

REQUEST FOR MEDIATION

F-8

Self Help Center
1 South Sierra St., First Floor
Reno, NV 89501
775-325-6731
www.washoecourts.com

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REQUEST FOR MEDIATION

PACKET F-8

**USE THIS REQUEST PACKET ONLY IF ALL
OF THE FOLLOWING REQUIREMENTS HAVE BEEN MET:**

- You have a case in the Second Judicial District Family Division.
- You are requesting an order for mediation from the court.

INSTRUCTIONS FOR COMPLETING FORMS

CAREFULLY READ ALL INSTRUCTIONS BEFORE STARTING TO FILL OUT
ANY OF THE FORMS.

Use **black or blue ink only**. Neatly print the information requested.

Do not use correction fluid/tape on the forms.

This packet contains the following forms:

1. Request for Mediation
2. General Financial Disclosure
3. Proof of Service
4. Reply to Opposition to Request for Mediation
5. Request for Submission
6. Proof of Service

The penalty for willfully making a false statement under penalty of perjury is a minimum of 1 year, and a maximum of 4 years in prison, in addition to a fine of not more than \$5,000.00. N.R.S. §199.145.

Do Not File Or Copy This Page

INSTRUCTIONS: STEP 1

Complete the Request for Mediation as Shown:

1) Print your name, address and telephone number.

2) Print the names of the parties, the Case No. and Department No. just as they appear on all other documents in this case.

3) Complete pages 1 – 3, following the instructions on each page.

1	Code: 2095
2	Name: _____
3	Address: _____
4	Telephone: _____
5	Self-Represented Litigant
6	
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	_____, Case No. _____
12	Plaintiff / Petitioner / Joint Petitioner,
13	vs. Dept. No. _____
14	
15	_____,
16	Defendant / Respondent / Joint Petitioner.
17	
18	<u>REQUEST FOR MEDIATION</u>
19	<u>Minor Child(ren)</u>
20	Print the name(s) of the minor child(ren) below.
21	
22	A. Child 1: _____ (Date of Birth) _____
23	(First and Last Name)
24	Child 2: _____ (Date of Birth) _____
25	(First and Last Name)
26	Child 3: _____ (Date of Birth) _____
27	(First and Last Name)
28	
	If more room is needed, attach additional sheets.
	REV 04/2015 SB
	1
	REQUEST FOR MEDIATION

1 Code: 2095

2 Name: _____

3 Address: _____

4 Telephone: _____

5 Self-Represented Litigant

6 IN THE FAMILY DIVISION
7 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
8 IN AND FOR THE COUNTY OF WASHOE
9
10

11 _____,
12 Plaintiff / Petitioner / Joint Petitioner,

Case No. _____

13 vs. Dept. No. _____

14 _____,
15 Defendant / Respondent / Joint Petitioner.

16 REQUEST FOR MEDIATION
17

18 **Minor Child(ren)**

19 Print the name(s) of the minor child(ren) below.
20

21
22 A. Child 1: _____
23 (First and Last Name)

(Date of Birth)

24 Child 2: _____
25 (First and Last Name)

(Date of Birth)

26 Child 3: _____
27 (First and Last Name)

(Date of Birth)

28 If more room is needed, attach additional sheets.

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Reason(s) for Mediation
Check all of the boxes that apply.

B. I request that mediation be ordered for the purpose of the parents attempting to work together to resolve the following issue(s):

- Custody / Visitation Holiday Schedule Vacation Schedule
- School Enrollment Relocation Extra-Curricular Activities
- Other: _____

Reason(s) for Mediation, Continued
In detail, tell the Court why you believe your request for mediation should be granted.

C. _____

If more room is needed, attach additional sheets.

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Additional Information
Select "Yes" **OR** "NO" by checking one box next to each statement.

D. Yes No I have completed an updated financial declaration that I will file with this Request for Mediation.

Yes No I understand that there is a fee to use the Court mediation program.
(Fees range from \$0 to \$300.00, per person, based upon income).

Yes No The Court previously ordered that we are to attend mediation prior to filing a Motion. If yes, date of the Order / Decree: _____.

Yes No I request to appear at mediation by telephone, because of the following circumstances: _____
_____.

This document does not contain the Social Security number of any person.

