

**COMPLAINT FOR LEGAL  
SEPARATION  
(AKA SEPARATE MAINTENANCE)  
(WITH MINOR CHILDREN)**

**D-20**

Resource Center  
1 South Sierra St., Third Floor  
Reno, NV 89501  
775-325-6731

[www.washoecourts.com](http://www.washoecourts.com)

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**COMPLAINT FOR LEGAL  
SEPARATION  
(AKA SEPARATE MAINTENANCE)  
(WITH CHILDREN)**

**PACKET D-20**

Use this packet only if all of the following statements are true:

- You are currently married.
- You want to separate your assets and debts from your spouse, but remain married.
- You and your spouse have minor child(ren) together, either natural-born or adopted.
- You want to establish a custody and visitation plan.
- The minor child(ren) have lived in Nevada for at least six months.
- You or your spouse has lived in Nevada for more than six weeks.

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 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. EFile User Agreement (Standard)
2. Family Court Information Sheet
3. Complaint for Legal Separation With Minor Children
  - a. Appendix A: Child Custody Schedule
  - b. Appendix B: Child Support Worksheets
4. General Financial Disclosure Form
5. Declaration of Resident Witness
6. Summons
7. Declaration of Personal Service

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## INSTRUCTIONS: STEP 1

If you already have an eFlex account for a different case, you do not need to create another account and can skip this step.

### eFlex Account and eFile User Agreement:

To file your documents, you will need to sign up for an eFlex account and have a valid email address. There is no fee to sign up for a standard eFlex account.

To sign up:

- 1) Carefully read and complete the eFile User Agreement (Standard) by filling in as much information as possible, signing, and dating page two;
- 2) Return the eFile User Agreement (Standard) to the Second Judicial District Court, or email it to [eflexsupport@washoecourts.us](mailto:eflexsupport@washoecourts.us); and
- 3) Request an account at <https://wcflex.washoecourts.com/>.

