

# MOTION FOR PERMISSION TO RELOCATE

NOTE: YOU must ask the other parent for written permission to relocate before filing this Motion. If the other parent agrees to the move, a stipulation should be filed with the Court

## M-9

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 PERMISSION TO  
RELOCATE**

**PACKET M-9**

**USE THIS MOTION PACKET ONLY IF ALL  
OF THE FOLLOWING REQUIREMENTS HAVE BEEN MET:**

- You have a case with an existing order regarding child custody or visitation in the Second Judicial District Court - Family Division.
- You are requesting the Court change the existing order.

**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 the information requested.

Do not use correction fluid/tape on the forms.

This packet contains the following forms:

1. Motion for Permission to Relocate
2. Proof of Service
3. Reply to Opposition to Motion for Permission to Relocate
4. Request for Submission
5. Proof of Service

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: STEP 1

**Complete the Motion for Permission to Relocate 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.

4) Complete pages 1 – 5, following the instructions on each page.

1	Code: 2420
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 / Joint Petitioner, Case No. _____
13	vs. Dept. No. _____
14	
15	Defendant / Respondent / Joint Petitioner.
16	
17	
18	<u>MOTION FOR PERMISSION TO RELOCATE</u>
19	A. There are minor children involved in this matter and their names and ages are:
20	NAME DATE OF BIRTH
21	_____
22	_____
23	_____
24	_____
25	
26	If more room is needed, attach additional sheets.
27	
28	
	REV 6/2016 ER
	1
	M9 MOTION

1 Code: 2420

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

13 vs.

14 \_\_\_\_\_,  
15 Defendant / Respondent / Joint Petitioner.

16 \_\_\_\_\_/  
17  
18 MOTION FOR PERMISSION TO RELOCATE

19 A. There are minor children involved in this matter and their names and ages are:

20 NAME

DATE OF BIRTH

21 \_\_\_\_\_

22 \_\_\_\_\_

23 \_\_\_\_\_

24 If more room is needed, attach additional sheets.  
25  
26  
27  
28

Custody

Place an **"X"** in a box to select **ONLY ONE** of the options below. If the option you have selected requires information as to why the change of custody is in the child's best interest, you **MUST** answer the question.

B. Under the current custody order, dated \_\_\_\_\_:  
(Date of order)

**I HAVE PRIMARY PHYSICAL CUSTODY.**

-OR-

**I HAVE JOINT PHYSICAL CUSTODY** and am requesting the court grant me primary physical custody so that I may relocate with my child(ren). It is in the best interest of my child(ren) to modify custody so that I have primary physical custody because: \_\_\_\_\_

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If more room is needed, attach additional sheets.

-OR-

**I AM THE NONCUSTODIAL PARENT** and am requesting the Court grant me primary physical custody so that I may relocate with my child(ren). There has been a change in circumstances and it is in the best interest of my child(ren) to modify custody so that I have primary physical custody because (include information on the change in circumstances): \_\_\_\_\_

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If more room is needed, attach additional sheets.

C. I am requesting the Court grant me permission to relocate to \_\_\_\_\_  
(City, State)

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D. Have you asked permission from the other parent to relocate?  **YES** -OR-  **NO**

If the answer is no, briefly explain why: \_\_\_\_\_

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**Relief Requested and Argument**  
Please answer each question below.

E. 1. Why you would like to relocate?

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If more room is needed, attach additional sheets.

1 **2. Is the move in the best interest of the child(ren)? Please explain.**

2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 \_\_\_\_\_  
8 \_\_\_\_\_  
9 \_\_\_\_\_  
10 \_\_\_\_\_

11 If more room is needed, attach additional sheets.

12 **3. How will you and your child(ren) benefit from the relocation?**

13 \_\_\_\_\_  
14 \_\_\_\_\_  
15 \_\_\_\_\_  
16 \_\_\_\_\_  
17 \_\_\_\_\_  
18 \_\_\_\_\_  
19 \_\_\_\_\_  
20 \_\_\_\_\_  
21 \_\_\_\_\_

22 If more room is needed, attach additional sheets.

23 **4. If there is any additional information the Court should consider?**

24 \_\_\_\_\_  
25 \_\_\_\_\_  
26 \_\_\_\_\_  
27 \_\_\_\_\_  
28 \_\_\_\_\_

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If more room is needed, attach additional sheets.

**5. What should be the visitation schedule for the child(ren)'s other parent?**

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If more room is needed, attach additional sheets.

This document does not contain the Social Security number of any person.

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

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

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

**Notice to Responding Party:** You have a limited amount of time to respond to this Motion. If you do not respond in writing within ten (10) judicial days, plus three (3) calendar days if the Motion was mailed, the Court may grant this Motion without a hearing. If this Motion is granted, there may be a change to the Child Support Order.





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## INSTRUCTIONS: STEP 2

### Electronically Filing and Serving the Documents

You will need to upload the original documents to eFlex. EFlex is available online at <https://wcefex.washoecourts.com/>, and 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.

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.

Scanners are available at the Second Judicial District Court.

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 3).

