

1 Code: \$3645/3645

2 Name: _____

3 Address: _____

4 Telephone: _____

5 Email: _____

6 Self-Represented Litigant

7 Name: _____

8 Address: _____

9 Telephone: _____

10 Email: _____

11 Self-Represented Litigant

12 IN THE FAMILY DIVISION

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

14 IN AND FOR THE COUNTY OF WASHOE

15 _____,
16 Parent's Name,

Case No. _____

17 and

Dept. No. _____

18 _____,
19 Other Parent's Name,

20 Joint Petitioners.

21 _____/

22 JOINT PETITION TO ESTABLISH CUSTODY AND VISITATION

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

25 **-OR-**

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

28 //

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Minor Child(ren)

On the lines below: Provide the information requested regarding each minor child born to, or adopted by parents. 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.

Each additional sheet must be initialed by both parents.

1 a. Please identify any other court case in which either parent has participated as a party,
2 witness, or in any other way concerning the custody of or visitation with the child(ren) listed
3 above. If there are no other court cases, please check this box .

4 Name(s) of 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 proceedings for
9 enforcement and proceedings relating to domestic violence, protective orders, termination of
10 parental rights, adoptions, guardianships, dependency, and paternity actions. If there are no
11 other court cases, please check this box .

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

13 Court: _____ Type of case: _____

14 Case number: _____ Date of last order: _____

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

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

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

21 _____

22 _____

23 _____

24 _____

25 _____

26 _____

27 If more room is needed, attach additional sheets.

28 Each additional sheet must be initialed by both parents.

Parent's Information

Complete the information about both parent's in sections C and D below.

It does not matter which parent goes first.

3. _____ lives at the following address

(Name of parent)

WITH -OR- **WITHOUT** the child(ren): _____

4. _____ lives at the following address

(Name of other parent)

WITH -OR- **WITHOUT** the child(ren): _____

Paternity

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

5. The paternity of the 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: _____

We agree on the statement selected above. _____
(Parent's initials)

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Legal Custody of the Minor Child(ren)
Both parents must initial their agreement.
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 PETITIONERS: JOINT LEGAL CUSTODY

-OR-

_____ : **SOLE LEGAL CUSTODY**
(Name of parent)

We agree to the legal custody selected above. _____
(Parent's initials)

Physical Custody of the Minor Child(ren)
Both parents must initial their agreement.
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 PETITIONERS: JOINT PHYSICAL CUSTODY

-OR-

_____ : **PRIMARY PHYSICAL CUSTODY**
(Name of parent)

We agree to physical custody selected above. _____
(Parent's initials)

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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 one parent 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 child(ren) at _____.
(Location)

_____ will have the child(ren) first.
(Name of parent)

Option 2 Repeating Two / Two / Three: (Joint Custody) The minor child(ren) 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 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 child(ren) at _____.
(Location)

_____ will have the child(ren) first.
(Name of parent)

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

Holiday Visitation Schedule

Please fill out the below holiday visitation schedule. Undesignated religious or school holidays shall follow the parents' 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 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.	_____ Parent's Name	_____ Parent's Name
<input type="checkbox"/>	2 nd Half Spring Break	Begins at 9 a.m. halfway through the break and ends when school resumes.	_____ Parent's Name	_____ Parent's Name
<input type="checkbox"/>	Mother's Day	Begins 7 p.m. evening before Mother's Day; ends 9 a.m. the morning after.	_____ Parent's Name	_____ Parent's Name
<input type="checkbox"/>	Father's Day	Begins 7 p.m. evening before Father's Day; ends 9 a.m. the morning after.	_____ Parent's Name	_____ Parent's Name
<input type="checkbox"/>	4 th of July	Begins 7 p.m. on July 3rd; ends 9 a.m. on July 5th.	_____ Parent's Name	_____ Parent's Name
<input type="checkbox"/>	Halloween	Begins 7 p.m. on October 30th; ends 9 a.m. on November 1st.	_____ Parent's Name	_____ Parent's Name
<input type="checkbox"/>	Fall Break	Begins upon release of school and ends when school resumes.	_____ Parent's Name	_____ Parent's Name
<input type="checkbox"/>	Thanksgiving Break	Begins upon release of school and ends when school resumes.	_____ Parent's Name	_____ Parent's Name
<input type="checkbox"/>	1 st Half Winter Break	Begins upon release of school and ends at 9 a.m. halfway through the break.	_____ Parent's Name	_____ Parent's Name
<input type="checkbox"/>	2 nd Half Winter Break	Begins at 9 a.m. halfway through the break and ends when school resumes.	_____ Parent's Name	_____ Parent's Name
<input type="checkbox"/>	Holidays not listed that are a 3-day weekend.	Begins upon release of school and ends when school resumes. Example: Memorial Day Weekend.	_____ Parent's Name	_____ Parent's Name
<input type="checkbox"/>	Other:		_____ Parent's Name	_____ Parent's Name
<input type="checkbox"/>	Other:		_____ Parent's Name	_____ Parent's Name

If more room is needed, attach additional sheets.
Each additional sheet must be initialed by both parents.

