1	Code: 1524 Name:
2	Address:
3	Telephone:Email:
4	Self-Represented Litigant
5	Name: Address:
6	Telephone:
7	Email: Self-Represented Litigant
8	Sen-Represented Engant
9	
10	IN THE FAMILY DIVISION
11	OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
12	IN AND FOR THE COUNTY OF WASHOE
13	
14	
15	Petitioner 1, Case No
16	and Dept. No
17	
	Petitioner 2.
17	Petitioner 2.
17 18	Petitioner 2.
17 18 19	Petitioner 2.  JOINT APPLICATION AND DECLARATION TO WAIVE FEES AND COSTS
17 18 19 20	
17 18 19 20 21	
17 18 19 20 21 22	
17 18 19 20 21 22 23	JOINT APPLICATION AND DECLARATION TO WAIVE FEES AND COSTS
17 18 19 20 21 22 23 24	JOINT APPLICATION AND DECLARATION TO WAIVE FEES AND COSTS  We declare that, pursuant to NRS 12.015, we are requesting permission from this Court to
17 18 19 20 21 22 23 24 25	JOINT APPLICATION AND DECLARATION TO WAIVE FEES AND COSTS  We declare that, pursuant to NRS 12.015, we are requesting permission from this Court to proceed without paying court costs or other costs and fees because we cannot afford to pay such
17 18 19 20 21 22 23 24 25 26	JOINT APPLICATION AND DECLARATION TO WAIVE FEES AND COSTS  We declare that, pursuant to NRS 12.015, we are requesting permission from this Court to proceed without paying court costs or other costs and fees because we cannot afford to pay such expenses.

REV 6/2021 ER 1 F6JP APPLICATION

## **Petitioner 1's Information:**

Check each box that applies, you may need to check more than one box. Fill in requested information.

1. If a person helps support you, list the amount of money they contribute each month.

1

2

3	Petitioner 1's Monthly Benefits Received:			
4	☐ I receive benefits from one of more of the following programs (please check all that apply):			
5	☐ Supplemental Security Income (SSI); ☐ Foo	od Stamps;		
6	☐ Temporary Assistance for Needy Families (TANF); ☐ Clie	ent of Legal Services;		
7	☐ Medicaid Subsidized Housing through Reno Housing Authority;			
8	Other State or Federal Program of Assistance (Name of Program)			
9				
10	Petitioner 1's Monthly Money Earned and Received:			
11	☐ I am working and my hourly wage is \$ I work _	hours a week.		
12	☐ I am not paid by the hour. I receive a salary in the following amount:			
13	\$ per day, \[ \] per week, \[ \] per m	onth, -OR- per year.		
14	☐ I receive commissions or tips each month in the following amount:	\$		
15	☐ I receive unemployment benefits each month in the following amount:	\$		
16	☐ I receive veterans or social security benefits (retirement, disability, wid	lows,		
17	dependents, or survivor) each month in the following amount:	\$		
18	☐ I receive child support, spousal support, or alimony			
19	each month in the following amount:	\$		
20	☐ I receive other sources of income (rent, military basic allowance for qu	arters (BAH),		
21	trust payments, etc.) each month in the following amount:	\$		
22	☐ I receive pension or annuity payments each month in the following amount	ount: \$		
23	☐ I am not employed at the present time and am not receiving any kind of	f income or benefits.		
24	(If you have check this box, please explain how you are meeting your be	basic living needs. For		
25	example, are you are living with others who are helping to support you	, are you are in a		
26	homeless shelter, or are you meeting your needs in other ways? Please	explain here)		
27				
28	If more room is needed, attach additional sheet	ts.		

REV 6/2021 ER 2 F6JP APPLICATION

Petitioner 1's List of Monthly Expenses:		
Rent or Mortgage	\$ _	
Phone, gas, electricity and other utilities	\$ _	
Food	\$ _	
Childcare	\$	
Insurance	\$	
Medical	\$	
Transportation	\$ _	
Other:	\$ _	
<b>Total Expenses Per Month</b>	\$ _	
Petitioner 1's List of Assets and Their Value:		
Motor Vehicle(s):	What is it worth?	Amount owed
(Print the Year, Make, and Model)		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Home or Real Estate – other than where you live:	What is it worth?	Amount owed
(Print the Type of Property)		
	\$	\$
Accounts or Other Personal Property		
(saving, checking, stocks, bonds, investments, retirement	t, jewelry, furs, furnitur	re, etc.):
(Print the Type of Account)	What is it worth?	Amount owed
	\$	\$
	\$	\$
	\$	\$
	\$	\$

