1	Code: Name:	4050					
2	Address:						
3	Telephon Email:	ne:					
4	Name:						
5	Address:						
6	Telephor	ne:					
7	Email: Self-Represented Litigants						
8							
9			IN THE FAMIL	LY DIVISION			
10	OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA						
10		IN AN	D FOR THE CO	UNTY OF WASHOE			
12	Plaintiff / Petitioner / Joint Petitioner, Case No						
13	vs.	vs. Dept. No					
14							
15	Defe	ndant / Respondent / Join	t Petitioner.				
16	/						
17							
18	STIPULATION TO MODIFY CHILD SUPPORT						
19							
20	We stipulate and agree to the following:						
21 22	1.	Child's Name	Date of Birth	Current Physical Custody Order			
				☐ Joint physical custody ☐ I have primary/sole physical custody			
23				□ Other parent has primary/sole physical custody □ Joint physical custody			
24				□ I have primary/sole physical custody			
25				 Other parent has primary/sole physical custody Joint physical custody 			
26				□ I have primary/sole physical custody □ Other parent has primary/sole physical custody			
27				☐ Joint physical custody ☐ I have primary/sole physical custody			
28				□ Other parent has primary/sole physical custody			

1	2. A court order was entered on (<i>date court order setting child support was entered</i>)			
2				
3				
4	3. This stipulation is made for the following reasons (<i>A check all that apply</i>):			
5	It has been three years or more since child support was reviewed.			
6	There has been a change in child custody.			
7	The following child(ren) has/have turned 18 or, if the child(ren) is/are still in high school			
8	when they reach 18, graduated high school, quit school or has/have turned 19.			
9	The gross monthly income of parent 1 parent 2 has changed by 20% or more.			
10	The parent who should pay child support is incarcerated or involuntarily institutionalized			
11	for a period of 180 consecutive days or more, or is released from such incarceration or			
12	involuntary institutionalization.			
13	There has been a substantial change in circumstances other than those listed above (<i>explain</i>			
14	the other substantial change in circumstances):			
15				
16				
17				
18				
19	If more room is needed, attach additional sheets.			
20				
21	4. Parent 1's Information (See <u>Appendix A</u> for assistance in calculating child support)			
22	a. Name:			
23	b. This parent's gross monthly income (GMI) is: \$			
24	c. This parent's child support obligation before adjustment is \$			
25				
26	5. Parent 2's Information (See <u>Appendix A</u> for assistance in calculating child support)			
27	a. Name:			
28	b. This parent's gross monthly income (GMI) is: \$			
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1	c. This parent's child support obligation before adjustment is \$		
2			
3	6. The child support prior to any deviations would be \$	per month, paid by	
4	$(\boxtimes check one)$ Parent 1 Parent 2.		
5			
6	7. $(\boxtimes$ check one and fill in the blanks):		
7	We agree to child support in the amount determined by the stat	ute with no adjustments.	
8	-OR-		
9	We agree to the following adjustments and final amount:		
10	Adjustment Factors	Amount -/+	
11	Any special education needs of the child	\$	
12	A parent's legal responsibility to support others	\$	
13	Value of services contributed by either parent	\$	
14	Any public assistance paid to support the child	\$	
15	Cost of transportation of the child to and from visitation	\$	
16	The relative income of both households.	\$	
17	The obligor's ability to pay	\$	
18	Any other necessary expenses for the benefit of the child(ren)	\$	
19	Total Deviations	\$	
20	The amount of child support to be paid by (name of parent)		
21	after any deviations is \$		
22	per month.		
23	-OR-		
24	We understand that the above calculations show the amount of	child support that would	
25	be set by law. However, we have agreed to a different amount. We agree that child		
26	support in the amount of (write the amount of child support yo	u agree upon)	
27	\$ per month paid by (Z check of	ne) 🗌 Parent 1 🗌 Parent	
28	2, and we declare as follows (both parties must initial the below	w statements):	
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1	We understand that if either of us seeks a review of the			
2	stipulated child support obligation for any authorized reason,			
3	the court will calculate the child support obligation in			
4	accordance with the child support guidelines in effect at the			
5	time of the review.			
6	We certify that the parent to receive child support is not			
7	currently receiving public assistance and has not applied for			
8	public assistance.			