<p>SECOND JUDICIAL DISTRICT COURT</p>  <p>WASHOE COUNTY STATE OF NEVADA</p> <p><b>EFILE USER AGREEMENT (Standard)</b></p> <p>This serves as your eFile User Agreement with the Second Judicial District Court for the purpose of registering an account to permit eFiling of court case documents using the eFlex Electronic Filing System (eFlex). Currently, this account will be subject to a \$0.00 fee per transaction. This agreement will expire at the end of 12 months unless the account is renewed. Accounts may be renewed online at <a href="http://www.washoecourts.com">www.washoecourts.com</a>.</p> <p>By registering for an eFlex account I agree and consent to the following:</p> <ul style="list-style-type: none"><li>• I will submit court filings electronically through eFlex on court cases for which I am an active party or of record, or an officer of the Court filing documents in my official capacity.</li><li>• As a registered eFlex account holder, I cannot deactivate my email address without filing a Written Notice of Intent to change my email address with the District Court. This Written Notice of Intent must include my bar number and a list of all pending court matters. Also included must be an acknowledgment that all attorneys of record on those pending matters have been notified of my new email address. I understand that it is my responsibility to keep my email address updated on my eFlex account profile.</li><li>• I understand that once my eFlex account is deactivated, I will no longer be able to electronically eFile any documents using my account nor will I receive eFlex electronic service. Furthermore, I will not have access to court records through my eFlex account.</li><li>• Electronic signatures (e.g. /s/) are permissible on electronically filed documents submitted from the eFlex account. (See Nevada Electronic Filing and Conversion Rules, Rule 11).</li><li>• I will accept eFlex electronic notices sent to my email on file with eFlex as valid and effective service of eFiled documents replacing the need for paper service. Electronic service of documents is limited to documents permitted to be served by mail, express mail, overnight delivery, or facsimile transmission. Complaint, petition or other document that must be served with a summons, and summons or a subpoena cannot be served electronically.</li><li>• I agree to the terms of the license agreement as stated by Tybera on the court's eFlex website under "user" and "privacy policy" when registering for an eFlex account and pressing the submit button.</li><li>• I understand that email addresses supplied by the registered user via the username/password and through "eFlex Account" supersede the court's case management system for the purpose of delivering valid and effective service of eFiled documents. I understand that it is my responsibility to keep my address updated on my eFlex account profile.</li><li>• I agree to file the proper motion to withdraw/notice of change/substitution of counsel/notice of termination/employment (whatever applies) into each of my cases whenever I depart from an agency, office, or I or cease to represent a party in any case, or cease to be an eFlex user <b>within 10 days of any such change</b>. If known, I will designate the new attorney and/or e-File contact on each case. Further, I will designate the Clerk of Court of any employment change which will globally affect all or a majority of my cases.</li></ul> <p>Revised September 26, 2018</p>	<ul style="list-style-type: none"><li>• I acknowledge receipt, understanding and agree to follow the Nevada Electronic Filing and Conversion Rules (EFCR).</li><li>• I understand if a party submits a proposed Order and the Order is eFiled by the Court, <b>ONLY</b> eFlex account holders will be served by the Court. I understand all other parties must be served by the party who submitted the proposed Order by other means.</li><li>• I understand as a registered eFlex account holder, I will only have access to documents in court cases for which I am an active party or attorney of record. In the event that I inadvertently obtain access to unauthorized information on any case, I will immediately notify the Court Administrator/Clerk of Court, presiding judicial officer and all active attorneys on that specific case. I will take every precaution to shield myself and all members of my firm from viewing, downloading or disseminating any unauthorized information. I will delete and destroy immediately any unauthorized information that I inadvertently obtain.</li><li>• I understand any violation of the terms of this agreement may result in sanctions imposed by the Court.</li></ul> <p>Attorney or Person Name: _____ If an attorney, Bar ID: _____ Law Firm: _____ If not an attorney, DOB: _____ Interpreter needed: <input type="checkbox"/> Yes <input type="checkbox"/> No Language: _____ If not an attorney, Case number(s): _____ eFlex Email Address: _____ 1<sup>st</sup> Alternate eFlex Email Address: _____ 2<sup>nd</sup> Alternate eFlex Email Address: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Phone Number: _____ Fax Number: _____ Designated eFlex contact person: _____</p> <p><b>I hereby certify that I have read the above information and agree to abide by the requirements and terms as stated in this agreement.</b></p> <p>Date: _____ Signature of Attorney/Person Agency Signatory: _____</p> <p>Check one: <input type="checkbox"/> Renewal of Standard Account. <i>Follow online instructions at <a href="http://www.washoecourts.com/index.cfm?page=eflex">http://www.washoecourts.com/index.cfm?page=eflex</a></i> <input type="checkbox"/> New Standard Account</p> <p><small>To become a registered eFlex account holder, you must request an account online at <a href="https://wcflex.washoecourts.com">https://wcflex.washoecourts.com</a> and click on the "Request an Account" button. Next, print out this form, complete and sign it and deliver the ink-signed copy to the Second Judicial District Court Filing Office, 75 Court Street, Reno, NV 89501. Upon completion of your account request <b>AND receipt of the signed eFile User Agreement</b>, your electronic request for a user account will be approved. You will be notified by email and be able to login with your user name and requested password within three (3) working days.</small></p> <p>Translated/Interpreted by (if applicable): _____ Print Name _____ Signature _____</p> <p>Revised September 26, 2018</p>
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If you need further assistance signing up for an account, please contact the Resource Center at 775-325-6731.

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## INSTRUCTIONS: STEP 2

### Complete the Family Court Information Sheet as Shown:

- 1) Print your name.
- 2) Print your spouse's name.
- 3) Complete the requested information for you on the left hand side and your spouse on the right hand side. Print "do not have" if one or both of you do not have a social security number.
- 4) Print the name, social security number, and date of birth for each child involved in this case.
- 5) Complete the remaining questions.

