

# **MOTION FOR REVIEW AND MODIFICATION OF CHILD SUPPORT**

**M-3**

Self Help Center  
1 South Sierra St., First Floor  
Reno, NV 89501  
775-325-6731  
[www.washoecourts.com](http://www.washoecourts.com)

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**Motion for Review and Modification  
of Child Support  
PACKET M-3**

**Use this motion for review and modification of child support only if the following statements are true:**

- You already have a child support order with the Second Judicial District Court.
- If the child support is being enforced or was setup through the District Attorney's Office, you have already contacted them about wanting to make a change.

**IMPORTANT**

If you are requesting that the court enter a judgement for child support arrears, or you are requesting that the court affirm a past order for arrears, a **schedule of arrears** must be filed with this motion. The **schedule of arrears** can be obtained from the Self Help Center, Law Library, Filing Office, or online at [www.washoecourts.com](http://www.washoecourts.com).

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.

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## **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 or type the information requested.

Do not use correction fluid/tape on the forms.

This packet contains the following forms:

1. Motion for Review and Modification of Child Support
2. General Financial Disclosure\*  
\*The court cannot review your motion without this document.
3. Proof of Service
4. Reply to Opposition to Motion for Review and Modification of Child Support
5. Request for Submission
6. Proof of Service

This packet contains the following additional information:

1. Nevada Statutes regarding child support
2. Child support calculation worksheets

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## INSTRUCTIONS: STEP 1

### Complete the Motion for Review and Modification of Child Support as Shown:

If your child support is currently being enforced through the District Attorney's Office, contact their office before filing this packet.

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

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 1-5, following the instructions on each page.

1 Code: 2340  
2 Name: \_\_\_\_\_  
3 Address: \_\_\_\_\_  
4 Telephone: \_\_\_\_\_  
5 Email: \_\_\_\_\_  
6 Self-Represented Litigant  
7  
8 OF THE SECOND JUDIC  
9 IN AN  
10  
11 Plaintiff / Petitioner, Case No. \_\_\_\_\_  
12 vs. Dept. No. \_\_\_\_\_  
13  
14 Defendant / Respondent, /  
15  
16 MOTION FOR REVIEW AND MODIFICATION OF CHILD SUPPORT  
17  
18 A. I move the Court to review and modify or adjust the child support obligation in this matter. To  
19 the best of my knowledge, the last order for child support in this matter was entered on  
20 \_\_\_\_\_  
21 (Date of Last Order)  
22 B. The name(s) and birth date(s) of the child(ren) who are the subject of this Motion are:  
23 NAME BIRTH DATE  
24 \_\_\_\_\_  
25 \_\_\_\_\_  
26 \_\_\_\_\_  
27 \_\_\_\_\_  
28 \_\_\_\_\_

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If you have more than one case filed against the other party (such as a divorce, child support action through the District Attorney's office, or a TPO) use the case number from the case in which your child support was ordered.

1 Code: 2340  
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 MOTION FOR REVIEW AND MODIFICATION OF CHILD SUPPORT

17  
18 **A.** I request the Court review and modify or adjust the child support obligation in this matter. To  
19 the best of my knowledge, the last order for child support in this matter was entered on  
20 \_\_\_\_\_.  
21 (Date of Last Order)

22 **B.** The name(s) and birth date(s) of the child(ren) who are the subject of this Motion are:

<u>Name</u>	<u>Birth Date</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Place an **"X"** in a box to select **ONLY ONE** of the two statements below.

C. 1.  **I** -OR-  **THE OTHER PARENT** has primary physical custody of the child(ren).

-OR-

2.  We have joint physical custody.

D. If there is a custody agreement Order through the Courts, the date of the last order was

\_\_\_\_\_.

(Date of Order)

E. My child support  **IS** -OR-  **IS NOT** currently paid through the District Attorney's Office.

If the child support is paid through the District Attorney's Office, the case number is

\_\_\_\_\_.

(Case number)

F. My child support  **IS** -OR-  **IS NOT** currently up to date.

G. I  **DO** -OR-  **DO NOT** currently have a judgement for arrears. If there is a current

judgement the order was entered on \_\_\_\_\_ in the amount of

\$ \_\_\_\_\_.

(Date)

(Amount)

H. I  **DO** -OR-  **DO NOT** currently receive public assistance.

I. My total monthly income before taxes is \$ \_\_\_\_\_.

(Amount)

The other parent's total monthly income before taxes  **IS** \$ \_\_\_\_\_

(Amount)

-OR-  **IS UNKNOWN**.