9	We certify that the basic needs of the child(ren) are met or			
10	exceeded by the agreed upon child support amount.			
11				
12	8. We request child support to be paid in the following way (<i>A check one</i>):			
13	A wage assignment should be put in place and payment should be enforced through the			
14	District Attorney's Office.			
15	The parent paying child support will pay the support directly to the other parent due on the			
	(<i>Day(s) of payment(s) each month</i>) of each month.			
16	(<i>Day(s) of payment(s) each month</i>) of each month.			
16 17	(Day(s) of payment(s) each month)			
17				
17 18	Both parents agree that no child support should be paid.			
17 18 19	Both parents agree that no child support should be paid.			
17 18 19 20	Both parents agree that no child support should be paid. We agree to the child support payment plan above (<i>both parties must initial</i>)			
 17 18 19 20 21 	 Both parents agree that no child support should be paid. We agree to the child support payment plan above (<i>both parties must initial</i>) 9. We agree to child care cost being paid in the following way (<i>\Box check one</i>): 			
 17 18 19 20 21 22 	 Both parents agree that no child support should be paid. We agree to the child support payment plan above (<i>both parties must initial</i>) 9. We agree to child care cost being paid in the following way (<i>\Box check one</i>): There are no child care costs for either parent. 			
 17 18 19 20 21 22 23 	 Both parents agree that no child support should be paid. We agree to the child support payment plan above (<i>both parties must initial</i>) 9. We agree to child care cost being paid in the following way (<i>\Z</i> check one): There are no child care costs for either parent. Child care is \$ per month and should be paid by] Parent 1 			
 17 18 19 20 21 22 23 24 	 Both parents agree that no child support should be paid. We agree to the child support payment plan above (<i>both parties must initial</i>) 9. We agree to child care cost being paid in the following way (<i>\Z</i> check one): There are no child care costs for either parent. Child care is \$ per month and should be paid by] Parent 1 			
 17 18 19 20 21 22 23 24 25 	 □ Both parents agree that no child support should be paid. We agree to the child support payment plan above (<i>both parties must initial</i>) 9. We agree to child care cost being paid in the following way (<i>⊠ check one</i>): □ There are no child care costs for either parent. □ Child care is \$ per month and should be paid by □ Parent 1 □ Parent 2 □ both parents equally □ other: 			
 17 18 19 20 21 22 23 24 25 26 	 □ Both parents agree that no child support should be paid. We agree to the child support payment plan above (<i>both parties must initial</i>) 9. We agree to child care cost being paid in the following way (⊠ check one): □ There are no child care costs for either parent. □ Child care is \$ per month and should be paid by □ Parent 1 □ Parent 2 □ both parents equally □ other: 10. We agree to health care as follows: 			
 17 18 19 20 21 22 23 24 25 26 27 	 □ Both parents agree that no child support should be paid. We agree to the child support payment plan above (both parties must initial) 9. We agree to child care cost being paid in the following way (⊠ check one): □ There are no child care costs for either parent. □ Child care is \$ per month and should be paid by □ Parent 1 □ Parent 2 □ both parents equally □ other: 10. We agree to health care as follows: a. The child(ren) are, or will be covered by the following health insurance policy: 			

1	Private/employer insurance				
2	Tricare				
3	Other:				
4	b. The monthly premium is \$ and should be paid for by Darent 1				
5	Parent 2 both parents equally other:				
6	c. Both parents will equally share all other costs of insurance for the minor child(ren),				
7	including, deductibles, and any uncovered medical, dental, or vision expenses. If either				
8	parent incurs a medical expense on behalf of the child(ren), they will provide the other				
9	parent with proof of payment and a copy of the bill within 30 days of receiving it, and				
10	the other parent will have 30 days to reimburse their half of the amount paid or to set up				
11	payment arrangements through the health care provider.				
12					
13	All other provisions, except those modified, shall remain as stated in the prior order(s).				
14	This document does not contain the personal information of any person as defined by NRS				
15	603A.040.				
16	We declare under penalty of perjury under the law of the State of Nevada that the foregoing is				
17	true and correct.				
18	Date: Signature:				
19	Print Your Name:				
20	Date: Signature:				
21	Print Your Name:				
22					
23					
24					
25					
26					
27					
28					
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