IN THE  
OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF OREGON  
IN AND FOR THE COUNTY OF WASHOE

VADA

FAMILY COURT INFORMATION SHEET

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

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Interpreter Needed?  YES  NO  
Language: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Interpreter Needed?  YES  NO  
Language: \_\_\_\_\_

**IF THIS CASE INVOLVES CHILDREN, PLEASE COMPLETE THE FOLLOWING:**

Residential Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Are you employed?  YES  NO  
Name of Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
Ethnicity:  White (Not Hispanic)  
 African-American  Hispanic  
 Asian or Pacific Islander  
 Native American/Alaskan Native  Other

Residential Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Are you employed?  YES  NO  
Name of Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
Ethnicity:  White (Not Hispanic)  
 African-American  Hispanic  
 Asian or Pacific Islander  
 Native American/Alaskan Native  Other

**CHILDREN INVOLVED IN THIS CASE**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

If there are more than five children, list their names on a separate sheet of paper and attach.

Does this case involve family violence:  Yes  No  
Are you requesting Child Support Enforcement Services from the District Attorney's Office (IV-D) Services?  Yes  No

REV 9/17/19 KAL

This document contains the social security number of a person as required by NRS 123.130, NRS 125.230, and NRS 125B.055

The Resource Center will give you a Case No. and Department No. when you file the Complaint with the court.

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## INSTRUCTIONS: STEP 3

### Complete the Complaint For Legal Separation as Shown:

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

2) Print your name.

3) Print your spouse's name.

4) Complete pages 1 - 18, following the instructions on each page.

For more assistance regarding custody schedules and child support calculations, see INSTRUCTIONS: STEP 3a & 3b.

1	Code: S1442/1442
2	Name: _____
3	Address: _____
4	Telephone: _____
5	Email: _____
6	Self-Represented Litigant
7	IN THE
8	OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
9	IN AND FOR THE COUNTY OF WASHINGTON
10	Plaintiff/Petitioner, Case No. _____
11	Dept. No. _____
12	vs.
13	Defendant/Respondent, _____
14	_____
15	_____
16	_____
17	<u>COMPLAINT FOR LEGAL SEPARATION WITH MINOR CHILDREN</u>
18	
19	1. For the six weeks immediately before filing this Complaint with the Court, I have resided in and
20	been physically present in the State of _____.
21	(Your State of residence)
22	My spouse is a resident of the State of _____ We were married on
23	(State in which your spouse lives)
24	_____ in _____, and ever since have been
25	(Date of marriage: month, day, and year) (City and State in which married)
26	married. My spouse and I are incompatible in marriage and there is no hope for reconciliation,
27	and/or I have been deserted and the desertion has continued for 90 days.
28	2. I <input type="checkbox"/> <u>AM</u> -OR- <input type="checkbox"/> <u>AM NOT</u> pregnant at this time.
	My spouse <input type="checkbox"/> <u>IS</u> -OR- <input type="checkbox"/> <u>IS NOT</u> -OR- <input type="checkbox"/> <u>UNKNOWN</u> pregnant at this time.
	REV 12/29/2021 JDB 1 D20 COMPLAINT

The Resource Center will give you a Case No. and Department No. when you file the Complaint with the court.

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## INSTRUCTIONS: STEP 3a

### Child Custody Schedules

Please review Appendix A: Custody Schedules.

These example schedules can assist you in filling out the Complaint. They do not need to be filed with the court. However, you may do so if you would like.



#### APPENDIX A: Custody Schedules

These custody schedules are provided to you as examples. You may select a pre-set schedule as shown in Options 1 – 3, OR you may select to create your own visitation schedule in Option 4.


##### Option 1: Week On / Week Off (Joint Physical Custody)

You and your spouse will have equal time with the minor child(ren). The minor child(ren) will spend one week (seven days) with you and then the following week they will spend one week (seven days) with your spouse. This schedule will alternate weekly throughout the year.

Example provided below (with exchanges taking place on Friday afternoon):

-  Your custodial days / weeks with the minor child.
-  Your spouse's custodial days / weeks with the minor child.

