s) and preference(s) is/are:

b. There **IS** –OR– **IS NOT** a nomination of a guardian. If there is, the name(s) of the nominated guardian(s) is/are: _____

c. **I AM** –OR– **MY SPOUSE** is more likely to allow the minor child(ren) to have frequent contact with and a continuing relationship with the other parent because:

–OR– **NOT APPLICABLE**

d. The level of conflict between my spouse and me is: _____

therefore the proposed custody and visitation schedule is in the best interest of the minor child(ren).

1 e. Me and my spouse **ARE** able to cooperate to meet the needs of the minor child(ren).

2 **-OR-**

3 Me and my spouse **ARE NOT** able to cooperate to meet the needs of the minor
4 child(ren) and the proposed custody and visitation schedule is in the best interest of the
5 minor child(ren) because: _____
6 _____

7
8 f. My mental and physical health is: _____
9 _____
10 _____

11 My spouse's mental and physical health is: _____
12 _____
13 _____

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15 g. The minor child(ren) have the following physical, developmental, and emotional needs:
16 _____
17 _____

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19 h. My relationship with the minor child(ren) is: _____
20 _____
21 _____

22 My spouse's relationship with the minor child(ren) is: _____
23 _____
24 _____

25
26 i. This custody and visitation schedule **WILL** **-OR-** **WILL NOT** allow the minor
27 child(ren) to maintain a relationship with siblings.

28 **-OR-** **NOT APPLICABLE**

1 j. I **HAVE** -OR- **DO NOT HAVE** a history of parental abuse or neglect of the minor
2 child(ren) or any sibling of the minor child(ren), or a history of domestic violence against
3 the minor child(ren), my spouse, or any other person who lives with the minor child(ren).

4 If there is a history, the abuse, neglect, or act of domestic violence was:

5 (Include case number(s), if any and if known)

6 _____
7 _____
8 _____

9 My spouse **HAS** -OR- **DOES NOT HAVE** a history of parental abuse or neglect
10 of the minor child(ren) or any sibling of the minor child(ren), or a history of domestic
11 violence against the minor child(ren), myself, or any other person who lives with the minor
12 child(ren).

13 If there is a history, the abuse, neglect, or act of domestic violence was:

14 (Include case number(s), if any and if known)

15 _____
16 _____
17 _____

18
19 k. I **HAVE** -OR- **HAVE NOT** committed an act of abduction against the minor
20 child(ren) or any other child.

21 If there is a history, the act of abduction was: _____

22 _____
23 _____

24 My spouse **HAS** -OR- **HAS NOT** committed an act of abduction against the
25 minor child(ren) or any other child.

26 If there is a history, the act of abduction was: _____

27 _____
28 _____

Child Support Calculation

Fill in the information requested below. The child support MUST be based on the formula as set out in the Nevada Revised Statutes. You may not just state an arbitrary amount and you may not state “no child support to be paid.” **Included in Appendix B, you will find child support calculation worksheets to assist you with calculating child support.** If you do not know your spouse’s information, put unknown in the space below.

11. My gross monthly income is: \$ _____
(Amount earned per month before deductions)

My spouse’s gross monthly income is: \$ _____
(Amount earned per month before deductions)

Deviations

If you are requesting an amount of child support that is lower or higher than the statutory amount, your reason(s) for requesting a different amount must be based upon one or more of the following factors. Place an “**X**” in all that apply. Include the dollar amount of deviation for each category.

<input type="checkbox"/> The cost of health insurance \$ _____	<input type="checkbox"/> The cost of child care \$ _____	<input type="checkbox"/> The relative income of both parents \$ _____
<input type="checkbox"/> Special educational needs of the child \$ _____	<input type="checkbox"/> The amount of time the child spends with each parent \$ _____	<input type="checkbox"/> Any other necessary expenses for the benefit of the child \$ _____
<input type="checkbox"/> The age of the child \$ _____	<input type="checkbox"/> Legal responsibility of the parent for the support of others \$ _____	<input type="checkbox"/> The value of services contributed by either parent \$ _____
<input type="checkbox"/> Any expenses reasonably related to the mother’s pregnancy and confinement \$ _____	<input type="checkbox"/> The cost of transportation of the child to and from visitation if the custodial parent moved with the child from the jurisdiction that ordered the support and the non-custodial parent remained \$ _____	<input type="checkbox"/> Any public assistance paid to support the child \$ _____

Explain: _____

If more room is needed, attach additional sheets.

The amount of child support for **ME** –OR– **MY SPOUSE** to receive after any deviation(s) is \$ _____ per month.
(Amount of child support)

This amount of child support is in compliance with NRS 125B.070.

