

1 Code: 2340
 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 MOTION FOR REVIEW AND MODIFICATION OF CHILD SUPPORT

17 1. I request the Court review and modify or adjust the child support obligation in this matter. The
 18 last order for child support in this matter was entered on *(date of last order)*

19 _____.

20

21 2.

Child's Name	Date of Birth	Current Physical Custody Order
		<input type="checkbox"/> Joint physical custody <input type="checkbox"/> I have primary/sole physical custody <input type="checkbox"/> Other parent has primary/sole physical custody
		<input type="checkbox"/> Joint physical custody <input type="checkbox"/> I have primary/sole physical custody <input type="checkbox"/> Other parent has primary/sole physical custody
		<input type="checkbox"/> Joint physical custody <input type="checkbox"/> I have primary/sole physical custody <input type="checkbox"/> Other parent has primary/sole physical custody
		<input type="checkbox"/> Joint physical custody <input type="checkbox"/> I have primary/sole physical custody <input type="checkbox"/> Other parent has primary/sole physical custody

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1 3. My child support **IS** -OR- **IS NOT** currently paid through the District Attorney's Office.

2 If the child support is paid through the District Attorney's Office, the case number is

3 _____.

4 (Case number)

5 4. My child support **IS** -OR- **IS NOT** currently up to date.

6 5. I **DO** -OR- **DO NOT** currently have a judgement for arrears. If there is a current

7 judgement the order was entered on _____ in the amount of

8 \$ _____ (Date)

9 (Amount)

10 6. I **DO** -OR- **DO NOT** currently receive public assistance.

11 7. My gross monthly income is \$ _____. Gross monthly income (GMI)

12 includes: employment income, including consistent overtime; interest and investment income;

13 Social Security old-age insurance benefits and disability benefits(SSD), but not supplemental

14 security income (SSI); alimony; military allowances; periodic payments from a pension or

15 retirement plan; and unemployment benefits

16 8. The other parent's gross monthly income **IS** \$ _____ -OR-

17 (Amount)

18 **IS UNKNOWN**.

19 9. This Motion is made for the following reasons:

20 **IS UNKNOWN**.

21

22

23 It has been three years or more since my child support has been reviewed.

24 There has been a change in custody.

25 The following child(ren), _____,

26 has/have turned 18 or, if the child(ren) was/were still in high school when they reach 18,

27 graduated high school or has/have turned 19.

28

1 The gross monthly income of **ME** –OR– **THE OTHER PARENT** has changed by
2 20% or more.

3 The parent who owes child support (obligor) is incarcerated or involuntarily institutionalized
4 for a period of 180 consecutive days or more, or is released from such incarceration or
5 involuntary institutionalization.

6 There has been a substantial change in circumstances other than those listed above (*in detail,*
7 *explain the other substantial change in circumstances*): _____

8 _____
9 _____
10 _____

11 If more room is needed, attach additional sheets.

12
13 **10.** The statutory child support amount prior to any adjustments would be \$ _____
14 per month, paid by **ME** –OR– **THE OTHER PARENT**.

15
16 **11.** I have completed the attached child support worksheet.

17
18 **12.** Not Applicable –OR– I would like to apply the following adjustments:

19

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	\$

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1 **13.** I request the following child support amount:

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

3
4 a. \$ _____ per month in child support should be paid by **ME**
5 **-OR-** **THE OTHER PARENT.**

6
7 **-OR-**

8
9 b. I don't know how much child support should be paid. The judge should set the amount.

10
11 **14.** Child care should be as follows:

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

13
14 a. There are no child care costs for either parent.

15
16 b. Child care is \$ _____ per month and should be paid by me the
17 other parent both parents equally other: _____.

18
19 **15.** Health care should be as follows:

20
21 a. The child(ren) are, or will be covered by the following health insurance policy:

22 Medicaid

23 Private/employer insurance

24 Tricare

25 Other: _____

26
27 b. The monthly premium is \$ _____ and should be paid for by me the
28 other parent both parents equally other: _____.

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

7
8 **16.** (check one of the following)

9 I do not request a hearing on this matter.

10 I request a hearing on this matter for the following reasons (*explain in detail why you*
11 *request a hearing on this matter*): _____

12 _____
13 _____
14 _____
15 _____
16 _____

17 If more room is needed, attach additional sheets.

18
19 **17.** I request the additional relief listed below (*if you have any other request you would like the*
20 *Court to consider, list in detail below*): _____

21 _____
22 _____
23 _____
24 _____
25 _____
26 _____
27 _____

28 If more room is needed, attach additional sheets.

18. Motion/Opposition Notice

A.	Mark the CORRECT ANSWER with a 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 question.		
	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 and the motion was filed within 14 days of the Judge's Order?		
	If the answer to Question 4 is yes , write in the filing date 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 a 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.		

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: _____

When to File: If you do not file an opposition/response to this request with the Court within fourteen (14) days, beginning the day after service upon you, the person who filed this request may submit it to the Court for decision. **Please note: parties who are served by U.S. Mail have three (3) additional days, a total of seventeen (17) days, to file an opposition/response.**