

1 Code: 3935

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  
17 SETTLEMENT CONFERENCE STATEMENT – DIVORCE WITHOUT CHILDREN

18 My Settlement Conference Statement is as follows:

19 For each section mark the correct box.  
20 • If the issue has been **resolved**, write down what you agreed upon.  
21 • If the issue is **unresolved**, write down what you are asking for. Attach  
22 additional sheets if more room is needed.

23 1. Division of Community Debts:  **Resolved** –OR–  **Unresolved** –OR–

24  **No community debts**

25 a. I should be responsible for the following debts:

26 \_\_\_\_\_  
27 \_\_\_\_\_  
28 \_\_\_\_\_

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b. My spouse should be responsible for the following debts:

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2. Division of Community Property:  **Resolved** -OR-  **Unresolved** -OR-  
 **No community property**

a. I should receive the following property:

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b. My spouse should receive the following property:

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3. Alimony:  **Resolved** -OR-  **Unresolved**

a. Alimony should be paid to  **Me** -OR-  **My spouse** in the amount of  
\$\_\_\_\_\_. Payment should be paid directly to the party on the \_\_\_\_\_ day  
of each month starting on \_\_\_\_\_.



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.

Dept. No. \_\_\_\_\_

14  
15 \_\_\_\_\_,  
16 Defendant/Respondent.

17 PROOF OF SERVICE

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

24 **Service Description**

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

1  
2 A copy of the above named document(s) was served upon the following people:  
3

4 1. Name: \_\_\_\_\_ Date: \_\_\_\_\_  
5 (Name of the person who was served) (Date of service: month / day / year)

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

7  Certified mail, return receipt attached -OR-  Other: \_\_\_\_\_

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  Certified mail, return receipt attached -OR-  Other: \_\_\_\_\_

16 Address: \_\_\_\_\_  
17 (Mailing address or physical address where service took place)

18 If more room is needed, attach additional sheets

19  
20 This document does not contain the personal information of any person as defined by NRS  
21 603A.040.

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

24 Date: \_\_\_\_\_ Your Signature: \_\_\_\_\_

25 Print Your Name: \_\_\_\_\_  
26  
27  
28