We agree to the holiday schedule selected above. _____
(Parent's initials)

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 _____ and then the following two weeks they will spend with the other parent. This will alternate for the remainder of the summer break.

(Name of parent)

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

If more room is needed, attach additional sheets.

Each additional sheet must be initialed by both parents.

Transportation for ALL Exchanges

Both parents must initial their agreement.

Complete the statement below.

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

(Explain how transportation shall be provided)

We agree to the summer and vacation visitation/transportation schedules selected above.

(Parent's initials)

Child Support Calculation

Place an **“X”** in a box to select **ONLY ONE** of the two statements below and fill in the information requested. **Included in Appendix B, you will find child support calculation worksheet to assist you with calculating child support.**

12. Child support has been established through the District Attorney’s Office in child support case number _____. *(If you have a child support case with the District Attorney’s Office, skip to question 14.)*

Child support has not been established through the District Attorney’s Office and we request child support as follows:

a. We have completed the attached Child Support Worksheet

b. Parent 1’s Information

i. Name: _____

ii. This parent’s gross monthly income (*GMI*) is: \$ _____

iii. This parents child support obligation is: \$ _____

c. Parent 2’s Information

i. Name: _____

ii. This parent’s gross monthly income (*GMI*) is: \$ _____

iii. This parents child support obligation is: \$ _____

d. The child support before any adjustments would be \$ _____ per month, paid by (check one) Parent 1 Parent 2.

e. Select one of the following three options (check one and fill in the blanks):

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

–OR–

ii. 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	\$

The amount of child support to be paid by *(name of parent)*

_____ after any deviations is \$ _____
per month.

-OR-

iii. We understand the above calculations show the amount of child support that would be set by law. However, we have agreed to a different amount. We agree to child support in the amount of *(put the amount of child support you agree upon)* \$ _____ per month paid by (*check one*) Parent 1 Parent 2, and we declare as follows *(both parties must initial the below statements)*:

_____ 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.

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

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

6
7 We agree to the child support amount listed above. _____
8 (Petitioner 1 initials) (Petitioner 2 initials)

Child Support Payment
Petitioner 1 **AND** Petitioner 2 must initial their agreement.
Place an **"X"** in a box to select **ONLY ONE** of the two statements below.

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

-OR-

14 b. A wage assignment is or should be put in place and payment should be enforced
15 through the District Attorney's Office.

-OR-

17 c. Both parents agree that no child support should be paid.

19 We agree to the child support payment plan above. _____
20 (Petitioner 1 initials) (Petitioner 2 initials)

Child Care
Petitioner 1 **AND** Petitioner 2 must initial their agreement.
Place an **"X"** in a box to select **ONLY ONE** of the two statements below.

24 14. a. There are no child care costs for either parent.

25 b. Child care is \$ _____ per month and should be paid by parent 1
26 parent 2 both parents equally other: _____.

28 We agree to the child care payment plan above. _____
(Petitioner 1 initials) (Petitioner 2 initials)

Health Care for Child(ren)

Petitioner 1 **AND** Petitioner 2 must initial their agreement.

Complete the statements below.

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

15. a. The child(ren) are, or will be covered by the following health insurance policy:

Medicaid

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. We 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.

We agree to the above health care for the child(ren) _____
(Petitioner 1 initials) (Petitioner 2 initials)

Tax Deduction

Both parents must initial their agreement.

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

16. a. Every year, _____
(Name of parent)

should claim the child(ren) as dependents for tax purposes.

-OR-

1 b. The tax deduction should alternate, with _____
2 (Name of parent)
3 claiming the child(ren) in **EVEN NUMBERED** -OR- **ODD NUMBERED** years,
4 and the other parent claiming the child(ren) in the other years.

5 -OR-

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

7 _____ will claim: _____
8 (Name of parent) (Name of child(ren) this parent is claiming)

9 _____ will claim: _____
10 (Name of other parent) (Name of child(ren) this parent is claiming)

11 We agree to the tax deductions selected above. _____
12 (Parent's initials)

13 **School Enrollment**

14 Both parents must initial their agreement.

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

16 **17.** The child(ren) should attend:

17 a. The school(s) zoned for _____ address.
18 (Name of parent)

19 -OR-

20 b. Other: _____

21 We agree to the school enrollment selected above.

22 _____
23 (Parent's initials)

24 **Additional Relief**

25 Both parents must initial their agreement.

26 Do you have any other requests you would like the Court to consider?

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

28 **18.** a. No additional relief is requested.

-OR-

b. We request the additional relief listed below:

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____

8 If more room is needed, attach additional sheets.

9 Each additional sheet must be initialed by both parents.

10 We agree on the statement selected above. _____

11 **19.** We reserve the right to amend this Petition, and to request ^(Parent's initials) additional and/or modified relief.

12 **20.** We ask for judgment as follows:

- 13 a. That we be granted our requests regarding custody, visitation and child support as set
- 14 forth above; and
- 15 b. For other and further relief as the Court may deem just and proper in this action.

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

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

20
21 Date: _____ Petitioner 1's Signature: _____

22
23 Print Petitioner 1's Name: _____

24
25
26 Date: _____ Petitioner 2's Signature: _____

27
28 Print Petitioner 2's Name: _____