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: _____

Notice to the parent receiving this Request: You have ten (10) judicial days, plus three (3) calendar days if the Request was mailed, to respond to this Request. After the time to respond has passed, the parent who filed this Request may submit it to the Court for decision.

Do Not File Or Copy This Page

INSTRUCTIONS: STEP 2

Completing the General Financial Disclosure Form

1) Print your name, address, email, and telephone number.

2) Print "Second".

3) Print "Washoe County".

4) Print the names of the parties, the case number and department number just as they appear on all other documents in this case.

5) Answer all of the questions on each page of the document. There are a total of eight (8) pages that need to be completed.

MISC
Name: _____
Address: _____
Phone: _____
Email: _____
Attorney for
Nevada State Bar No. _____

_____ Judicial District Court
_____, Nevada

_____ Plaintiff, vs. _____ Defendant.	Case No. _____ Dept. _____
---	-------------------------------

GENERAL FINANCIAL DISCLOSURE FORM

A. Personal Information:

1. What is your full name? (*first, middle, last*) _____
2. How old are you? _____ 3. What is your date of birth? _____
4. What is your highest level of education? _____

B. Employment Information:

1. Are you currently employed/ self-employed? (check one)
 No
 Yes If yes, complete the table below. Attached an additional page if needed.

Date of Hire	Employer Name	Job Title	Work Schedule (days)	Work Schedule (shift times)

2. Are you disabled? (check one)
 No
 Yes If yes, what is your level of disability? _____
What agency certified you disabled? _____
What is the nature of your disability? _____

C. Prior Employment: If you are unemployed or have been working at your current job for less than 2 years, complete the following information.

Prior Employer: _____ Date of Hire: _____ Date of Termination: _____
Reason for Leaving: _____

Rev. 8-1-2014 Page 1

MISC

Name: _____

Address: _____

Phone: _____

Email: _____

Attorney for _____

Nevada State Bar No. _____

Second Judicial District Court

Washoe County, Nevada

_____ Plaintiff / Petitioner, vs. _____ Defendant / Respondent.	Case No. _____ Dept. _____
---	-----------------------------------

GENERAL FINANCIAL DISCLOSURE FORM

A. Personal Information:

1. What is your full name? (*first, middle, last*) _____
2. How old are you? _____
3. What is your date of birth? _____
4. What is your highest level of education? _____

B. Employment Information:

1. Are you currently employed/ self-employed? (check one)
 - No
 - Yes If yes, complete the table below. Attached an additional page if needed.

Date of Hire	Employer Name	Job Title	Work Schedule (days)	Work Schedule (shift times)

2. Are you disabled? (check one)
 - No
 - Yes If yes, what is your level of disability? _____
 What agency certified you disabled? _____
 What is the nature of your disability? _____

C. Prior Employment: If you are unemployed or have been working at your current job for less than 2 years, complete the following information.

Prior Employer: _____ Date of Hire: _____

Date of Termination: _____ Reason for Leaving: _____

Monthly Personal Income Schedule

A. Year-to-date Income.

As of the pay period ending _____ my gross year to date pay is _____.

B. Determine your Gross Monthly Income.

Hourly Wage

	×		=		×	52 Weeks	=		÷	12 Months	=	
Hourly Wage		Number of hours worked per week		Weekly Income				Annual Incom				Gross Monthly Income

Annual Salary

	÷	12 Months	=	
Annual Income				Gross Monthly Income

C. Other Sources of Income.

Source of Income	Frequency	Amount	12 Month Average
Annuity or Trust Income			
Bonuses			
Car, Housing, or Other allowance:			
Commissions or Tips:			
Net Rental Income:			
Overtime Pay			
Pension/Retirement:			
Social Security Income (SSI):			
Social Security Disability (SSD):			
Spousal Support			
Child Support			
Workman's Compensation			
Other:			
Total Average Other Income Received			

Total Average Gross Monthly Income (add totals from B and C above)	
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D. Monthly Deductions

	Type of Deduction	Amount
1.	Court Ordered Child Support (automatically deducted from paycheck)	
2.	Federal Health Savings Plan	
3.	Federal Income Tax	
4.	Health Insurance Amount for you: _____ For Opposing Party: _____ For your Child(ren): _____	
5.	Life, Disability, or Other Insurance Premiums	
6.	Medicare	
7.	Retirement, Pension, IRA, or 401(k)	
8.	Savings	
9.	Social Security	
10.	Union Dues	
11.	Other: (Type of Deduction)	
Total Monthly Deductions (Lines 1-11)		

