

1 Code: 2490

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 MOTION FOR TEMPORARY SPOUSAL SUPPORT
18 AND PRELIMINARY ATTORNEY'S FEES

19 _____, appearing in proper person, moves this Court
20 (Your name)
21 for an Order granting me spousal support in the amount of \$ _____
(Amount of support you want a month)

22 a month and preliminary attorney's fees in the amount of \$ _____.
(Amount of money you want for an attorney)

23 This Motion is made and based upon the attached Points and Authorities, the pleadings, paper and
24 records on file, including my Financial Declaration.

25 DATED: _____ (Your Signature)

POINTS AND AUTHORITIES

The other party and I separated on _____ and I request
(Date of Separation)
temporary spousal support because:

*Fully explain why you need financial help to pay the community bills
Or why you feel you should be awarded temporary spousal support*

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(If you need more space, you may add pages. However, be sure the pages are the same size as this pleading paper, that they are clearly identified as a continuation of this explanation and write only on one side of the paper.)

Explain why you cannot afford to hire an attorney and why you need to hire an attorney

I cannot afford an attorney and need preliminary attorney’s fees because: _____

(If you need more space, you may add pages. However, be sure the pages are the same size as this pleading paper, that they are clearly identified as a continuation of this explanation and write only on one side of the paper.)

1 _____ is _____ at this time.
(Other party's name) (Employed or unemployed)

***If the other party is employed, answer the following questions.
If the other party is unemployed, print "N/A" in the blanks and go to the next section.***

5 _____ is employed by _____
(Other party's name) (Employer of other party)

7 and has been employed there for _____.
(State how many weeks, months or years)

9 _____ earns \$ _____ per _____.
(Other party's name) (Amount) (Hour, week, month, year)

***Answer the following only if the other party is unemployed.
If you have answered the questions above, print "N/A" in the spaces in this section.***

13 _____ has been unemployed since _____.
(Other party's name) (Date of last employment)

15 At this time, _____ was employed by _____.
(He or she) (Name of last employer)

17 and earning \$ _____ per _____.
(Amount) (Hour, week, month, year)

19 _____ _____ collecting unemployment at this time.
(Other party's name) (Is or is not)

21 _____ _____ collecting Social Security Benefits
(Other party's name) (Is or is not)

23 at this time.

25 I am requesting that this Court enter an order stating that the spousal support payment be due

27 and payable to me on or before the _____ day or each month.
(Date you want the support paid)

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LAW

The Law, as I understand it, allows this Court to order the other party to pay me temporary spousal support to help me financially until this matter is concluded, and preliminary attorneys' fees so I can hire an attorney to help me properly prepare and present my case to the Court.

I understand it is Nevada Revised Statute 125.040 that gives this Court the authority to enter such orders. I request that this Court take into consideration the Financial Affidavits and the facts as I have presented them to the Court and enter an order granting me the amount of \$_____ per month in temporary spousal support and \$_____ in preliminary attorney's fees so I can retain an attorney to properly prepare my case and to protect my rights.

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: _____

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

* * *

_____))
 _____))
 _____))
 vs. _____))
 _____))
 _____))
 _____))

FAMILY DIVISION MOTION/OPPOSITION NOTICE (REQUIRED)
CASE NO.
DEPT. NO.

NOTICE: THIS MOTION/OPPOSITION NOTICE **MUST BE ATTACHED AS THE LAST PAGE** to every motion or other paper filed to modify or adjust a final order that was issued pursuant to chapter 125, 125B or 125C of NRS and to any answer or response to such a motion or other paper.

A.	Mark the CORRECT ANSWER with an X .	YES	NO
	1. Has a final decree or custody order been entered in this case? If yes , then continue to Question 2. If no , you do not need to answer any other questions.		
	2. Is this a motion or an opposition to a motion filed to change a final order? If yes , then continue to Question 3. If no , you do not need to answer any other questions.		
	3. Is this a motion or an opposition to a motion filed only to change the amount of child support?		
	4. Is this a motion or an opposition to a motion for reconsideration or a new trial <u>and</u> the motion was filed within 10 days of the Judge's Order?		
	IF the answer to Question 4 is YES , write in the <u>filing date</u> found on the front page of the Judge's Order.	Date	
B.	If you answered NO to either Question 1 or 2 or YES to Question 3 or 4, you are <u>exempt</u> from the filing fee. However, if the Court later determines you should have paid the filing fee, your motion will <u>not</u> be decided until the fee is paid.		

I affirm that the answers provided on this Notice are true.

Date: _____, _____ Signature: _____

Print Name: _____

Print Address: _____

Telephone Number: _____