##### Option 1: Week On / Week Off Custody Schedule

					Friday	Saturday
						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						

## Custody Schedules

These custody schedules are provided to you as examples. You may select a pre-set schedule as shown in Options A – C, OR you may select to create your own visitation schedule in Option D.

### Option A: Week On / Week Off (Joint Physical Custody)

You and the other parent will have equal time with the minor child(ren). The minor child(ren) will spend one week (seven (7) days) with you and then the following week they will spend one week (seven (7) days) with the other parent. This schedule will alternate weekly throughout the year.

Example provided below (with exchanges taking place on Friday afternoon):



Your custodial days / weeks with the minor child(ren).



The other parent's custodial days / weeks with the minor child(ren).

<b>Option A: Week On / Week Off Custody Schedule</b>						
					Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



**Option B: Rotating 2/2/3 (Joint Physical Custody)**

The other parent and you will have equal time with the minor child(ren). On week one, the minor child(ren) will spend two days with you (Monday – Wednesday), followed by two days with the other parent (Wednesday – Friday), ending the week with three days with you (Friday – Monday). On week two, the minor child(ren) will spend two days with the other parent (Monday – Wednesday), followed by two days with you (Wednesday – Friday), ending the week with three days with the other parent (Friday – Monday). This schedule will alternate weekly throughout the year.

Example provided on the next page (exchanges taking place in the a.m. OR pm (see below), in some cases at school drop off, on exchange days).



Your custodial days with the minor child(ren).



The other parent's custodial days with the minor child(ren).

<b>Option B: Rotating 2/2/3 Custody Schedule (AM Drop Off)</b>						
					Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	[Hatched]		[Solid]		[Hatched]	
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
[Hatched]	[Solid]		[Hatched]		[Solid]	
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
[Solid]	[Hatched]		[Solid]		[Hatched]	
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
[Hatched]	[Solid]		[Hatched]		[Solid]	

<b>Option B: Rotating 2/2/3 Custody Schedule (PM Drop Off)</b>						
					Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		[Hatched]		[Solid]		[Hatched]
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
[Hatched]	[Solid]			[Hatched]		[Solid]
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
[Solid]		[Hatched]		[Solid]		[Hatched]
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
[Hatched]	[Solid]		[Hatched]		[Solid]	

**Option C: Every Other Weekend (Primary Physical Custody)**

The other parent OR you will have more custodial time with the minor child(ren). On week one, the parent with primary physical custody will have the entire week (seven (7) days), on week two, the parent with primary physical custody will have approximately four days, with the other parent having approximately three days of visitation with the minor child(ren). This schedule will alternate weekly throughout the year.

Example provided on the next page (exchanges taking place on Friday afternoon, in some cases at school drop off, on exchange days). You can schedule an off week visitation for the noncustodial parent.



Primary parent's custodial days with the minor child(ren).



Other parent's visitation days with the minor child(ren).

<b>Option C: Every Other Weekend</b>						
					Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**Option D: Create your own.**

<b>Option D: Create your own.</b>						
					Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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## INSTRUCTIONS: STEP 3b

### Calculating Child Support

Appendix B does not need to be filed with the Court.

#### APPENDIX B

##### Gross Monthly Income (GMI)

The first step in determining child support is calculating your Gross Monthly Income, the amount of money you make each month *before taxes are deducted*.

Gross Monthly Income includes money received from employment, social security, unemployment benefits, pension/retirement, interest/investments, etc. Gross Monthly Income DOES NOT include SSI, SNAP, TANF, cash benefits from the county, or child support received. For a full list of incomes included in Gross Monthly Income look at NAC 425.