Business/Self-Employment Income & Expense Schedule

A. Business Income:

What is your average gross (pre-tax) monthly income/revenue from self-employment or businesses?
 \$ _____

B. Business Expenses: Attach an additional page if needed.

Type of Business Expense	Frequency	Amount	12 Month Average
Advertising			
Car and truck used for business			
Commissions, wages or fees			
Business Entertainment/Travel			
Insurance			
Legal and professional			
Mortgage or Rent			
Pension and profit-sharing plans			
Repairs and maintenance			
Supplies			
Taxes and licenses (include est. tax payments)			
Utilities			
Other:			
Total Average Business Expenses			

Personal Expense Schedule (Monthly)

A. Fill in the table with the amount of money **you** spend each month on the following expenses and check whether you pay the expense for you, for the other party, or for both of you.

Expense	Monthly Amount I Pay	For Me <input type="checkbox"/>	Other Party <input type="checkbox"/>	For Both <input type="checkbox"/>
Alimony/Spousal Support				
Auto Insurance				
Car Loan/Lease Payment				
Cell Phone				
Child Support (not deducted from pay)				
Clothing, Shoes, Etc...				
Credit Card Payments (minimum due)				
Dry Cleaning				
Electric				
Food (groceries & restaurants)				
Fuel				
Gas (for home)				
Health Insurance (not deducted from pay)				
HOA				
Home Insurance (if not included in mortgage)				
Home Phone				
Internet/Cable				
Lawn Care				
Membership Fees				
Mortgage/Rent/Lease				
Pest Control				
Pets				
Pool Service				
Property Taxes (if not included in mortgage)				
Security				
Sewer				
Student Loans				
Unreimbursed Medical Expense				
Water				
Other:				
Total Monthly Expenses				

Household Information

- A. Fill in the table below with the name and date of birth of each child, the person the child is living with, and whether the child is from this relationship. Attached a separate sheet if needed.

	Child's Name	Child's DOB	Whom is this child living with?	Is this child from this relationship	Has this child been certified as special needs/disabled?
1 st					
2 nd					
3 rd					
4 th					

- B. Fill in the table below with the amount of money you spend each month on the following expenses for each child.

Type of Expense	1 st Child	2 nd Child	3 rd Child	4 th Child
Cellular Phone				
Child Care				
Clothing				
Education				
Entertainment				
Extracurricular & Sports				
Health Insurance (if not deducted from pay)				
Summer Camp/Programs				
Transportation Costs for Visitation				
Unreimbursed Medical Expenses				
Vehicle				
Other:				
Total Monthly Expenses				

- C. Fill in the table below with the names, ages, and the amount of money contributed by all persons living in the home over the age of eighteen. If more than 4 adult household members attached a separate sheet.

Name	Age	Person's Relationship to You (i.e. sister, friend, cousin, etc...)	Monthly Contribution

Personal Asset and Debt Chart

A. Complete this chart by listing all of your assets, the value of each, the amount owed on each, and whose name the asset or debt is under. If more than 15 assets, attach a separate sheet.

Line	Description of Asset and Debt Thereon	Gross Value		Total Amount Owed		Net Value	Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both
1.		\$	-	\$	=	\$	
2.		\$	-	\$	=	\$	
3.		\$	-	\$	=	\$	
4.		\$	-	\$	=	\$	
5.		\$	-	\$	=	\$	
6.		\$	-	\$	=	\$	
7.		\$	-	\$	=	\$	
8.		\$	-	\$	=	\$	
9.		\$	-	\$	=	\$	
10.		\$	-	\$	=	\$	
11.		\$	-	\$	=	\$	
12.		\$	-	\$	=	\$	
13.		\$	-	\$	=	\$	
14.		\$	-	\$	=	\$	
15.		\$	-	\$	=	\$	
Total Value of Assets (add lines 1-15)		\$	-	\$	=	\$	

B. Complete this chart by listing all of your unsecured debt, the amount owed on each account, and whose name the debt is under. If more than 5 unsecured debts, attach a separate sheet.

