

Code: 3609
Name: _____
Address: _____

Telephone: _____
Email: _____
Self-Represented Litigant

IN THE FAMILY DIVISION
OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF WASHOE

_____ vs. _____
Petitioner, Case No. _____
Dept. No. _____
_____ Respondent.
_____ /

PETITION TO ESTABLISH CUSTODY AND VISITATION

Every section of this packet must be completed.
If more room is needed for ANY section, attach additional sheets.

1. Residency

The parties' minor children have resided in Nevada for at least the last six months or since birth.

or

The children no longer live in Nevada. One of the parents still resides in Nevada. Nevada was the residence of the children within the last six months.

2. Jurisdiction

No other case where a custody order was issued for the minor children named in this petition has ever been filed in another court and no other court has previously issued a custody order for the minor children named in this petition.

or

A case where custody may be determined for the minor children named in this petition has been filed in another court but no custody order has been issued.

or

Another court has previously issued a custody order for the minor children named in this petition. If you mark this box, **STOP**; this is not the correct packet for you.

3. Pregnancy

I am **or** am not pregnant at this time.

The other party is **or** is not pregnant at this time.

If either party is pregnant, is the other party the parent of the unborn child?

Yes

No

What is the child's due date (*month, day, and year*)? _____

4. Addresses

a. I reside at the following address with **or** without the minor children:

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

b. The other parent resides at the following address with **or** without the minor children:

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

5. Minor Children

On the lines below, provide the information requested regarding each minor child born to or adopted by the parents. You **MUST LIST** where the child currently lives, where the child has lived for the **PAST 5 YEARS**, and the names and current addresses of the people with whom the child lived at each address.

Child 1's Name:	Date of Birth:	<input type="checkbox"/> Male	
		<input type="checkbox"/> Female	
Date Child Moved Here	Child's Address (Street Address, City, State)	People With Whom Child Lived (Name and Current Address)	Relationship To Child

Child 2's Name:	Date of Birth:	<input type="checkbox"/> Male	
		<input type="checkbox"/> Female	
Date Child Moved Here	Child's Address (Street Address, City, State)	People With Whom Child Lived (Name and Current Address)	Relationship To Child

Child 3's Name:

Date of Birth:

Male

Female

Date Child
Moved Here

Child's Address
(Street Address, City, State)

People With Whom Child Lived
(Name and Current Address)

Relationship
To Child

6. Other Related Court Cases

a. Are there any other court cases in which either parent has participated as a party, witness, or in any other way concerning custody, visitation, or support of the children listed above?

Yes

No

If yes, please complete the following:

Names of children involved: _____

Court: _____

Case number: _____ Date of custody determination: _____

b. Are there any court cases that could affect this case, including proceedings for enforcement and proceedings relating to domestic violence, protective orders, termination of parental rights, adoptions, guardianships, dependency (child abuse and neglect), and parentage actions?

Yes

No

If yes, please complete the following:

Names of minor children involved: _____

Court: _____ Type of case: _____

Case number: _____ Date of last order: _____

c. Are there any people who are not a party to this court case who have physical custody of the children or claim a right to legal custody, physical custody, or visitation with the minor children?

Yes

No

If yes, please complete the following:

Names of minor children involved: _____

Names and addresses of people claiming custody or visitation rights:

7. Parentage

Place an "X" in a box to select ALL that apply.

Parentage of the children has been established by:

Both parents signed a voluntary acknowledgment of parentage, at birth or later.

Parentage was established through a court proceeding:

Name of court: _____

County and State of court: _____

Case number: _____ Date order was filed: _____

Type of proceeding (adoption, child support, etc.): _____

Parentage has not been established.

8. Legal Custody of the Minor Children

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

Who should have **legal custody** of the minor children? Legal custody means having legal responsibility for the children and making major decisions regarding the children, including the children's health, education, religious upbringing, and extracurricular activities.

Both parents: Joint legal custody

or

Me: Sole legal custody

or

The other parent: Sole legal custody

9. Physical Custody of the Minor Children

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

Who should have **physical custody** of the minor children? Physical custody refers to the amount of time that the children physically spend in the care of each parent.

Both parents: Joint physical custody (50/50% to 60/40%)

or

I **or** the other parent should have primary physical custody (more than 60%)

or

I **or** the other parent should have sole physical custody (children reside with only one parent and the noncustodial parent's parenting time is restricted to no significant in-person parenting time)

10. Custody/Visitation and Exchange Schedule

A. Regular Custodial Schedule

Place an "X" in a box to select ONLY ONE of the custody schedules provided below. If you select Option 5 or would like to modify Options 1 - 4, write in your proposed schedule below. A detailed description of each custody schedule is provided on the Court's website.

