

1 Code: 1327
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 _____,
12 Plaintiff/Petitioner, Case No. _____
13 vs. Dept. No. _____
14 _____,
15 Defendant/Respondent.
16 _____/

17 CASE MANAGEMENT CONFERENCE STATEMENT - UNMARRIED PARTIES

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

- 22 1. The parties have ____ minor child(ren) of this relationship and
23 Paternity has not been established;
24 There has been genetic testing (attach a copy of the test results);
25 A Declaration of Paternity was signed and filed pursuant to NRS 126.053;
26 Paternity has been established by prior Court Order (Case No. _____).
27 2. Temporary LEGAL custody of the minor child(ren) should be awarded to **ME**
28

1 -OR- THE OTHER PARTY -OR- BOTH PARENTS JOINTLY, because:

2 _____
3 _____
4 _____

5 3. Temporary PHYSICAL custody of the minor child(ren) should be awarded to ME

6 -OR- THE OTHER PARTY -OR- BOTH PARENTS JOINTLY, because:

7 _____
8 _____
9 _____

10 4. Temporary VISITATION custody of the minor child(ren) should be awarded to the
11 non-custodial parent as follows (include any specific days/times and any holidays that
12 would occur in the next four months): DOES NOT APPLY -OR- _____

13 _____
14 _____
15 _____

16 5. Exchanges of the child(ren) should take place at the following location:

17 _____

18 6. There HAS -OR- HAS NOT been domestic violence between the parties.

19 If YES, write a brief description of what happened and when it happened and
20 include any related case numbers: _____

21 _____
22 _____
23 _____

24 7. Temporary child support should be ordered as follows:

25 As previously ordered in Case No. _____;

26 In the amount of \$_____ to be paid by ME -OR- OTHER PARENT
27 beginning _____ and payable on the ____ day of each month. The
28 amount being requested is based off of the attached child support work sheet.

1 The amount of child support cannot be correctly calculated at this time due to
2 not knowing the other parties finances.

3 8. Health insurance coverage for the child(ren) should be provided by

4 ME -OR- OTHER PARTY.

5 9. Other issues to discuss at the Case Management Conference: _____

6 _____

7 _____

8 _____

9 _____

10 10. Discovery issues (List any documents or information that the other party may have
11 that you need to present your case): _____

12 _____

13 _____

14 11. Bring any documents that you think will help the Judge make temporary orders on any
15 of the issues raised above. (For example - mortgage or rent, credit card statements,
16 telephone bills, etc. Bring three copies of any documents you plan to present in Court to
17 the conference): _____

18 _____

19 _____

20 12. Witnesses you intend to call if the case goes to trial at a later date (list the name and
21 contact information for any witnesses) if known at this time: _____

22 _____

23 _____

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: _____

1 Code: 3720

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 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: _____