

1 Code: 4050

2 Name: _____

3 Address: _____

4 Telephone: _____

5 Email: _____

6 Name: _____

7 Address: _____

8 Telephone: _____

9 Email: _____

10 Self-Represented Litigants

11 IN THE FAMILY DIVISION

12 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

13 IN AND FOR THE COUNTY OF WASHOE

14 _____,
15 Plaintiff / Petitioner / Joint Petitioner,

16 Case No. _____

17 vs.

18 Dept. No. _____

19 _____,
20 Defendant / Respondent / Joint Petitioner.

21 STIPULATION TO MODIFY CHILD SUPPORT

22 We stipulate and agree to the following:

23 1.

Child's Name	Date of Birth	Current Physical Custody Order
		<input type="checkbox"/> Joint physical custody <input type="checkbox"/> I have primary/sole physical custody <input type="checkbox"/> Other parent has primary/sole physical custody
		<input type="checkbox"/> Joint physical custody <input type="checkbox"/> I have primary/sole physical custody <input type="checkbox"/> Other parent has primary/sole physical custody
		<input type="checkbox"/> Joint physical custody <input type="checkbox"/> I have primary/sole physical custody <input type="checkbox"/> Other parent has primary/sole physical custody
		<input type="checkbox"/> Joint physical custody <input type="checkbox"/> I have primary/sole physical custody <input type="checkbox"/> Other parent has primary/sole physical custody

1 2. A court order was entered on (*date court order setting child support was entered*)

2 _____.

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4 3. This stipulation is made for the following reasons (*check all that apply*):

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 (*explain*
14 *the other substantial change in circumstances*): _____

15 _____
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19 If more room is needed, attach additional sheets.

20
21 4. Parent 1's Information (*See Appendix A 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 \$ _____

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26 5. Parent 2's Information (*See Appendix A for assistance in calculating child support*)

27 a. Name: _____

28 b. This parent's gross monthly income (*GMI*) is: \$ _____

1 c. This parent's child support obligation before adjustment is \$ _____

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3 6. The child support prior to any deviations would be \$ _____ per month, paid by
4 (check one) Parent 1 Parent 2.

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6 7. (check one and fill in the blanks):

7 We agree to child support in the amount determined by the statute with no adjustments.

8 **-OR-**

9 We agree to the following adjustments and final amount:

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	\$

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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 you agree upon*)

27 \$ _____ per month paid by (check one) Parent 1 Parent

28 2, and we declare as follows (*both parties must initial the below statements*):

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_____ We understand that if either of us seeks a review of the stipulated child support obligation for any authorized reason, the court will calculate the child support obligation in accordance with the child support guidelines in effect at the time of the review.

_____ We certify that the parent to receive child support is not currently receiving public assistance and has not applied for public assistance.

_____ We certify that the basic needs of the child(ren) are met or exceeded by the agreed upon child support amount.

8. We request child support to be paid in the following way (check one):

- A wage assignment should be put in place and payment should be enforced through the District Attorney's Office.
- The parent paying child support will pay the support directly to the other parent due on the (Day(s) of payment(s) each month) _____ of each month.
- 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 is not 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:
 - Medicaid

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Private/employer insurance

Tricare

Other: _____

b. The monthly premium is \$_____ and should be paid for by Parent 1
 Parent 2 both parents equally other: _____.

c. Both parents will equally share all other costs of insurance for the minor child(ren), including, 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.

All other provisions, except those modified, shall remain as stated in the prior order(s).

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

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

Date: _____ Signature: _____

Print Your Name: _____

Date: _____ Signature: _____

Print Your Name: _____