

1 Code: 1637  
2 Name: \_\_\_\_\_  
3 Address: \_\_\_\_\_  
4 Telephone: \_\_\_\_\_  
5 Email: \_\_\_\_\_  
6 Self-Represented Litigant

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

10 \_\_\_\_\_  
11 Plaintiff/Petitioner, Case No. \_\_\_\_\_  
12 vs. Dept. No. \_\_\_\_\_  
13 \_\_\_\_\_  
14 Defendant/Respondent.  
15 \_\_\_\_\_/

16  
17 CASE MANAGEMENT CONFERENCE STATEMENT - DIVORCE WITH CHILDREN

18 The purpose of the Case Management Conference Statement is to identify and give  
19 notice to the other party of the issues to be addressed at the Case Management Conference.  
20 Failure to provide notice of issues through this statement may result in those issues not  
21 being addressed at the Case Management Conference.

- 22 1. The parties have \_\_\_\_ minor child(ren) of this relationship and  
23  Paternity has not been established;  
24  There has been genetic testing (attach a copy of the test results);  
25  A Declaration of Paternity was signed and filed pursuant to NRS 126.053;  
26  Paternity has been established by Prior Court Order (Case No. \_\_\_\_\_).  
27 2. Temporary LEGAL custody of the minor child(ren) should be awarded to  **ME**  
28 **-OR-**  **MY SPOUSE** **-OR-**  **BOTH JOINTLY**, because:

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3. Temporary PHYSICAL custody of the minor child(ren) should be awarded to  **ME**  
-OR-  **MY SPOUSE** -OR-  **BOTH JOINTLY**, because:

4. Temporary VISITATION custody of the minor child(ren) should be awarded to the  
non-custodial parent as follows (include any specific days/times and any holidays that  
would occur in the next four months):  **DOES NOT APPLY** -OR-  \_\_\_\_\_

5. Exchanges of the child(ren) should take place at the following location:

6. There  **HAS** -OR-  **HAS NOT** been domestic violence between the parties.

If YES, write a brief description of what happened and when it happened and  
include any related case numbers:

7. Temporary child support should be ordered as follows:

As previously ordered in Case No. \_\_\_\_\_;

In the amount of \$\_\_\_\_\_ to be paid by  **ME** -OR-  **MY SPOUSE**

beginning \_\_\_\_\_ and payable on the \_\_\_\_ day of each month. The

1 amount being requested is based off of the attached child support work sheet.

2  The amount of child support cannot be correctly calculated at this time due to  
3 not knowing the other parties finances.

4 8. Health insurance coverage for the child(ren) should be provided by  ME -OR-  
5  MY SPOUSE.

6 9. Temporary use and possession of the family residence should be granted to  ME  
7 -OR-  MY SPOUSE -OR-  N/A as each party is maintaining a separate residence.

8 10. Temporary spousal support should be ordered in the amount of \$ \_\_\_\_\_  
9 and should be paid by  ME -OR-  MY SPOUSE -OR-  N/A beginning on  
10 \_\_\_\_\_ and payable on the \_\_\_\_ day of each month. The basis for  
11 making this request is: \_\_\_\_\_  
12 \_\_\_\_\_  
13 \_\_\_\_\_

14 11. Preliminary attorney's fees of \$ \_\_\_\_\_ should be paid to  ME -OR-  
15  MY SPOUSE -OR-  N/A.

16 12. Property and/or assets you wishes the Court to address at the Case Management  
17 Conference (for example - use of a vehicle, return of clothing, etc.): \_\_\_\_\_  
18 \_\_\_\_\_  
19 \_\_\_\_\_  
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21 \_\_\_\_\_

22 13. Debts you wishes the Court to address at the Case Management Conference (for  
23 example - bills that need to be paid while the case is pending): \_\_\_\_\_  
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28 14. Other issues to discuss at the Case Management Conference: \_\_\_\_\_

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15. Discovery issues (List any documents or information that the other party may have that you need to present your case): \_\_\_\_\_

16. Bring any documents that you think will help the judge make temporary orders on any of the issues raised above. (For example - mortgage or rent, credit card statements, telephone bills, etc. Bring three copies of any documents you plan to present in Court to the conference): \_\_\_\_\_

17. Witnesses you intends to call if the case goes to trial at a later date (list the names and contact information for any witnesses) if known at this time: \_\_\_\_\_

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

Date: \_\_\_\_\_ Your Signature: \_\_\_\_\_

Print Your Name: \_\_\_\_\_