

Code: 1637
Name: _____
Address: _____

Telephone: _____
Email: _____

Self-Represented Litigant

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

Plaintiff/Petitioner, Case No. _____
vs. Dept. No. _____

Defendant/Respondent.

CASE MANAGEMENT CONFERENCE STATEMENT - DIVORCE WITH CHILDREN

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

- The parties have ____ minor child(ren) of this relationship and
 - Paternity has not been established;
 - There has been genetic testing (attach a copy of the test results);
 - A Declaration of Paternity was signed and filed pursuant to NRS 126.053;
 - Paternity has been established by Prior Court Order (Case No. _____).
- Temporary LEGAL custody of the minor child(ren) should be awarded to ME -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 _____
20 _____
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): _____
24 _____
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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: _____

1 Code: 3720

2 Name: _____

3 Address: _____

4 Telephone: _____

5 Email: _____

6 Self-Represented Litigant

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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 Plaintiff/Petitioner,

Case No. _____

13 vs.

14 Dept. No. _____

15 _____,
16 Defendant/Respondent.

17 PROOF OF SERVICE

18 Pursuant to Nevada Rule of Civil Procedure 5(b), I served a true and correct copy of
19 the CASE MANAGEMENT CONFERENCE STATEMENT filed on _____
20 (Date filed)
21 in the manner(s) and at the location(s) described below. A copy of this Proof of Service has
22 been mailed or personally delivered to all parties or their lawyer.

23 Service Description

24 Fill in the information requested on the next page for each person who has been
25 served. If a person was served by United States Postal Service certified mail, you
26 must attach the return receipt to this document.

1 A copy of the above named document(s) was served upon the following people:

2 1. Name: _____ Date: _____
3 (Name of the person who was served) (Date of service: month / day / year)

4 By: Personal service -OR- Service by U.S. Mail, postage prepaid -OR-

5
6 Certified mail, return receipt attached -OR- Other: _____

7
8 Address: _____
9 (Mailing address or physical address where service took place)

10
11
12 2. Name: _____ Date: _____
13 (Name of the person who was served) (Date of service: month / day / year)

14 By: Personal service -OR- Service by U.S. Mail, postage prepaid -OR-

15
16 Certified mail, return receipt attached -OR- Other: _____

17
18 Address: _____
19 (Mailing address or physical address where service took place)

20
21 If more room is needed, attach additional sheets

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

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

26 Date: _____ Your Signature: _____

27 Print Your Name: _____