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## INSTRUCTIONS: STEP 3

### 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, write the address of where service was made.

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, Case No. _____
11	vs. Dept. No. _____
12	_____ Defendant / Respondent / Joint Petitioner.
13	<u>PROOF OF SERVICE</u>
14	I served a true and correct copy of MOTION FOR PERMISSION TO RELOCATE upon the
15	following people:
16	1. Name: _____ Date: _____
17	By: <input type="checkbox"/> Service by eFlex <input type="checkbox"/> Personal Service
18	<input type="checkbox"/> Certified mail, return receipt attached <input type="checkbox"/> U.S. Mail, postage prepaid
19	<input type="checkbox"/> Other: _____
20	Address where service occurred, if applicable: _____
21	If more room is needed, attach additional sheets.
22	A copy of this Proof of Service has been electronically served, mailed, or personally delivered
23	to all parties or their lawyer.
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: _____
28	
	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 PERMISSION TO RELOCATE upon the  
16 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 4**

### **Filing the Proof of Service**

After service is completed, you must file the Proof of Service with the Court (*See* INSTRUCTIONS: STEP 2). 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 Motion for Permission to Relocate to file a response.

If the other party does not respond within that time period, please skip INSTRUCTIONS: STEP 5 and continue to INSTRUCTIONS: STEP 6.

If the other party does file a response, please continue to INSTRUCTIONS: STEP 5. You will have five (5) judicial days, plus three (3) calendar days after you are served through eFlex to file your Reply.

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## INSTRUCTIONS: STEP 5

### Complete the Reply as Shown:

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

2) Print the names of the parties, the case number and department number just as they appear on all other documents in this case.

3) Complete pages 1-2, following the instructions on each page.

1	Code: 3795
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 / Joint Petitioner, Case No. _____
13	vs. Dept. No. _____
14	
15	Defendant / Respondent / Joint Petitioner.
16	
17	<u>REPLY TO OPPOSITION TO MOTION FOR PERMISSION TO RELOCATE</u>
18	
19	<u>Reply</u>
20	Below, write your reply to the opposition.
21	
22	A. _____
23	_____
24	_____
25	_____
26	_____
27	_____
28	

REV 1/2016 ER 1 M9 REPLY TO MOTION

1 Code: 3795

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  
11 IN AND FOR THE COUNTY OF WASHOE

12 \_\_\_\_\_,  
13 Plaintiff / Petitioner / Joint Petitioner,

Case No. \_\_\_\_\_

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

15 vs.

16 \_\_\_\_\_,  
17 Defendant / Respondent / Joint Petitioner.

18 REPLY TO OPPOSITION TO MOTION FOR PERMISSION TO RELOCATE

19 Reply

20 Below, write your reply to the opposition.

21 A. \_\_\_\_\_  
22 \_\_\_\_\_  
23 \_\_\_\_\_  
24 \_\_\_\_\_  
25 \_\_\_\_\_  
26 \_\_\_\_\_  
27 \_\_\_\_\_  
28 \_\_\_\_\_





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## INSTRUCTIONS: STEP 6

### Complete the Request for Submission as Shown:

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

2) Print the names of the parties, the case number and department number just as they appear on all other documents in this case.

3) Print the date you filed the Motion.

4) Print your name, sign, and date the document.

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	
12	_____ Plaintiff/Petitioner/ Joint Petitioner, Case No. _____
13	vs. Dept. No. _____
14	
15	_____ Defendant/Respondent/ Joint Petitioner.
16	
17	
18	<u>REQUEST FOR SUBMISSION</u>
19	
20	I request that the MOTION FOR PERMISSION TO RELOCATE that was filed on
21	_____ be submitted to the Court for decision.
22	(Date the document was filed with the Court)
23	This document does not contain the personal information of any person as defined by NRS
24	603A.040.
25	Date: _____ Your Signature: _____
26	
27	Print Your Name: _____
28	
	REV 03/2018 JDB 1 E2 REQUEST FOR SUBMISSION

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  
12 \_\_\_\_\_,  
13 Plaintiff/Petitioner/ Joint Petitioner,

Case No. \_\_\_\_\_

14 vs.

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

15 \_\_\_\_\_,  
16 Defendant/Respondent/ Joint Petitioner.

17  
18 REQUEST FOR SUBMISSION

19  
20 I request that the MOTION FOR PERMISSION TO RELOCATE that was filed on

21 \_\_\_\_\_ be submitted to the Court for decision.

22 (Date the document was filed with the Court)

23 This document does not contain the personal information of any person as defined by NRS  
24 603A.040.

25  
26 Date: \_\_\_\_\_ Your Signature: \_\_\_\_\_

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

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## INSTRUCTIONS: STEP 7

### Filing and Serving the Reply and Request for Submission

File and serve the Reply and Request for Submission as you did the Motion (*see* INSTRUCTIONS: STEP 2).

## INSTRUCTIONS: STEP 8

### 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 3 and INSTRUCTIONS: STEP 4). Once filed, served, and submitted the Court has up to 60 days to grant, deny, or set the Motion for hearing. There is no fee to file these documents.

### 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 x214 – leave message if  
necessary

**<http://nlslaw.net>**

### **WASHOE LEGAL SERVICES**

299 S. Arlington Avenue Reno, NV 89501

(775) 329-2727 – leave message if  
necessary

**<http://www.washoelegalservices.org>**

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: \_\_\_\_\_