

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

16 _____,
17 Parent's Name, Case No. _____
18 and Dept. No. _____
19 _____,
20 Other Parent's Name,
21 Joint Petitioners.
22 _____/

23 JOINT PETITION TO ESTABLISH CUSTODY AND VISITATION

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

26 -OR-

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

29 //
30 //

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 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 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 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 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)

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)

//

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.

1 **Option 3** Three Weekends a Month: (Primary Custody) The minor child(ren) will spend
2 the first three full weekends (starts on the first Friday of the month) with:

3 _____
4 (Name of parent)

Remaining weekdays and weekends will be spent with the other parent.

5 The exchange will take place on Friday at _____ **A.M.** -OR- **P.M.** and Sunday
6 at _____ **A.M.** -OR- **P.M.**
7 (Time) (Time)

8 The parties will exchange the child(ren) at _____
9 (Location)

10 **Option 4** Schedule Described Below: We request the following schedule (*Include instructions*
11 *for transportation and exchanges with times and locations.*):

12 _____
13 _____
14 _____
15 _____
16 _____
17 _____
18 _____
19 _____
20 _____
21 _____
22 _____
23 _____

24 If more room is needed, attach additional sheets.

25 Each additional sheet must be initialed by both parents.

26 We agree to the visitation and transportation schedule selected above.

27 _____
28 (Parent's initials)

//

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
(Name of parent)
they will spend with the other parent. This will alternate for the remainder of the summer break.

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

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.**

12. Petitioner 1’s gross monthly income is: \$ _____
(Amount earned per month before deductions)

Petitioner 2’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.

Each additional sheet must be initialed by both parents.

1 The amount of child support for _____
2 (Name of parent)

3 after any deviation(s) is \$ _____ per month. This amount of child
4 (Amount of child support)

5 support is in compliance with NRS 125B.070.

6
7 We agree to the child support amount listed above. _____
8 (Parent's initials)

9
10 **Child Support Payment**

11 Both parents must initial their agreement.

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

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

14 -OR-

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

17 We agree to the child support payment plan above. _____
18 (Parent's initials)

19 **Health Care for Child(ren)**

20 Both parents must initial their agreement.

21 Complete the statements below.

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

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

25
26 b. Who will provide health insurance for the minor child(ren)?

27 _____ -OR- **BOTH PARENTS**
28 (Name of parent)

1 c. We will equally share all costs of insurance for the minor child(ren), including, premiums,
2 deductibles, and any uncovered medical, dental, or vision expenses. If either parent incurs a
3 medical expense on behalf of the child(ren), they will provide the other parent with proof of
4 payment and a copy of the bill within 30 days of receiving it, and the other parent will have
5 30 days to reimburse their half of the amount paid or to set up payment arrangements through
6 the health care provider.

7
8 We agree to the above health care options for the child(ren).

9 _____
10 (Parent's initials)

11 **Tax Deduction**

12 Both parents must initial their agreement.

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

14
15 15. a. Every year, _____
16 (Name of parent)

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

18 **-OR-**

19 b. The tax deduction should alternate, with _____
20 (Name of parent)
21 claiming the child(ren) in **EVEN NUMBERED** **-OR-** **ODD NUMBERED** years,
22 and the other parent claiming the child(ren) in the other years.

23 **-OR-**

24 c. The tax deduction should be shared by each of us claiming one or more children each year
25 _____ will claim: _____
26 (Name of parent) (Name of child(ren) this parent is claiming)

27 _____ will claim: _____
28 (Name of other parent) (Name of child(ren) this parent is claiming)

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

School Enrollment

Both parents must initial their agreement.

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

16. The child(ren) should attend:

a. The school(s) zoned for _____ address.

(Name of parent)

-OR-

b. Other: _____

We agree to the school enrollment selected above.

(Parent’s initials)

Additional Relief

Both parents must initial their agreement.

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.

17. a. No additional relief is requested.

-OR-

b. We request the additional relief listed below:

If more room is needed, attach additional sheets.

Each additional sheet must be initialed by both parents.

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

1 **18.** We reserve the right to amend this Petition, and to request additional and/or modified relief.

2 **19.** We ask for judgment as follows:

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

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

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

10
11 Date: _____ Petitioner 1’s Signature: _____

12
13 Print Petitioner 1’s Name: _____

14
15
16 Date: _____ Petitioner 2’s Signature: _____

17
18 Print Petitioner 2’s Name: _____

19
20
21
22
23
24
25
26
27
28