

1 Code: 1524

2 Name: _____

3 Address: _____

4 Telephone: _____

5 Email: _____

6 Self-Represented Litigant

7 Name: _____

8 Address: _____

9 Telephone: _____

10 Email: _____

11 Self-Represented Litigant

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

15 _____,
16 Petitioner 1,

Case No. _____

17 and

Dept. No. _____

18 _____,
19 Petitioner 2.

20 _____/

21 JOINT APPLICATION AND DECLARATION TO WAIVE FEES AND COSTS

22
23
24 We declare that, pursuant to NRS 12.015, we are requesting permission from this Court to
25 proceed without paying court costs or other costs and fees because we cannot afford to pay such
26 expenses.

27 //

28 //

Petitioner 1's Information:

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

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

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);

Food Stamps;

6 Temporary Assistance for Needy Families (TANF);

Client 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 month, **-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, widows,
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 quarters (BAH),
21 trust payments, etc.) each month in the following amount: \$ _____

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

23 I am not employed at the present time and am not receiving any kind of income or benefits.

24 (If you have check this box, please explain how you are meeting your 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 sheets.

Petitioner 1's List of Monthly Expenses:

Rent or Mortgage \$ _____

Phone, gas, electricity and other utilities \$ _____

Food \$ _____

Childcare \$ _____

Insurance \$ _____

Medical \$ _____

Transportation \$ _____

Other: _____ \$ _____

Total Expenses Per Month \$ _____

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, jewelry, furs, furniture, etc.):

(Print the Type of Account) What is it worth? Amount owed.

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

1 Cash in the amount of: \$ _____

2 **Who lives with you?:**

Name	Age	Relationship	Monthly contribution to household.
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____
7 _____	_____	_____	_____
8 _____	_____	_____	_____
9 _____	_____	_____	_____

10 If more room is needed, attach additional sheets.

11

12 **Petitioner 2's Information:**

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

14 Fill in requested information.

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

16

17 **Petitioner 2's Monthly Benefits Received:**

- 18 I receive benefits from one of more of the following programs (please check all that apply):
- 19 Supplemental Security Income (SSI); Food Stamps;
- 20 Temporary Assistance for Needy Families (TANF); Client of Legal Services;
- 21 Medicaid Subsidized Housing through Reno Housing Authority.
- 22 Other State or Federal Program of Assistance (Name of Program) _____
- 23 _____.

24 **Petitioner 2's Monthly Money Earned and Received:**

- 25 I am working and my hourly wage is \$ _____. I work _____ hours a week.
- 26 I am not paid by the hour. I receive a salary in the following amount:
- 27 \$ _____ per day, per week, per month, **-OR-** per year.
- 28 I receive commissions or tips each month in the following amount: \$ _____

- 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 (BAH),
- 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 income or benefits.
- 10 (If you have check this box, please explain how you are meeting your basic living needs. For
- 11 example, are you are living with others who are helping to support you, are you are in a
- 12 homeless shelter, or are you meeting your needs in other ways? Please explain 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	Medical	\$ _____
23	Transportation	\$ _____
24	Other: _____	\$ _____
25		
26	Total Expenses Per Month	\$ _____

Petitioner 2'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)

	\$ _____	\$ _____
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Accounts or Other Personal Property

(saving, checking, stocks, bonds, investments, retirement, jewelry, furs, furniture, etc.):

(Print the Type of Account) What is it worth? Amount owed.

	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

Cash in the amount of: \$ _____

Who lives with you?:

Name	Age	Relationship	Monthly contribution to household.
------	-----	--------------	------------------------------------

If more room is needed, attach additional sheets.

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

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

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: _____