//

//

//

1 **J.** This Motion is made for the following reasons:

2  Check all that apply.

- 3
- 4  It has been three years or more since my child support has been reviewed.
- 5  There has been a substantial change in circumstances.
- 6  There has been a change of 20% or more of the gross monthly income of the parent who
- 7 has the support obligation.
- 8  The current child support order was set based on inaccurate or false information.
- 9  Other: \_\_\_\_\_
- 10 \_\_\_\_\_

11 Explain, in detail, the statement(s) you checked above.

12

13 \_\_\_\_\_

14 \_\_\_\_\_

15 \_\_\_\_\_

16 \_\_\_\_\_

17 \_\_\_\_\_

18 If more room is needed, attach additional sheets.

19

20 **K.** I request the following child support amount:

21 Place an **"X"** in a box to select **ONLY ONE** of the three statements below.

22

23 1.  \$\_\_\_\_\_ per month in child support should be paid by  **ME**

24 **-OR-**  **THE OTHER PARENT**. This amount is in compliance with NRS 125B.070.

25 **-OR-**

26 2.  The amount should be set at the statutory minimum of \$100 per month, per child.

27 **-OR-**

28 3.  I don't know how much child support should be paid. The Judge should set the amount.

1 L. I  **DO** -OR-  **DO NOT** request a hearing on this matter.

2 If a hearing is requested, please explain, in detail, why you feel a hearing is necessary.

3  
4  
5  
6  
7

8 If more room is needed, attach additional sheets.

9 M. I request the additional relief listed below:

10 If you have other requests you would like the Court to consider, please list, in detail, below.

11  
12  
13  
14  
15  
16

17 If more room is needed, attach additional sheets.

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

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

22 Date: \_\_\_\_\_ Your Signature: \_\_\_\_\_

23  
24 Print Your Name: \_\_\_\_\_

25  
26 **Notice to Responding Party:** You have a limited amount of time to respond to this Motion. If  
27 you do not respond in writing within ten (10) judicial days, plus three (3) calendar days if the  
28 Motion was mailed, the Court may grant this Motion without a hearing.





# Do Not File Or Copy This Page

## INSTRUCTIONS: STEP 2

### Complete the General Financial Disclosure as Shown:

It is very important that you file this document, without it, the court cannot review your motion.

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

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 1-7, following the instructions on each page.

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

Second Judicial District Court  
Washoe County, Nevada

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

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: \_\_\_\_\_

Page 1 of 7

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:			
<b>Total Average Other Income Received</b>			

<b>Total Average Gross Monthly Income (add totals from B and C above)</b>	
---	--

### 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)	
<b>Total Monthly Deductions (Lines 1-11)</b>		

### 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:			
<b>Total Average Business Expenses</b>			

### 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:				
<b>Total Monthly Expenses</b>				

## 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 <sup>st</sup>					
2 <sup>nd</sup>					
3 <sup>rd</sup>					
4 <sup>th</sup>					

- 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 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child	4 <sup>th</sup> 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:				
<b>Total Monthly Expenses</b>				

- 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.		\$	-	\$	=	\$	
<b>Total Value of Assets (add lines 1-15)</b>		\$	-	\$	=	\$	

**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.		\$	
<b>Total Unsecured Debt (add lines 1-6)</b>		\$	



**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 number 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

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## INSTRUCTIONS: STEP 3

### Electronically Filing and Serving the Documents

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

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

- Motion and any Exhibits; 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.

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](http://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](http://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).

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

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## 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

*Only use this form if you have waited the time provided for the other party to respond **AND** the other party has filed an opposition to the motion.*

### Complete the Reply to Opposition as Shown:

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

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 and 2, following the instructions on each page.

1	Code: 3795
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, Case No. _____
11	vs. Dept. No. _____
12	_____ Defendant / Respondent,
13	_____
14	<u>REPLY TO OPPOSITION TO MOTION FOR REVIEW AND</u>
15	<u>MODIFICATION OF CHILD SUPPORT</u>
16	I reply to the Opposition to my Motion for Review and Modification of Child Support as follows:
17	_____
18	State, in detail, your reply to the other party's statements.
19	_____
20	_____
21	_____
22	_____
23	_____
24	_____
25	_____
26	_____
27	_____
28	_____
	REV 10/2017 JCB 1 M-3 REPLY

1 Code: 3795  
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 REPLY TO OPPOSITION TO MOTION FOR REVIEW AND  
17 MODIFICATION OF CHILD SUPPORT

18 I reply to the Opposition to my Motion for Review and Modification of Child Support as follows:

19  
20 State, in detail, your reply to the other party's statements.  
21

22 \_\_\_\_\_  
23 \_\_\_\_\_  
24 \_\_\_\_\_  
25 \_\_\_\_\_  
26 \_\_\_\_\_  
27 \_\_\_\_\_  
28 \_\_\_\_\_





# Do Not File Or Copy This Page

## INSTRUCTIONS: STEP 7

### Complete the Request for Submission as Shown:

*This document lets the judge know that all the necessary paperwork has been filed and that each person has been given the correct amount of time to respond. It is very important to file this document, it allows your case to move forward.*

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

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) Print the date the document(s) were filed.