REV 6/2021 ER 3 F6JP APPLICATION

Cash in the amount of:		\$	
Who lives with you?: Name	Age Re	lationship	Monthly contribution to household.
If more ro	oom is needed, attach ac	lditional sheet	s.
	Petitioner 2's Inform		
Check each box that	applies, you may need a Fill in requested inform		than one box.
	Fill in requested inform	nation.	
2. If a person helps support y	Fill in requested information of many counts of man	nation.	
If a person helps support y	Fill in requested information of mount of many deceived:	nation.	ntribute each month.
2. If a person helps support y Petitioner 2's Monthly Benefits R	Fill in requested information from the fill in the fil	nation.  noney they core  ograms (please	ntribute each month.
If a person helps support y  Petitioner 2's Monthly Benefits R  I receive benefits from one of m	Fill in requested information, list the amount of management of the following prome (SSI);	nation.  noney they con  ograms (please	e check all that apply):
2. If a person helps support y  Petitioner 2's Monthly Benefits R  I receive benefits from one of m  Supplemental Security Income	Fill in requested information, list the amount of management of the following prome (SSI);  Ideedy Families (TANF);	nation.  noney they cor  ograms (please	e check all that apply):
Petitioner 2's Monthly Benefits R  I receive benefits from one of m  Supplemental Security Incom Temporary Assistance for N  Medicaid Subsidized Housin Other State or Federal Progr	Fill in requested information, list the amount of management of the following prome (SSI); leedy Families (TANF); and through Reno Housing through Reno Housing through Assistance (Name).	nation.  noney they core  ograms (please	e check all that apply):  ood Stamps; lient of Legal Services;
Petitioner 2's Monthly Benefits R  I receive benefits from one of m  Supplemental Security Incom Temporary Assistance for N  Medicaid Subsidized Housin Other State or Federal Progr	Fill in requested information, list the amount of management of the following prome (SSI); leedy Families (TANF); and through Reno Housing through Reno Housing through Assistance (Name)	nation.  noney they core  ograms (please	e check all that apply):  ood Stamps; lient of Legal Services;
Petitioner 2's Monthly Benefits R  I receive benefits from one of m  Supplemental Security Incom Temporary Assistance for N  Medicaid Subsidized Housin Other State or Federal Progr	Fill in requested information, list the amount of management of the following prome (SSI); leedy Families (TANF); and through Reno Housing through Reno Housing through Assistance (Name armed and Received:	nation.  noney they congrams (please	e check all that apply):  bood Stamps; lient of Legal Services;
Petitioner 2's Monthly Benefits R  I receive benefits from one of m  Supplemental Security Incom Temporary Assistance for N  Medicaid Subsidized Housin Other State or Federal Progr	Fill in requested information, list the amount of management of the following prome (SSI); Iteedy Families (TANF); Ing through Reno Housing armed and Received:  Inge is \$	nation.  noney they con  ograms (please  Cl  ag Authority.  e of Program)	e check all that apply):  bood Stamps; lient of Legal Services;
Petitioner 2's Monthly Benefits R  I receive benefits from one of m  Supplemental Security Incom Temporary Assistance for N  Medicaid Subsidized Housin Other State or Federal Progr	Fill in requested information, list the amount of management of the following prome (SSI); leedy Families (TANF); and through Reno Housing through Reno Housing armed and Received:  age is \$	nation.  noney they core ograms (please	check all that apply):  ood Stamps; lient of Legal Services;  hours a week

REV 6/2021 ER 4 F6JP APPLICATION

1	☐ I receive unemployment benefits each month in the following amount:	\$
2	☐ I receive veterans or social security benefits (retirement, disability, widows,	
3	dependents, or survivor) each month in the following amount:	\$
4	☐ I receive child support, spousal support, or alimony	
5	each month in the following amount:	\$
6	I receive other sources of income (rent, military basic allowance for quarters	(ВАН),
7	trust payments, etc.) each month in the following amount:	\$
8	☐ I receive pension or annuity payments each month in the following amount:	\$
9	I am not employed at the present time and am not receiving any kind of incor	ne or benefits.
10	(If you have check this box, please explain how you are meeting your basic l	iving needs. For
11	example, are you are living with others who are helping to support you, are y	ou are in a
12	homeless shelter, or are you meeting your needs in other ways? Please explain	n here)
13		
14	If more room is needed, attach additional sheets.	
15		
16	Petitioner 2's List of Monthly Expenses:	
17	Rent or Mortgage \$ _	
18	Phone, gas, electricity and other utilities \$ _	
19	Food \$ _	
20	Childcare \$ _	
21	Insurance \$ _	
22		
23	Transportation \$	
24	_	
25	Other: \$	
26	Total Expenses Per Month \$ _	
27		
28		

REV 6/2021 ER 5 F6JP APPLICATION

Motor Vehicle(s):		What is it wo	rth? Amount owed.
Print the Year, Make, and Model	()		
, ,	,	\$	\$
		\$	
		\$	
		\$	
Home or Real Estate – other the	han where you live:	What is it wo	rth? Amount owed.
Print the Type of Property)			
		\$	\$
Accounts or Other Personal Pr	roperty		
saving, checking, stocks, bonds,	investments, retireme	ent, jewelry, furs, f	urniture, etc.):
(Print the Type of Account)		What is it wo	rth? Amount owed.
		\$	\$
		\$	\$
		\$	
		¢	
		\$	
Cash in the amount of:		\$ \$	
Cash in the amount of:  Who lives with you?:	Age		
		\$	——Monthly contribution
Cash in the amount of:  Who lives with you?:		\$	——Monthly contribution
Cash in the amount of:  Who lives with you?:		\$	——Monthly contribution
Cash in the amount of:  Who lives with you?:		\$	——Monthly contribution

REV 6/2021 ER 6 F6JP APPLICATION

1	If there is additional information you both believe the court should consider, please write it here:
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14	If more room is needed, attach additional sheets.
15	
16	This document does not contain the personal information of any person as defined by NRS
17	603A.040.
18	We declare under penalty of perjury under the law of the State of Nevada that the foregoing is
19	true and correct.
20	
21	Date: Petitioner 1's Signature:
22	
23	Petitioner 1's Name:
24	
25	Date: Petitioner 2's Signature:
26	
27	Petitioner 2's Name:
28	1 CHUONOL 2 STRAINC.
20	