Option 1 - Week On / Week Off (Joint physical custody):

The minor children will spend one week with one parent and will spend the following week with the other parent. This schedule will alternate every week throughout the year.

The exchanges will be at (*time*) _____ a.m. **or** p.m. and will take place on (*day of the week*) _____ at (*location*) _____.

I **or** the other parent will have the children the first week following granting of the Order Establishing Custody, Visitation and Child Support.

NOTE: This schedule is often used when the parents have school-age children.

Option 2 - Two / Two / Five / Five (Joint physical custody):

The minor children will spend every Monday and Tuesday with one parent, every Wednesday and Thursday with the other parent, and alternate the weekends (Friday through Sunday) with each parent.

The exchanges will be at (*time*) _____ a.m. **or** p.m. and will take place at (*location*) _____.

I **or** the other parent will have the children every Monday and Tuesday.

I **or** the other parent will have the children every Wednesday and Thursday.

I **or** the other parent will have the children the first weekend following granting of the Order Establishing Custody, Visitation and Child Support and the parents will alternate each weekend thereafter.

NOTE: This schedule is often used when the parents have preschool or young school-age children.

Option 3 - Repeating Two / Two / Three (Joint physical custody):

The minor children will spend two days with one parent, then two days with the other parent, three days with one parent, two days with the other parent, two days with one parent, three days with the other parent, alternating throughout the year.

The exchanges will be at (*time*) _____ a.m. **or** p.m. and will take place at (*location*) _____.

I **or** the other parent will have the children first starting the first Monday following granting of the Order Establishing Custody, Visitation and Child Support.

NOTE: This schedule is often used when the parents have very young children.

Option 4 - Every Other Weekend (Primary physical custody):

The minor children will spend every other weekend and any other mutually agreed-upon time with me **or** the other parent. All remaining time will be spent with the other parent, who has primary physical custody. If the weekend falls on a three-day weekend, it will include the holiday.

The exchanges will be Friday at (*time*) _____ a.m. **or** p.m. and Sunday at (*time*) _____ a.m. **or** p.m. and will take place at (*location*) _____.

I **or** the other parent will have the children the first weekend following granting of the Order Establishing Custody, Visitation and Child Support.

Option 5 - Schedule Described Below: I request the following schedule (*Be as specific as possible regarding exchange days, times, and locations as the schedule must be specific enough to be enforced by the Court. For example, "I will have the children every spring break, every fall break, every summer break except for the first and last week of summer break, and one-half of winter break with us alternating the first and second week each year. I will provide transportation to pick up the children from the other parent's home in Reno, Nevada, and the other parent will provide transportation to pick up the children from my home in Seattle, Washington.*

- **4th of July** (Begins upon release of school and ends at 9 a.m. halfway through the break.)

Me: Even Numbered Years Odd Numbered Years
 The other parent: Even Numbered Years Odd Numbered Years
- **Halloween** (Begins upon release of school and ends at 9 a.m. halfway through the break.)

Me: Even Numbered Years Odd Numbered Years
 The other parent: Even Numbered Years Odd Numbered Years
- **Fall Break** (Begins upon release of school and ends at 9 a.m. halfway through the break.)

Me: Even Numbered Years Odd Numbered Years
 The other parent: Even Numbered Years Odd Numbered Years
- **Thanksgiving Break** (Begins upon release of school and ends at 9 a.m. halfway through the break.)

Me: Even Numbered Years Odd Numbered Years
 The other parent: Even Numbered Years Odd Numbered Years
- **1st Half of Winter Break** (Begins upon release of school and ends at 9 a.m. halfway through the break.)

Me: Even Numbered Years Odd Numbered Years
 The other parent: Even Numbered Years Odd Numbered Years
- **2nd Half of Winter Break** (Begins upon release of school and ends at 9 a.m. halfway through the break.)

Me: Even Numbered Years Odd Numbered Years
 The other parent: Even Numbered Years Odd Numbered Years
- **Other:** _____

Me: Even Numbered Years Odd Numbered Years
 The other parent: Even Numbered Years Odd Numbered Years
- **Other:** _____

Me: Even Numbered Years Odd Numbered Years
 The other parent: Even Numbered Years Odd Numbered Years

• **Other:** _____

Me: Even Numbered Years Odd Numbered Years

The other parent: Even Numbered Years Odd Numbered Years

11. Transportation For Exchanges

Place an "X" in a box to select ONLY ONE of the statements below and complete the requested information.