To calculate your Gross Monthly Income from employment, use one of the tables below:

##### Parent 1

Annual Income	\$
÷ by 12 months =	\$
<b>Employment GMI</b>	

Biweekly Income	\$
x26 weeks	\$
÷ by 12 months =	\$
<b>Employment GMI</b>	

Weekly Income	\$
x52 weeks	\$
÷ by 12 months =	\$
<b>Employment GMI</b>	

Hourly Wage	\$
# of hours worked per week	
hourly wage x hours worked per week	\$
x52 weeks	\$
÷ by 12 months =	\$
<b>Employment GMI</b>	

##### Parent 2

Annual Income	\$
÷ by 12 months =	\$
<b>Employment GMI</b>	

Biweekly Income	\$
x26 weeks	\$
÷ by 12 months =	\$
<b>Employment GMI</b>	

Weekly Income	\$
x52 weeks	\$
÷ by 12 months =	\$
<b>Employment GMI</b>	

Hourly Wage	\$
# of hours worked per week	
hourly wage x hours worked per week	\$
x52 weeks	\$
÷ by 12 months =	\$
<b>Employment GMI</b>	

Copy the amount of GMI from Employment for each parent into the table on the following page.

REV 1/17/2020 JDB

Child Support Worksheet

- Use this work sheet to help you calculate the child support.

# APPENDIX B

## Gross Monthly Income (GMI)

**The first step in determining child support is calculating your Gross Monthly Income, the amount of money you make each month *before taxes are deducted*.**

Gross Monthly Income includes money received from employment, social security (*Not SSI*), unemployment benefits, pension/retirement, interest/investments, etc. Gross Monthly Income DOES NOT include SSI, SNAP, TANF, cash benefits from the county, or child support received. *For a full list of incomes included in Gross Monthly Income please see NAC 425.*

To calculate your Gross Monthly Income from employment, use one of the tables below:

### Parent 1

Annual Income	\$
÷ by 12 months = <b>Employment GMI</b>	\$

Biweekly Income	\$
x26 weeks	\$
÷ by 12 months = <b>Employment GMI</b>	\$

Weekly Income	\$
x52 weeks	\$
÷ by 12 months = <b>Employment GMI</b>	\$

Hourly Wage	\$
# of hours worked per week	
hourly wage x hours worked per week	\$
x52 weeks	\$
÷ by 12 months = <b>Employment GMI</b>	\$

### Parent 2

Annual Income	\$
÷ by 12 months = <b>Employment GMI</b>	\$

Biweekly Income	\$
x26 weeks	\$
÷ by 12 months = <b>Employment GMI</b>	\$

Weekly Income	\$
x52 weeks	\$
÷ by 12 months = <b>Employment GMI</b>	\$

Hourly Wage	\$
# of hours worked per week	
hourly wage x hours worked per week	\$
x52 weeks	\$
÷ by 12 months = <b>Employment GMI</b>	\$

**Copy the amount of GMI from Employment for each parent into the table on the following page.**

Now that you have determined the GMI from employment, add any money you receive each month from social security, unemployment benefits, pension/retirement, interest/investments, etc. Use the table below to find your Total Gross Monthly Income.

**Parent 1**

**Parent 2**

Employment GMI:	\$
Social Security:	\$
Unemployment:	\$
Pension/Retirement:	\$
Interest/Investments:	\$
Other:	\$
<b>TOTAL GMI:</b>	<b>\$</b>

Employment GMI:	\$
Social Security:	\$
Unemployment:	\$
Pension/Retirement:	\$
Interest/Investments:	\$
Other:	\$
<b>TOTAL GMI:</b>	<b>\$</b>

You should now have your Total Gross Monthly Income. If you or the other parent's Total Gross Monthly Income is less than \$1,883 a month, use the **Low-Income** Child Support Schedule below to complete the following pages. Please continue to the next page.

