

**OPPOSITION TO MOTION
FOR REVIEW AND
MODIFICATION OF
CHILD SUPPORT**

A-4

Self Help Center
1 South Sierra St., First Floor
Reno, NV 89501
775-325-6731
www.washoecourts.com

Do Not File Or Copy This Page

**OPPOSITION TO MOTION FOR
REVIEW AND MODIFICATION OF
CHILD SUPPORT
PACKET A-4**

Use this packet only if the following statements are true:

- You are not initiating a new motion. If you want to file a new motion or request of your own, you must complete the appropriate motion packet.
- You have been served a motion for review and modification of child support not any other type of motion.

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. Opposition to Motion for Review and Modification of Child Support
2. Motion/Opposition Notice
3. General Financial Disclosure
4. Proof of Service

This packet contains the following additional information at the end:

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

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.

Do Not File Or Copy This Page

INSTRUCTIONS: STEP 1

Complete the Opposition to Motion for Review and Modification of Child Support 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 1-2, following the instructions on each page.

1	Code: 3880
2	Name: _____
3	Address: _____
4	Telephone: _____
5	Email: _____
6	Self-Represented Litigant
7	
8	IN THE FAMILY DIVISION
9	OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
10	IN AND FOR THE COUNTY OF WASHOE
11	_____
12	Plaintiff / Petitioner, Case No. _____
13	vs. Dept. No. _____
14	_____
15	Defendant / Respondent.
16	
17	<u>OPPOSITION TO MOTION FOR REVIEW AND MODIFICATION OF CHILD SUPPORT</u>
18	
19	I oppose the Motion for Review and Modification of Child Support as follows:
20	A.
21	Explain, in detail, the reason(s) you oppose the Motion.
22	
23	
24	
25	
26	
27	
28	

REV 3/2018 JCB 1 A4 RESPONSE

1 Code: 3880

Name: _____

2 Address: _____

3 Telephone: _____

Email: _____

4 Self-Represented Litigant

5

6

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

12

Plaintiff / Petitioner,

13

Case No. _____

14

vs.

Dept. No. _____

15

Defendant / Respondent.

16

17

18

OPPOSITION TO MOTION FOR REVIEW AND MODIFICATION OF CHILD SUPPORT

19

20

I oppose the Motion for Review and Modification of Child Support as follows:

21

A.

Explain, in detail, the reason(s) you oppose the Motion.

22

23

24

25

26

27

28

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

If more room is needed, attach additional sheets.

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

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

-OR-

2. We have joint physical custody.

C. If there is a custody Order through the Court, the date of the last order was _____.
(Date of Order)

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

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

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 that the foregoing statements are true and correct.

Date: _____

Your Signature: _____

Print Your Name: _____

Do Not File Or Copy This Page

INSTRUCTIONS: STEP 2

Complete the Motion / Opposition Notice as Shown:

1) Print the names of the parties, the Case No. and Department No. just as they appear on all other documents in this case.

2) Carefully read each question and answer by printing an "X" in the appropriate box.

3) Date and sign the form. Print your name, address, and telephone number.

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/OPPPOSITION NOTICE
(REQUIRED)

CASE NO. _____

DEPT. NO. _____

NOTICE: THIS MOTION/OPPPOSITION 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.	Mark the CORRECT ANSWER with an X .	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 and 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 not 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: _____

Rev. 10/24/2002

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

* * *

_____))	FAMILY DIVISION MOTION/OPPOSITION NOTICE (REQUIRED)
_____)		
_____)		
vs.)		
_____)		
_____)		
_____)		
		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 3

Complete the General Financial Disclosure 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 1-7, 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:			
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 4

Electronically Filing the Documents

You will need to upload the original documents to eFlex. EFlex is available online at <https://wcefex.washoecourts.com/>, in the Law Library, Self Help Center, and Filing Office.

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

- Opposition to 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 Law Library, Self Help Center, and Filing Office. 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
- Law Library or Filing Office, 75 Court Street, Reno, NV, First Floor
- Online at: www.washoecourts.com (select the “Forms and Packets” tab on the top right hand side of the home screen.)

INSTRUCTIONS: STEP 5

Serving the Documents

If the other party has not yet signed up for electronic filing, please contact the Self Help Center.

If the other party is an electronic filer, they will be automatically served a file-stamped copy of all the forms filed through eFlex. Once a document has been filed, a Notice of Electronic Filing will be automatically generated and available to be viewed on your eFlex account. The Notice of Electronic Filing will tell you whether or not the other party is an electronic filer.

Do Not File Or Copy This Page

INSTRUCTIONS: STEP 6

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 OPPOSITION TO MOTION FOR REVIEW AND
15	MODIFICATION OF CHILD SUPPORT and GENERAL FINANCIAL DISCLOSURE upon the
16	following people:
17	1. Name: _____ Date: _____
18	By: <input type="checkbox"/> Service by eFlex <input type="checkbox"/> Personal Service
19	<input type="checkbox"/> Certified mail, return receipt attached <input type="checkbox"/> U.S. Mail, postage prepaid
20	<input type="checkbox"/> 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: _____
	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 I served a true and correct copy of OPPOSITION TO MOTION FOR REVIEW AND
15 MODIFICATION OF CHILD SUPPORT and GENERAL FINANCIAL DISCLOSURE 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: _____

Do Not File Or Copy This Page

INSTRUCTIONS: STEP 7

Filing the Proof of Service

After service is completed, you must file the proof of service with the court. See INSTRUCTIONS: STEP 4. 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 answer.

INSTRUCTIONS: STEP 8

Wait for the Other Party to Respond

The other party has five (5) judicial days, plus three (3) calendar days beginning the day after filing the documents. Your documents are not filed until any filing fees are paid.

If the other party does not reply within that time period, and you want the Court to consider the Motion, you may file a **Request for Submission**.

WHAT HAPPENS NEXT?

Once the motion and oppositions have 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. The Self Help Center **cannot give legal advice** but can give information regarding court procedures.

Do not ignore a court order.

Do Not File Or Copy This Page

ADDITIONAL INFORMATION:

NRS 125B.145 Review and modification 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)

Do Not File Or Copy This Page

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 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