4) Date, print your name, and sign.

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	Plaintiff / Petitioner _____ Case No. _____
12	vs. _____ Dept. No. _____
13	Defendant / Respondent _____
14	
15	<u>REQUEST FOR SUBMISSION</u>
16	I request that the Motion for Review and Modification of Child Support that was filed on
17	_____
18	(Date of filing) _____ be submitted to the Court for decision.
19	This document does not contain the personal information of any person as defined by
20	NRS 603A.040.
21	I declare under penalty of perjury under the law of the State of Nevada the foregoing is true and
22	correct.
23	
24	Date: _____ Your Signature: _____
25	
26	Print Your Name: _____
27	
28	

REV 11/2017 JCB 1 REQUEST FOR SUBMISSION

1 Code: 3860  
Name: \_\_\_\_\_  
2 Address: \_\_\_\_\_  
3 Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
4 Self-Represented Litigant

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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.

REQUEST FOR SUBMISSION

I request that the Motion for Review and Modification of Child Support that was filed on  
\_\_\_\_\_ be submitted to the Court for decision.  
(Date of filing)

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 the foregoing is true and  
correct.

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

Print Your Name: \_\_\_\_\_

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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 Motion and General Financial Disclosure (*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 5). There is no fee to file these documents.

### **WHAT HAPPENS NOW?**

Now that you have completed all the steps, your motion has been submitted to the court for a decision.

The court may do a number of things, such as: 1) file an order based upon the documents you have submitted, 2) require you to file additional documents, or 3) file an order requiring you to set a hearing.

If you receive an order and do not know what to do next, contact a private attorney or seek help from the Self Help Center.

***Do not ignore a court order.***

### **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](http://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 a message if necessary

[nlslaw.net](http://nlslaw.net)

#### **WASHOE LEGAL SERVICES**

299 S. Arlington Avenue Reno, NV 89501

(775) 329-2727 – leave a message if necessary

[www.washoelegalservices.org](http://www.washoelegalservices.org)

Self Help Center 775-325-6731

Law Library 775-328-3250

Filing Office 775-328-3110 ext. 7

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 \_\_\_\_\_  
(Name of document(s) served)  
16 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

## ADDITIONAL INFORMATION:

### **NRS 125B.145 Review and medication of order for support: Request for review; jurisdiction; notification of right to request review states in part;**

1. An order for the support of child must, upon the filing of a request for review by:
  - (a) ...
  - (b) A parent or legal guardian of the child, be reviewed by the court at least every 3 years pursuant to this section to determine whether the order should be modified or adjusted. Each review conducted pursuant to this section must be in response to a separate request.
2. If the court:
  - (a) ...
  - (b) Has jurisdiction to modify the order and, taking into account the best interests of the child, determines that modification or adjustment of the order is appropriate, the court shall enter an order modifying or adjusting the previous order for support in accordance with the guidelines established by the Administrator of the Division of Welfare and Supportive Services of the Department of Health and Human Services pursuant to section 8 of this act.
3. The court shall ensure that:
  - (a) Each person who is subject to an order for the support of a child is notified, not less than once every 3 years, that the person may request a review of the order pursuant to this section; or
  - (b) An order for the support of a child includes notification that each person who is subject to the order may request a review of the order pursuant to this section.
4. An order for the support of a child may be reviewed at any time on the basis of changed circumstances. For the purposes of this subsection, a change of 20 percent or more in gross monthly income of a person who is subject to an order for the support of a child shall be deemed to constitute changed circumstances requiring a review for modification of the order for the support of a child.
5. As used in this section:
  - (a) "Gross monthly income" has the meaning ascribed to it in NRS 125.150.
  - (b) "Order for the support of a child" means such an order that was issued or is being enforced by a court of this State.

(Added to NRS by 1989,859; A 1991, 1337; 1993, 2626; 1997,489§173; 2003,96; 2017,371§3)