

1 Code:
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 _____,
15 Defendant/Respondent.

16
17 ANSWER TO PETITION TO ESTABLISH CUSTODY AND VISITATION
18 AND COUNTERCLAIM

19 I. ANSWER

20 Admit
21 List the paragraph(s) in the Petition with which you agree.
22

- 23 1. I admit the allegations in Paragraph(s) _____
24 _____
25 _____
26 _____
27 _____

28 If more room is needed, attach additional sheets.

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Deny
List the paragraph(s) in the Petition 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 Petition which you do not know whether the allegations are
true.

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

If more room is needed, attach additional sheets.

II. COUNTERCLAIM

1. The child(ren) have resided in and have been physically present in the State of Nevada for the last six months.

-OR-

The State of Nevada was the home state of the child(ren) within the last six months and the child(ren) is/are absent from this State, but a parent continues to live in this State.

Minor Child(ren)

On the lines below: Provide the information requested regarding each minor child born to, or adopted by, you and the other parent. 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.

2.

Child's Name:		Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date Child Moved Here	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 Here	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 Here	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 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 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 _____

25 _____

26 _____

27 _____

28 If more room is needed, attach additional sheets.

Your Information

Complete the information about you below.

3. I reside at the following address **WITH** -OR- **WITHOUT** the minor child(ren):

Fully describe your last contact with the minor child(ren), the date, whether it was in person or by telephone, who was present at the time of the contact, etc.

If more room is needed, attach additional sheets.

The Other Parent's Information

Complete the information about the other parent below. If you do not know the other parent's information, put unknown in the spaces below.

4. The other parent resides at the following address **WITH** -OR- **WITHOUT** the minor child(ren):

Fully describe the other parent's last contact with the minor child(ren), the date, whether it was in person or by telephone, who was present at the time of the contact, etc.

If more room is needed, attach additional sheets.

Paternity

Place an **"X"** in the box of all that apply.

5. The paternity of the minor child(ren) has/have been established by:

A VOLUNTARY ACKNOWLEDGEMENT OF PATERNITY signed by both parents at the time of birth.

-OR-

PATERNITY WAS ESTABLISHED THROUGH A COURT PROCEEDING:

Name of court: _____

Address of court: _____

Date proceeding was held: _____

Case Number of court proceeding: _____

Legal Custody of the Minor Child(ren)

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

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

BOTH PARENTS: JOINT LEGAL CUSTODY

-OR-

ME: SOLE LEGAL CUSTODY

-OR-

THE OTHER PARENT: SOLE LEGAL CUSTODY

Physical Custody of the Minor Child(ren)

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

7. Who should have physical custody of the minor child(ren)?

BOTH PARENTS: JOINT PHYSICAL CUSTODY

-OR-

ME: PRIMARY PHYSICAL CUSTODY

-OR-

THE OTHER PARENT: 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.

8. **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 the other parent. 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 the other parent, three days with you, two days with the other parent, two days with you, three days with the other parent, 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- **THE OTHER PARENT.** 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)

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 child(ren) for Christmas.

9.

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"/> Other parent	<input type="checkbox"/> Me <input type="checkbox"/> Other parent
<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"/> Other parent	<input type="checkbox"/> Me <input type="checkbox"/> Other parent
<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"/> Other parent	<input type="checkbox"/> Me <input type="checkbox"/> Other parent
<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"/> Other parent	<input type="checkbox"/> Me <input type="checkbox"/> Other parent
<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"/> Other parent	<input type="checkbox"/> Me <input type="checkbox"/> Other parent
<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"/> Other parent	<input type="checkbox"/> Me <input type="checkbox"/> Other parent
<input type="checkbox"/>	Fall Break	Begins upon release of school and ends when school resumes.	<input type="checkbox"/> Me <input type="checkbox"/> Other parent	<input type="checkbox"/> Me <input type="checkbox"/> Other parent
<input type="checkbox"/>	Thanksgiving Break	Begins upon release of school and ends when school resumes.	<input type="checkbox"/> Me <input type="checkbox"/> Other parent	<input type="checkbox"/> Me <input type="checkbox"/> Other parent
<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"/> Other parent	<input type="checkbox"/> Me <input type="checkbox"/> Other parent
<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"/> Other parent	<input type="checkbox"/> Me <input type="checkbox"/> Other parent
<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"/> Other parent	<input type="checkbox"/> Me <input type="checkbox"/> Other parent
<input type="checkbox"/>	Other:		<input type="checkbox"/> Me <input type="checkbox"/> Other parent	<input type="checkbox"/> Me <input type="checkbox"/> Other parent
<input type="checkbox"/>	Other:		<input type="checkbox"/> Me <input type="checkbox"/> Other parent	<input type="checkbox"/> Me <input type="checkbox"/> Other parent
<input type="checkbox"/>	Other:		<input type="checkbox"/> Me <input type="checkbox"/> Other parent	<input type="checkbox"/> Me <input type="checkbox"/> Other parent

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.

10. **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 the other parent. 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.

11. 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.

12. 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– **THE OTHER PARENT** 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 the other parent and me is: _____

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

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

2 **-OR-**

3 Me and the other parent **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 The other parent's mental and physical health is: _____
12 _____
13 _____

14
15 g. The minor child(ren) have the following physical, developmental, and emotional needs:
16 _____
17 _____
18 _____

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

22 The other parent'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), the other parent, or any other person who lives with the minor
4 child(ren). 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 The other parent **HAS** -OR- **DOES NOT HAVE** a history of parental abuse or
10 neglect of the minor child(ren) or any sibling of the minor child(ren), or a history of
11 domestic violence against the minor child(ren), myself, or any other person who lives with
12 the minor 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 The other parent **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 the other parent’s information, put unknown in the space below. Complete the statements below.

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

The other parent’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– **THE OTHER PARENT** 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.

14. a. The parent paying child support will pay the support directly to the other parent.

-OR-

b. 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.

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

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

ME -OR- **THE OTHER PARENT** -OR- **BOTH PARENTS**

c. The other parent 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.

16. a. Every year, **I** –OR– **THE OTHER PARENT** should claim the child(ren) as dependents for tax purposes.

–OR–

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

–OR–

c. 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)

THE OTHER PARENT will claim: _____
(Name(s) of child(ren) the other parent will claim)

School Enrollment

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

17. The child(ren) should attend:

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

–OR–

b. The school(s) zoned for **THE OTHER PARENT’S** address.

–OR–

c. Other: _____

//

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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 NRCPC 16.205.

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

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

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

b. Other: _____

If more room is needed, attach additional sheets.

Additional Relief

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

19. I request the additional relief listed below:

If more room is needed, attach additional sheets.

1 **20.** I reserve the right to amend this Answer and Counterclaim, and to request additional and/or
2 modified relief.

3 **21.** I ask for judgment as follows:

4 a. That I be granted my requests regarding custody, visitation and child support as set
5 forth above; and

6 b. For other and further relief as the Court may deem just and proper in this action.

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

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

11

12 Date: _____

Your Signature: _____

13

14 Print Your Name: _____

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