

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

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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.

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 _____

REV 10/2017 JCB 1 M3 MOTION

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
Name: _____
2 Address: _____

3 Telephone: _____
Email: _____
4 Self-Represented Litigant

5
6 IN THE FAMILY DIVISION
7 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
8 IN AND FOR THE COUNTY OF WASHOE
9

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:

| 23 <u>Name</u> | <u>Birth Date</u> |
|----------------|-------------------|
| 24 _____ | _____ |
| 25 _____ | _____ |
| 26 _____ | _____ |
| 27 _____ | _____ |
| 28 _____ | _____ |

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

10

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

11 _____

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 **When to File:** If you do not file an opposition/response to this request with the Court within ten
26 (10) days, beginning the day after service, the person who filed this request may submit it to the
27 Court for decision. **Please note: parties who are served by U.S. Mail have three (3) additional**
28 **days, a total of thirteen (13) days, to file an opposition/response.**

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

* * *

_____))
 _____))
 _____))
 vs. _____))
 _____))
 _____))
 _____))

| |
|---|
| FAMILY DIVISION MOTION/OPPOSITION NOTICE (REQUIRED) |
| CASE NO. |
| DEPT. NO. |

NOTICE: THIS MOTION/OPPOSITION NOTICE **MUST BE ATTACHED AS THE LAST PAGE** to every motion or other paper filed to modify or adjust a final order that was issued pursuant to chapter 125, 125B or 125C of NRS and to any answer or response to such a motion or other paper.

| A. | | YES | NO |
|----|--|------|----|
| | 1. Has a final decree or custody order been entered in this case? If yes , then continue to Question 2. If no , you do not need to answer any other questions. | | |
| | 2. Is this a motion or an opposition to a motion filed to change a final order? If yes , then continue to Question 3. If no , you do not need to answer any other questions. | | |
| | 3. Is this a motion or an opposition to a motion filed only to change the amount of child support? | | |
| | 4. Is this a motion or an opposition to a motion for reconsideration or a new trial <u>and</u> the motion was filed within 10 days of the Judge's Order? | | |
| | IF the answer to Question 4 is YES , write in the <u>filing date</u> found on the front page of the Judge's Order. | Date | |
| B. | If you answered NO to either Question 1 or 2 or YES to Question 3 or 4, you are <u>exempt</u> from the filing fee. However, if the Court later determines you should have paid the filing fee, your motion will <u>not</u> be decided until the fee is paid. | | |

I affirm that the answers provided on this Notice are true.

Date: _____, _____ Signature: _____

Print Name: _____

Print Address: _____

Telephone Number: _____

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

| | |
|---|-------------------------------|
| 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: _____

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: | | | |
| Total Average Other Income Received | | | |

| | |
|---|--|
| Total Average Gross Monthly Income (add totals from B and C above) | |
|---|--|

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) | |
| Total Monthly Deductions (Lines 1-11) | | |

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: | | | |
| Total Average Business Expenses | | | |

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: | | | | |
| Total Monthly Expenses | | | | |

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 st | | | | | |
| 2 nd | | | | | |
| 3 rd | | | | | |
| 4 th | | | | | |

- 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 st Child | 2 nd Child | 3 rd Child | 4 th 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: | | | | |
| Total Monthly Expenses | | | | |

- 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. | | \$ | - | \$ | = | \$ | |
| Total Value of Assets (add lines 1-15) | | \$ | - | \$ | = | \$ | |

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. | | \$ | |
| Total Unsecured Debt (add lines 1-6) | | \$ | |

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 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

Do Not File Or Copy This Page

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.

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 (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).

Do Not File Or Copy This Page

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

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 / Joint Petitioner,

Case No. _____

12 vs.

Dept. No. _____

13 _____,
14 Defendant / Respondent / Joint Petitioner.

15 PROOF OF SERVICE

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 1. Name: _____ Date: _____

19 By: Service by eFlex

Personal Service

Certified mail, return receipt attached

U.S. Mail, postage prepaid

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

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 you served the other party through eFlex or personal service, the other party has ten (10) days, beginning the day after service, to file an opposition/response to the request.

If you served the other party by U.S. Mail, the other party has thirteen (13) days, beginning the day after mailing, to file an opposition/response to the request.

If the other party does not oppose/respond within that time, you will file the Request for Submission to send your request to the judge for review. Please skip INSTRUCTIONS: STEP 6 and continue to INSTRUCTIONS: STEP 7.

If the other party does file an opposition/response, you have five (5) days, beginning the day after service, to file a Reply to the opposition/response. If the other party serves you by U.S. Mail, you have eight (8) days, starting the day after mailing, to file a Reply to the opposition/response. Please continue to INSTRUCTIONS: STEP 6.

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

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If more room is needed, attach additional sheets.

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: _____

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: _____

Do Not File Or Copy This Page

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

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

WASHOE LEGAL SERVICES

299 S. Arlington Avenue Reno, NV 89501

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

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: _____

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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)