**Low-Income Child Support Schedule**  
**Child Support Obligation of Low-Income Payers**  
**at 75% to 150% of the 2024 Federal Poverty Guidelines**

Monthly Income Up To	One Child		Two Children		Three Children		Four Children		Five Children	
	Percent	Child Support Amount	Percent	Child Support Amount	Percent	Child Support Amount	Percent	Child Support Amount	Percent	Child Support Amount
\$941	10.56%	\$99	14.52%	\$137	17.16%	\$162	18.48%	\$174	19.80%	\$186
\$975	10.75%	\$105	14.79%	\$144	17.48%	\$170	18.82%	\$183	20.16%	\$197
\$1,008	10.95%	\$110	15.05%	\$152	17.79%	\$179	19.16%	\$193	20.53%	\$207
\$1,042	11.14%	\$116	15.32%	\$160	18.11%	\$189	19.50%	\$203	20.89%	\$218
\$1,076	11.34%	\$122	15.59%	\$168	18.42%	\$198	19.84%	\$213	21.26%	\$229
\$1,109	11.53%	\$128	15.86%	\$176	18.74%	\$208	20.18%	\$224	21.62%	\$240
\$1,143	11.73%	\$134	16.12%	\$184	19.05%	\$218	20.52%	\$235	21.99%	\$251
\$1,177	11.92%	\$140	16.39%	\$193	19.37%	\$228	20.86%	\$245	22.35%	\$263
\$1,210	12.11%	\$147	16.66%	\$202	19.69%	\$238	21.20%	\$257	22.71%	\$275
\$1,244	12.31%	\$153	16.92%	\$211	20.00%	\$249	21.54%	\$268	23.08%	\$287
\$1,277	12.50%	\$160	17.19%	\$220	20.32%	\$260	21.88%	\$279	23.44%	\$299
\$1,311	12.70%	\$166	17.46%	\$229	20.63%	\$271	22.22%	\$291	23.81%	\$312
\$1,345	12.89%	\$173	17.73%	\$238	20.95%	\$282	22.56%	\$303	24.17%	\$325
\$1,378	13.09%	\$180	17.99%	\$248	21.26%	\$293	22.90%	\$316	24.54%	\$338
\$1,412	13.28%	\$187	18.26%	\$258	21.58%	\$305	23.24%	\$328	24.90%	\$352
\$1,445	13.47%	\$195	18.53%	\$268	21.90%	\$317	23.58%	\$341	25.26%	\$365
\$1,479	13.67%	\$202	18.79%	\$278	22.21%	\$329	23.92%	\$354	25.63%	\$379
\$1,513	13.86%	\$210	19.06%	\$288	22.53%	\$341	24.26%	\$367	25.99%	\$393
\$1,546	14.06%	\$217	19.33%	\$299	22.84%	\$353	24.60%	\$380	26.36%	\$408
\$1,580	14.25%	\$225	19.60%	\$310	23.16%	\$366	24.94%	\$394	26.72%	\$422
\$1,614	14.45%	\$233	19.86%	\$321	23.47%	\$379	25.28%	\$408	27.09%	\$437
\$1,647	14.64%	\$241	20.13%	\$332	23.79%	\$392	25.62%	\$422	27.45%	\$452
\$1,681	14.83%	\$249	20.40%	\$343	24.11%	\$405	25.96%	\$436	27.81%	\$468
\$1,714	15.03%	\$258	20.66%	\$354	24.42%	\$419	26.30%	\$451	28.18%	\$483
\$1,748	15.22%	\$266	20.93%	\$366	24.74%	\$432	26.64%	\$466	28.54%	\$499
\$1,782	15.42%	\$275	21.20%	\$378	25.05%	\$446	26.98%	\$481	28.91%	\$515
\$1,815	15.61%	\$283	21.47%	\$390	25.37%	\$461	27.32%	\$496	29.27%	\$531
\$1,849	15.81%	\$292	21.73%	\$402	25.68%	\$475	27.66%	\$511	29.64%	\$548
\$1,883	16.00%	\$301	22.00%	\$414	26.00%	\$489	28.00%	\$527	30.00%	\$565

# Child Support Worksheet

## ① Parent 1's Information

Gross monthly income (GMI) includes: employment income, including consistent overtime; interest and investment income; Social Security old-age insurance benefits and disability benefits (SSD), but not supplemental security income (SSI); alimony; military allowances; periodic payments from a pension or retirement plan; and unemployment benefits.