Transportation will be provided by the parent picking up **or** dropping off the children.

or

Transportation will be provided as follows (*explain how transportation will be provided*):

12. Best Interest of the Children

Answer each question. Describe, in detail, why the requested custody and visitation schedule is in the best interest of the children.

a. Are the children old enough and/or capable of having a preference concerning custody and/or visitation? (*check one*)

No

Yes. If known, what is their preference and why?

b. Is one parent more likely to allow the children to have frequent contact and a continuing relationship with the other parent? (*check one*)

No

Yes, (*name of parent*) _____ is because:

c. How do you and the other parent get along?

d. Are you and the other parent able to cooperate to meet the needs of the children?
(*check one*)

No, because:

Yes

e. Describe your mental and physical health:

Describe the other parent's mental and physical health:

f. What physical, developmental, and emotional needs do the children have?

g. What do you and your children do together?

What does the other parent do with the children when they are together?

h. Will the proposed custody and/or visitation schedule allow the children to maintain a relationship with their siblings? (*check one*)

Not Applicable

No

Yes

i. Has there been a history of parental abuse or neglect of the children or any siblings of the children, or a history of domestic violence against the children, you, or the other parent, or any other person who lives with the children? *(check all that apply)*

No

Yes, I have a history; the abuse, neglect, and/or act of domestic violence was *(include case numbers, if any and if known)*:

Yes, the other parent has a history; the abuse, neglect, and/or act of domestic violence was *(include case numbers, if any and if known)*:

j. Have either you or the other parent committed an act of abduction against the children or any other child? *(check all that apply)*

No

Yes, I have a history; the act of abduction was:

Yes, the other parent has a history; the act of abduction was:

k. Is there a nomination of a guardian? *(check one)*

No

Yes, the names of the nominated guardians are:

13. Gross Monthly Income

Fill in the information requested below. Attached as Appendix A to the Petition is the Gross Monthly Income Worksheet, which will assist you with calculating both parent's gross monthly income. If you do not know the other parent's information, put "unknown" in the space below.

The gross monthly incomes (GMI) of the parents are:

- a. My GMI: \$ _____
- b. The other parent's GMI: \$ _____

14. Existing Child Support Order

If there is an existing child support order, place an "X" in the box below and enter the case number for your child support case.

Child support has been established through the District Attorney's Office in child support case number: _____. *(If you do not wish to modify child support or if it is a recent order, SKIP TO SECTION 17.)*

15. Child Support Calculation

Fill in the information requested and place an "X" in the boxes below. Attached as Appendix B to the Petition is the Child Support Worksheet, which will assist you with calculating child support. If you do not know the other parent's information, put "unknown" in the space below.

Based upon the completed and attached Child Support Worksheet in Appendix B of the Petition, child support under the law would be as follows:

- a. My Base Child Support Obligation is: \$ _____
- b. The other parent's Base Child Support Obligation is: \$ _____
- c. The Total Child Support Obligation by law would be \$ _____ per month, paid by (*check one*) me **or** the other parent.
- d. The Court should adjust the child support obligation based upon the following factors (*check all that apply*):

Adjustment Factors

- Any special education needs of the children
- A parent’s legal responsibility to support others
- Value of services contributed by either parent
- Any public assistance paid to support the children
- Cost of transportation of the children to and from visitation
- The relative income of both households
- The obligor’s ability to pay
- Any other necessary expense for the benefit of the children

16. Child Support Payment Plan

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

The parent paying child support should make the payments directly to the other parent by the *(enter day of the month, e.g., 1st, 2nd, 3rd, etc.)* _____ day of each month starting on *(date)* _____.

or

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

17. Childcare Expenses

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

Neither parent has any childcare expenses.

or

Childcare is \$ _____ per month and should be paid by *(check one)*

me **or** the other parent **or** both parents equally **or**

other: _____

18. Health Care for Children

Complete the statements below by placing an "X" in a box to select your answers.

a. The children are, or should be covered by the following health insurance policy (*check one*):

- Medicaid
- Private/employer insurance of (*check one*) me **or** the other parent
- Other: _____

b. The monthly premium for the children is \$_____ and should be paid for by (*check one*) me **or** the other parent **or** both parent equally **or** other: _____

19. Tax Deduction

Place an "X" in a box to select ONLY ONE of the two statements and complete the requested information.

I **or** the other parent should claim the children as dependents for tax purposes every year.

or

The tax deduction should be shared as follows:

20. School Enrollment and Extracurricular Activities

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

a. The minor children should attend:

The schools zoned for my address.

or

The schools zoned for other parent's address.

or

Other: _____

b. Costs for extracurricular activities should be determined as follows:

21. Additional Relief

Do you have any other requests you would like the Court to consider? Place an "X" in a box to select ONLY ONE of the two statements below.

No additional relief is requested.

or

I request the additional relief listed below:

22. I reserve the right to amend this Petition, and to request additional and/or modified relief.

23. I ask for judgment as follows:

- a. That I be granted my requests regarding custody, visitation, and child support as set forth above; and
- b. 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: _____