

1 Code: 3935

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,

Case No. _____

14 vs.

Dept. No. _____

15 _____,
16 Defendant/Respondent.

17
18 SETTLEMENT CONFERENCE STATEMENT – UNMARRIED PARENTS

19 My Settlement Conference Statement is as follows:

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

23 1. Custody and Visitation of Minor Child(ren): **Resolved** –OR– **Unresolved**

24 a. Legal custody should go to **Me** –OR– **The other parent** –OR–

25 **Both parents.**

26 b. Physical custody should go to **Me** –OR– **The other parent** –OR–

27 **Both parents.**

28 //

1 c. The custody/visitation and exchange schedule should be as follows: _____

2 _____

3 _____

4 _____

5 d. The holiday and summer visitation schedule should be as follows: _____

6 _____

7 _____

8 _____

9 e. Transportation should be provided by the party **Picking up** -OR- **Dropping off**
10 -OR- **Other:** _____

11
12 2. Child Support: **Resolved** -OR- **Unresolved**

13 a. Child support should be paid to **Me** -OR- **The other parent** in the amount of
14 \$_____.

15 b. Payment should be **Paid directly to the party on the _____ day of each month**
16 **starting on _____** -OR- **Be enforced through the District**
17 **Attorney's Office.**

18
19 3. Health Care for Minor Child(ren): **Resolved** -OR- **Unresolved**

20 a. Health insurance for the minor child(ren) should be provided by **Me** -OR-
21 **The other parent** -OR- **Both parents.**

22 b. Other medical issues (*List any other medical or health care issues that you would like to*
23 *discuss with the Court*): _____

24 _____

25 _____

26
27 4. School Enrollment: **Resolved** -OR- **Unresolved**

28 a. The minor child(ren) should be enrolled in the following school(s) or preschool(s): ____

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

5. Child Care: **Resolved** -OR- **Unresolved**

a. The minor child(ren) should go to the following after school program(s), day care(s), and/or babysitter(s): _____

6. Taxes: **Resolved** -OR- **Unresolved**

a. The minor child(ren) should be claimed on taxes as follows: _____

\$_____. Payment should be paid directly to the party on the _____ day of each month starting on _____.

7. Other Issues (*List out any other issues you would like to discuss with the Court*):

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

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

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

Date: _____ Signature: _____

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.

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