How much is Parent 1's gross monthly income? \$ \_\_\_\_\_

Ⓐ If Parent 1's gross monthly income is less than \$1,883, use the attached low-income child support schedule to identify Parent 1's child support obligation. \$ \_\_\_\_\_

If Parent 1's gross monthly income is less than \$1,883, stop here, and go to line ③.

Ⓑ Multiply the amount of Parent 1's gross monthly income which is more than \$1,883 but less than \$6,000 by

.16 (for 1 child)

.22 (for 2 children)

.26 (for 3 children)

.28 (for 4 children)

Add .02 for each additional child \$ \_\_\_\_\_

Ⓒ Multiply the amount of Parent 1's gross monthly income which is more than \$6,000 but less than \$10,000 by

.08 (for 1 child)

.11 (for 2 children)

.13 (for 3 children)

.14 (for 4 children)

Add .01 for each additional child \$ \_\_\_\_\_

Ⓓ Multiply the amount of Parent 1's gross monthly income which is more than \$10,000 by

.04 (for 1 child)

.06 (for 2 children)

.06 (for 3 children)

.07 (for 4 children)

Add .005 for each additional child \$ \_\_\_\_\_

Parent 1's child support obligation (Add lines B, C, and D) \$ \_\_\_\_\_

**② Parent 2's Information**

Gross monthly income (GMI) includes: employment income, including consistent overtime; interest and investment income; Social Security old-age insurance benefits and disability benefits (SSD), but not supplemental security income (SSI); alimony; military allowances; periodic payments from a pension or retirement plan; and unemployment benefits.

How much is Parent 2's gross monthly income? \$ \_\_\_\_\_

**Ⓐ** If Parent 2's gross monthly income is less than \$1,883, use the attached low-income child support schedule to identify Parent 2's child support obligation. \$ \_\_\_\_\_

If Parent 2's gross monthly income is less than \$1,883, stop here, and go to line ③.

**Ⓑ** Multiply the amount of Parent 2's gross monthly income which is more than \$1,883 but less than \$6,000 by

.16 (for 1 child)

.22 (for 2 children)

.26 (for 3 children)

.28 (for 4 children)

Add .02 for each additional child \$ \_\_\_\_\_

**Ⓒ** Multiply the amount of Parent 2's gross monthly income which is more than \$6,000 but less than \$10,000 by

.08 (for 1 child)

.11 (for 2 children)

.13 (for 3 children)

.14 (for 4 children)

Add .01 for each additional child \$ \_\_\_\_\_

**Ⓓ** Multiply the amount of Parent 2's gross monthly income which is more than \$10,000 by

.04 (for 1 child)

.06 (for 2 children)

.06 (for 3 children)

.07 (for 4 children)

Add .005 for each additional child \$ \_\_\_\_\_

**Parent 2's child support obligation (Add lines B, C, and D)** \$ \_\_\_\_\_

③ **Joint Physical Custody.** Only fill out this section if you are asking for joint physical custody. Skip to ④ if one parent is to be awarded primary physical custody.

**Subtract** the lower earning parent’s child support obligation from the higher earning parent’s child support obligation.

	Higher		
	\$ _____		
-	Lower		
	\$ _____		
	Child Support Obligation	paid by	Name of higher income parent:
	\$ _____		_____

④ **Adjustments.** (complete all that apply)

- If Parent 1 wants primary or sole physical custody, the court uses the number in ⑥ as the standard amount of child support Parent 2 would pay.
- If Parent 2 wants to have primary or sole physical custody, the court uses the number in ⑥ as the standard amount of child support Parent 1 would pay.
- If you want both parents to have joint physical custody, the court uses the number in ③ as the standard amount of child support.