Line #	Description of Credit Card or Other Unsecured Debt	Total Amount owed	Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	
6.		\$	
Total Unsecured Debt (add lines 1-6)		\$	

CERTIFICATION

Attorney Information: *Complete the following sentences:*

1. I (*have/have not*) _____ retained an attorney for this case.
2. As of the date of today, the attorney has been paid a total of \$ _____ on my behalf.
3. I have a credit with my attorney in the amount of \$ _____.
4. I currently owe my attorney at total of \$ _____.
5. I owe my prior attorney at total of \$ _____.

IMPORTANT: Read the following paragraphs carefully and initial each one if applicable.

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

_____ I swear or affirm under penalty of perjury that I have read and followed all instructions in completing this Financial Disclosure Form. I understand that, by my signature, I guarantee the truthfulness of the information on this Form. I also understand that if I knowingly make false statements I may be subject to punishment, including contempt of court.

_____ **I have attached a copy of my 3 most recent pay stubs to this form.**

_____ **I have attached a copy of my most recent YTD income statement/P&L statement to this form, if self-employed.**

_____ **I have not attached a copy of my pay stubs to this form because I am currently unemployed.**

Signature

Date

Do Not File Or Copy This Page

INSTRUCTIONS: STEP 3

Electronically Filing the Documents

You will need to upload the original documents to eFlex. EFlex is available online at <https://wcefex.washoecourts.com/>, and at the Second Judicial District Court.

Sign into your eFlex account using the username and password you created and electronically file the:

- Request for Mediation; and
- General Financial Disclosure.

Make sure to keep the original documents you file for your personal records. File-stamped copies of your documents are available through your eFlex account.

Scanners are available at the Second Judicial District Court.

There may be a filing fee charged when documents are filed. Fee information is available at the Filing Office and online at: www.washoecourts.com.

FILING FEE WAIVERS

If you cannot afford the filing fee, you may apply to have your filing fee waived. To apply, you must fill out and file the application found in the **Application for Waiver of Fees and Costs packet**, which may be obtained at the following locations:

- Family Division Self Help Center, 1 South Sierra Street, Reno, NV, First Floor
- Filing Office, 75 Court Street, Reno, NV, First Floor
- Protection Order Help Center, 1 South Sierra Street, Reno, NV, Third Floor
- Online at: www.washoecourts.com (select the “Forms and Packets” tab on the right hand side of the home screen)

Once a document has been electronically filed, a Notice of Electronic Filing will be automatically generated and sent to any electronic filers in the case. All electronic filers have agreed to accept the notice as valid and effective service. This replaces the need for paper service.

If the other party has not yet signed up for electronic filing, or you do not know whether the other party is an electronic filer, please contact the Self Help Center. **Additional steps are required to complete service if the other party is not an electronic filer.**

The Notice of Electronic Filing does not replace the Proof of Service (*see* INSTRUCTIONS: STEP 4).

Do Not File Or Copy This Page

INSTRUCTIONS: STEP 4

Complete the Proof of Service as Shown:

This form must be completed by the person who serves the documents.

1) Print your name, address, telephone number, and email.

2) Print the names of the parties, the Case No. and Department No. just as they appear in all other documents in this case.

3) Print the name of the person served, and the date served.

4) Mark the box for how they were served. If serving by personal service, certified mail, or postage prepaid, and write the address.

5) The person who serves the document(s) must date, sign, and print their name.

1	Code: 3720
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	Plaintiff / Petitioner / Joint Petitioner, Case No. _____
11	vs. Dept. No. _____
12	Defendant / Respondent / Joint Petitioner.
13	<u>PROOF OF SERVICE</u>
14	I served a true and correct copy of REQUEST FOR MEDIATION AND GENERAL
15	FINANCIAL DISCLOSURE upon the following people:
16	1. Name: _____ Date: _____
17	By: <input type="checkbox"/> Service by eFlex <input type="checkbox"/> Personal Service
18	<input type="checkbox"/> Certified mail, return receipt attached <input type="checkbox"/> U.S. Mail, postage prepaid
19	<input type="checkbox"/> Other: _____
20	Address where service occurred, if applicable: _____
21	If more room is needed, attach additional sheets.
22	A copy of this Proof of Service has been electronically served, mailed, or personally delivered
23	to all parties or their lawyer.
24	This document does not contain the personal information of any person as defined by
25	NRS 603A.040.
26	Date: _____ Your Signature: _____
27	Print Your Name: _____
28	
	REV 9/2018 JCB 1 PROOF OF SERVICE

1 Code: 3720

Name: _____

2 Address: _____

3 Telephone: _____

Email: _____

4 Self-Represented Litigant

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

8
9 _____,
Plaintiff / Petitioner / Joint Petitioner,

Case No. _____

10 vs.