Child Support Payment

Place an **“X”** in a box to select **ONLY ONE** of the two statements below.

12. 1. The parent paying child support will pay the support directly to the other parent.

-OR-

2. A wage assignment is or should be put in place and payment should be enforced through the District Attorney’s Office.

Health Care for Child(ren)

Complete the statements below.

Place an **“X”** in a box in front of the selected answer.

13. 1. The minor child(ren) are covered by a health insurance policy (this includes Medicaid, Tricare, private health insurance, etc.). **YES** -OR- **NO**

2. Who will provide health insurance for the minor child(ren)?

ME -OR- **MY SPOUSE** -OR- **BOTH PARENTS**

3. My spouse and I will equally share all costs of insurance for the minor child(ren), including, premiums, deductibles, and any uncovered medical, dental, or vision expenses. If either parent incurs a medical expense on behalf of the child(ren), they will provide the other parent with proof of payment and a copy of the bill within 30 days of receiving it, and the other parent will have 30 days to reimburse their half of the amount paid or to set up payment arrangements through the health care provider.

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Tax Deduction

Place an **“X”** in a box to select **ONLY ONE** of the three statements below.

14. 1. Every year, **I** –OR– **MY SPOUSE** should claim the child(ren) as dependents for tax purposes.

–OR–

2. The tax deduction should alternate, with me claiming the child(ren) in **EVEN NUMBERED** –OR– **ODD NUMBERED** years, and my spouse claiming the child(ren) in the other years.

–OR–

3. The tax deduction should be shared by each of us claiming one or more children each year.

I will claim: _____
(Name(s) of child(ren) I will claim)

MY SPOUSE will claim: _____
(Name(s) of child(ren) my spouse will claim)

School Enrollment

Place an **“X”** in a box to select **ONLY ONE** of the three statements.

15. The child(ren) should attend:

1. The school(s) zoned for **MY** address.

–OR–

2. The school(s) zoned for **MY SPOUSE’S** address.

–OR–

3. Other: _____

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Division of Community Debts
Place an **"X"** in a box to select **ONLY ONE** of the two statements below.

16. a. There are no community debts to be divided as they have previously been divided or there are no community debts.

-OR-

b. The community debts should be divided as follows:

I should be responsible for the debts listed below:

If more room is needed, attach additional sheets.

MY SPOUSE should be responsible for the debts listed below:

If more room is needed, attach additional sheets.

Division of Community Property

Place an **"X"** in a box to select **ONLY ONE** of the two statements below.

17. a. There is no community property to be divided as it has previously been divided or there is no community property.

-OR-

b. The community property should be divided as follows:

I should receive the property listed below:

If more room is needed, attach additional sheets.

MY SPOUSE should receive the property listed below:

If more room is needed, attach additional sheets.

18. I have disclosed all community property and debts and there are no other community property or debts for this Court to divide.

Alimony

Place an **"X"** in a box to select **ONLY ONE** of the two statements below.

19. a. Alimony should not be awarded.

-OR-

b. **I** -OR- **MY SPOUSE** should receive alimony in the amount of \$_____ (Amount of alimony)

per month, due on the _____ for _____ (Day / Date of payment each month) (Number of months or years)

MONTHS -OR- **YEARS**.

Alimony should begin on: _____ (Date first alimony payment will be made)

Return to Former Name

Place an **"X"** in a box to select **ONLY ONE** of the three statements below.

20. a. I do not wish to return to my former name.

-OR-

b. I wish to return to my former name of:

(Print full name: first, middle, and last)

-OR-

c. Does not apply.

Discovery

Discovery is a formal process in which all parties must share information in certain time frames before and after their first case management conference. Parties may request exemption from such rules for good reason shown. For further information, please see NRCP 16.2.

Place an **"X"** in a box to select the statements below that apply to you.

21. I request exemption from formal discovery for one or more of the following good cause reasons:

a. The parties have few assets and debts together.

b. Gathering all of the documentation in the time periods required creates a hardship.

c. Other: _____

Additional Relief

Do you have any other requests you would like the Court to consider? If so, please list in detail below.

22. I request the additional relief listed below:

If more room is needed, attach additional sheets.

23. I reserve the right to amend this Answer and Counterclaim, and to request additional and/or modified relief.

24. I ask for judgment as follows:

- a. That I be granted a divorce;
- b. That the Court grant me the relief requested in this Answer and Counterclaim; and
- c. For other and further relief as the court may deem just and proper in this action.

This document does not contain the personal information of any person as defined by NRS 603A.040.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Date: _____

Your Signature: _____

Print Your Name: _____