

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
18 **A.** I request the Court review and modify or adjust the child support obligation in this matter. To
19 the best of my knowledge, the last order for child support in this matter was entered on
20 _____.
21 (Date of Last Order)

22 **B.** The name(s) and birth date(s) of the child(ren) who are the subject of this Motion are:

<u>Name</u>	<u>Birth Date</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

C. 1. **I** -OR- **THE OTHER PARENT** has primary physical custody of the child(ren).

-OR-

2. We have joint physical custody.

D. If there is a custody agreement Order through the Courts, the date of the last order was

_____.

(Date of Order)

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

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

_____.

(Case number)

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

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

judgement the order was entered on _____ in the amount of

\$ _____.

(Date)

(Amount)

H. I **DO** -OR- **DO NOT** currently receive public assistance.

I. My total monthly income before taxes is \$ _____.

(Amount)

The other parent's total monthly income before taxes **IS** \$ _____

(Amount)

-OR- **IS UNKNOWN**.

//

//

//

1 **J.** This Motion is made for the following reasons:

2 Check all that apply.

- 3
- 4 It has been three years or more since my child support has been reviewed.
- 5 There has been a substantial change in circumstances.
- 6 There has been a change of 20% or more of the gross monthly income of the parent who
- 7 has the support obligation.
- 8 The current child support order was set based on inaccurate or false information.
- 9 Other: _____
- 10 _____

11 Explain, in detail, the statement(s) you checked above.

12

13 _____

14 _____

15 _____

16 _____

17 _____

18 If more room is needed, attach additional sheets.

19

20 **K.** I request the following child support amount:

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

22

23 1. \$_____ per month in child support should be paid by **ME**

24 **-OR-** **THE OTHER PARENT.** This amount is in compliance with NRS 125B.070.

25 **-OR-**

26 2. The amount should be set at the statutory minimum of \$100 per month, per child.

27 **-OR-**

28 3. I don't know how much child support should be paid. The Judge should set the amount.

1 L. I **DO** -OR- **DO NOT** request a hearing on this matter.

2 If a hearing is requested, please explain, in detail, why you feel a hearing is necessary.

3
4
5
6
7

8 If more room is needed, attach additional sheets.

9 M. I request the additional relief listed below:

10 If you have other requests you would like the Court to consider, please list, in detail, below.

11
12
13
14
15
16

17 If more room is needed, attach additional sheets.

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

20 I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true
21 and correct.

22 Date: _____ Your Signature: _____

23
24 Print Your Name: _____

25 **When to File:** If you do not file an opposition/response to this request with the Court within ten
26 (10) days, beginning the day after service, the person who filed this request may submit it to the
27 Court for decision. **Please note: parties who are served by U.S. Mail have three (3) additional**
28 **days, a total of thirteen (13) days, to file an opposition/response.**

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: _____