Dept. No. _____

11
12 _____,
Defendant / Respondent / Joint Petitioner.

13 PROOF OF SERVICE

14
15 I served a true and correct copy of REQUEST FOR MEDIATION AND GENERAL
16 FINANCIAL DISCLOSURE upon the following people:

17 1. Name: _____ Date: _____

18 By: Service by eFlex

Personal Service

19 Certified mail, return receipt attached

U.S. Mail, postage prepaid

20 Other: _____

21 Address where service occurred, if applicable: _____

22 If more room is needed, attach additional sheets.

23 A copy of this Proof of Service has been electronically served, mailed, or personally delivered
24 to all parties or their lawyer.

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

27 Date: _____

Your Signature: _____

28 Print Your Name: _____

Do Not File Or Copy This Page

INSTRUCTIONS: STEP 5

Filing the Proof of Service

After service is completed, you must file the Proof of Service with the Court (*See INSTRUCTIONS: STEP 3*). There will not be a filing fee for the Proof of Service.

Without proof of service on the other party, the court cannot consider your request.

Time to Respond

If service is completed by electronic filing or mail, the other party has ten (10) judicial days, plus three (3) calendar days, beginning the day after electronic service is made through eFlex or the documents are mailed.

If personal service is completed, the other party has ten (10) judicial days, not counting the day you hand them a copy of the Request for Mediation to file a response.

If the other party does not respond within that time period, please skip **INSTRUCTIONS: STEP 6** and continue to **INSTRUCTIONS: STEP 7**.

If the other party does file a response, please continue to **INSTRUCTIONS: STEP 6**. You will have five (5) judicial days, plus three (3) calendar days after you are served through eFlex to file your Reply.

Do Not File Or Copy This Page

INSTRUCTIONS: STEP 6

Complete the Reply as Shown:

1) Print your name, address and telephone number.

2) Print the names of the parties, the case number and department number just as they appear on all other documents in this case.

3) Complete pages 1-2, following the instructions on each page.

1	Code: 3795
2	Name: _____
3	Address: _____
4	Telephone: _____
5	Self-Represented Litigant
6	
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	_____, Case No. _____
12	Plaintiff / Petitioner / Joint Petitioner,
13	vs. Dept. No. _____
14	
15	_____,
16	Defendant / Respondent / Joint Petitioner.
17	
18	<u>REPLY TO OPPOSITION TO REQUEST FOR MEDIATION</u>
19	<u>Reply</u>
20	Below, write your reply to the opposition.
21	A. _____
22	_____
23	_____
24	_____
25	_____
26	_____
27	_____
28	_____

REV 05/2015 ER. 1 REPLY - REQUEST FOR MEDIATION

1 Code: 3795

2 Name: _____

3 Address: _____

4 Telephone: _____

5 Self-Represented Litigant

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

9
10
11 _____,
12 Plaintiff / Petitioner / Joint Petitioner,

Case No. _____

13 vs. Dept. No. _____

14 _____,
15 Defendant / Respondent / Joint Petitioner.

16 REPLY TO OPPOSITION TO REQUEST FOR MEDIATION

17
18 Reply

19 Below, write your reply to the opposition.

20
21 **A.** _____
22 _____
23 _____
24 _____
25 _____
26 _____
27 _____
28 _____

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If more room is needed, attach additional sheets.

This document does not contain the Social Security number of any person.

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: _____

Do Not File Or Copy This Page

INSTRUCTIONS: STEP 7

Complete the Request for Submission as Shown:

1) Print your name, address and telephone number.

2) Print the names of the parties, the case number and department number just as they appear on all other documents in this case.

3) Print the date you filed the Request.

4) Print your name, sign, and date the document.

