

1 Code: _____

2 Name: _____

3 Address: _____

4 Telephone: _____

5 Email: _____

6 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

In the Matter of:

_____ Case No. _____
_____ Dept No. _____
_____,
Minor Child(ren).

APPLICATION FOR APPOINTMENT OF ATTORNEY

I declare that, pursuant to NRS 12.015, I am requesting that the Court appoint an attorney to represent me in the above-entitled matter. I am the **PARENT** -OR- **LEGAL GUARDIAN** of at least one of the children listed above.

I.

Monthly Benefits Received:

Check each box that applies to you. You may need to check more than one box.

If you are not receiving any of the benefits listed, proceed to section II.

I receive benefits from one or more of the following programs (please check all that apply):

- Supplemental Security Income (SSI); Food Stamps; Food Stamps; Temporary Assistance for Needy Families (TANF); Medicaid; Subsidized Housing through Reno Housing Authority; Client of Legal Services.

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II.

Monthly Money Earned and Received:

Check each box that applies to you and fill in the information requested.

You may need to check more than one box.

I am working and my hourly wage is \$ _____. I work _____ hours per week.

I am not paid by the hour; I receive a salary in the following amount:
\$ _____ per year **OR** \$ _____ per month.

I receive commissions or tips each month in the following amount: \$ _____

I receive unemployment benefits each week in the amount of: \$ _____

I receive veterans or social security benefits (retirement, disability, widows, dependents or survivor, TANF, WIC, or Food Stamps) each month in the following amount: \$ _____

I receive child support, spousal support or alimony each month in the following amount: \$ _____

I receive pension or annuity payments each month in the following amount: \$ _____

I receive other sources of income (such as rent, military basic allowance for quarters (BAQ), veterans payments, annuities, or trust payments) each month in the following amount: \$ _____

I am not employed at the present time and am not receiving any kind of income or benefits. (If you have checked this box, please explain how you are meeting your basic living needs. For example, are you living with others who are helping to support you, are you in a homeless

shelter or are you meeting your needs in other ways? Please explain here):

If more room is needed, attach additional sheets.

III.

List of Assets and Their Value

Check each box that applies to you and fill in the information requested.

You may need to check more than one box.

Motor Vehicle(s): What is it worth? Amount owed.

_____ \$ _____ \$ _____

(Print the Year, Make, and Model)

_____ \$ _____ \$ _____

(Print the Year, Make, and Model)

_____ \$ _____ \$ _____

(Print the Year, Make, and Model)

Home or Real Estate other than where you live: What is it worth? Amount owed.

_____ \$ _____ \$ _____

Accounts or Other Personal Property (saving, checking, stocks, bonds, investments, retirement, jewelry, furs, furniture, etc.):

_____ \$ _____ \$ _____

(Print the Type of Account)

_____ \$ _____ \$ _____

(Print the Type of Account)

I have cash in the amount of: \$ _____

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IV.

People Who Live in Your Home:

Include only your spouse, children and other people in the home who you help to support or who help to support you. When listing children please include only their initials rather than their first and last names. If a person helps support you, list the amount of money they contribute each month.

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Name	Age	Relationship	Gross Monthly Contribution
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____
(5) _____	_____	_____	\$ _____
(6) _____	_____	_____	\$ _____
(7) _____	_____	_____	\$ _____
(8) _____	_____	_____	\$ _____

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V.

Custody and Child Support

Check each box that applies to you and fill in the information requested.

You may need to check more than one box

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Other parent(s) to the child(ren) _____

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Current relationship to other parent(s) to the child(ren): (Parent/s name/s)

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Married Living together Divorced Separated

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Not together, but both involved in the child(ren's) lives

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Other parent does not have contact with you or the child(ren)

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Other: _____

1 Do you have a custody agreement? YES -OR- NO

2 If yes: Is this custody agreement the result of a court order? YES -OR- NO

3 If yes: What county was the court order entered in? _____

4 Do you pay child support? YES -OR- NO

5 If yes: Is this child support arrangement the result of a court order? YES -OR- NO

6 If yes: What county was the court order entered in? _____

7 Amount of child support owed per month \$_____

8 Do you or should you receive any child support? YES -OR- NO

9 If yes: Is this child support arrangement the result of a court order? YES -OR- NO

10 If yes: What county was the court order entered in? _____

11 Amount owed per month \$_____

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13 If there is additional information you believe the court should consider, please write it here:

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1 I am financially unable to obtain my own attorney.

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

3 **I declare under penalty of perjury, under the law of the State of Nevada, that the**
4 **foregoing statements are true and correct.**

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6 DATED: _____ Signature: _____

7 Print Your Name: _____

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