1	Code: 3860
	Name: _____
	Address: _____
3	_____
	Telephone: _____
4	Email: _____
	Self-Represented Litigant
5	
6	
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	
12	_____
13	Plaintiff/Petitioner/ Joint Petitioner, Case No. _____
14	vs. Dept. No. _____
15	
16	_____
17	Defendant/Respondent/ Joint Petitioner.
18	
19	<u>REQUEST FOR SUBMISSION</u>
20	
21	I request that the REQUEST FOR MEDIATION that was filed on _____
22	_____ be submitted to the Court for decision.
	(Date the document was filed with the Court)
23	
24	This document does not contain the personal information of any person as defined by NRS
25	603A.040.
26	Date: _____ Your Signature: _____
27	
28	Print Your Name: _____
	1
	REV 03/2018 JDB
	ES REQUEST FOR SUBMISSION

1 Code: 3860

2 Name: _____

3 Address: _____

4 Telephone: _____

5 Email: _____

6 Self-Represented Litigant

7
8 IN THE FAMILY DIVISION
9 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
10 IN AND FOR THE COUNTY OF WASHOE
11

12 _____,
13 Plaintiff/Petitioner/ Joint Petitioner, Case No. _____

14 vs. Dept. No. _____

15 _____,
16 Defendant/Respondent/ Joint Petitioner.
17 _____/

18
19 REQUEST FOR SUBMISSION

20 I request that the REQUEST FOR MEDIATION that was filed on

21 _____ be submitted to the Court for decision.

22 (Date the document was filed with the Court)

23 This document does not contain the personal information of any person as defined by NRS
24 603A.040.

25
26 Date: _____ Your Signature: _____

27
28 Print Your Name: _____

Do Not File Or Copy This Page

INSTRUCTIONS: STEP 8

Filing and Serving the Reply and Request for Submission

File, and serve the Reply and Request for Submission as you did the Request for Mediation (*see* INSTRUCTIONS: STEP 3).

INSTRUCTIONS: STEP 9

Complete and File the Proof of Service for the Reply and Request for Submission

Complete the second Proof of Service for both the Reply and Request for Submission (*see* INSTRUCTIONS: STEP 4). File the Proof of Service (*see* INSTRUCTIONS: STEP 3). There is no fee to file these documents.

Legal Assistance

The information in this packet is provided as a courtesy only. This packet is not a substitute for the advice of an attorney. Counsel is always recommended for legal matters.

If you do not have an attorney, you are encouraged to seek the advice of a licensed attorney or visit the Family Division Self Help Center which is located at One South Sierra Street, Reno, NV. **The Self Help Center cannot give legal advice** but can give information regarding court procedures.

You may also wish to speak with a family law lawyer at no cost through the Law Library's "Lawyer in the Library" program, or to seek assistance from other free or reduced-cost legal resources in the area, to include:

LAWYER IN THE LIBRARY

First Floor (to the left of the filing office) of the courthouse located at:
75 Court Street, Reno, NV.
(775) 328-3250

www.washoecourts.com/lawlib

Tuesday Evenings - Arrive by 4:25 p.m.

Please Note The program is limited to 10 participants each evening.

NEVADA LEGAL SERVICES

204 Marsh Avenue Reno, NV 89509
(775) 284-3491 – leave message if necessary
<http://nlslaw.net>

WASHOE LEGAL SERVICES

299 S. Arlington Avenue Reno, NV 89501
(775) 329-2727 – leave message if necessary
<http://www.washoelegalservices.org>

1 Code: 3720

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 / Joint Petitioner,

Case No. _____

12 vs.

Dept. No. _____

13 _____,
14 Defendant / Respondent / Joint Petitioner.

15 PROOF OF SERVICE

16 I served a true and correct copy of _____
(Name of document(s) served)

17 upon the following people:

18 1. Name: _____ Date: _____

19 By: Service by eFlex

Personal Service

Certified mail, return receipt attached

U.S. Mail, postage prepaid

Other: _____

21 Address where service occurred, if applicable: _____

22 If more room is needed, attach additional sheets.

23 A copy of this Proof of Service has been electronically served, mailed, or personally delivered
24 to all parties or their lawyer.

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

27 Date: _____

Your Signature: _____

28 Print Your Name: _____