Adjustment Factors	Amount -/+
Any special education needs of the child	\$
A parent’s legal responsibility to support others	\$
Value of services contributed by either parent	\$
Any public assistance paid to support the child	\$
Cost of transportation of the child to and from visitation	\$
The relative income of both households.	\$
The obligor’s ability to pay	\$
Any other necessary expenses for the benefit of the child(ren)	\$
Total Deviations	\$

⑤ **Final Child Support Amount Requested:**

\$ \_\_\_\_\_ paid by (*name*) \_\_\_\_\_



# Do Not File Or Copy This Page

## INSTRUCTIONS: STEP 4

### Complete the General Financial Disclosure Form as Shown:

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

MISC  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Attorney for \_\_\_\_\_  
Nevada State Bar No. \_\_\_\_\_

The Resource Center will give you a Case No. and Department No. when you file the Complaint with the court.

Second Judicial District Court  
Washoe County, Nevada

2) Print your name.

\_\_\_\_\_  
Plaintiff / Petitioner,  
vs.  
\_\_\_\_\_  
Defendant / Respondent.

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

3) Print your spouse's name.

#### 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: \_\_\_\_\_

4) Complete all the pages, following the instructions on each page.

# Do Not File Or Copy This Page

## INSTRUCTIONS: STEP 5

### Complete the Declaration of Resident Witness as Shown:

You or your spouse cannot fill out this form as the resident witness.

Who can fill out this form? Someone who is:

- 18 years of age or older;
- A resident of the State of Nevada; and
- Who knows that you or your spouse have been physically present in Nevada for at least 6 weeks before filing for legal separation.

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

2) Print your name.

3) Print your spouse's name.

4) The resident witness (someone other than your spouse or you) must complete the declaration from this point forward.

5) The resident witness must sign and date the declaration.

1 Code: 1521  
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 DECLARATION OF RESIDENT WITNESS  
19  
20 I, \_\_\_\_\_, do hereby declare  
21 (Name of Resident Witness)  
22 under penalty of perjury that the following is true.  
23 I am over the age of eighteen and competent to testify of my own knowledge to the following:  
24  
25 1. I have lived in the State of Nevada for \_\_\_\_\_ years and presently live at:  
26 (Number)  
27 \_\_\_\_\_  
28 (Your Street Address)  
\_\_\_\_\_  
(City, State, Zip Code)  
REV 2/2019 JCB 1 Declaration of Resident Witness

The Resource Center will give you a Case No. and Department No. when you file the Complaint with the court.

# Do Not File Or Copy This Page

## INSTRUCTIONS: STEP 6

### Electronically Filing the Documents

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

Scanners are available at the Law Library and the Resource Center.

If you have not done so, you will need to sign up for an eFlex account and turn in the EFile User Agreement (*see INSTRUCTIONS: STEP 1*), to the Second Judicial District Court or email to [eflexsupport@washoecourts.us](mailto:eflexsupport@washoecourts.us).

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

- Family Court Information Sheet;
- Complaint for Legal Separation with Minor Children;
- Declaration of Resident Witness; and
- General Financial Disclosure Form.

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.

There may be a filing fee charged when documents are filed. Fee information is available at the Resource Center and online at: [www.washoecourts.com](http://www.washoecourts.com).

### FILING FEE WAIVERS

If you cannot afford the fee, you may apply to have it waived. To apply, you must fill out and file the **Application for Waiver of Fees and Costs packet**, which you can get at:

- Resource Center, 1 South Sierra Street, Reno, NV, Third Floor
- Law Library, 75 Court Street, Reno, NV, First 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)

# Do Not File Or Copy This Page

## INSTRUCTIONS: STEP 7

### Complete the Summons as Shown:

1) Print your names just as they appear on all other documents in this case. You will also print the Case No. and Department No. that were assigned to you.

3) Print "Complaint for Legal Separation With Children" as the object of this action.

4) Print your name, address, phone number, and email address.

1	Code: 4085
2	IN THE FAMILY DIVISION OF THE
3	OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
4	IN AND FOR THE COUNTY OF WASHOE
5	_____
6	Plaintiff / Petitioner,
7	vs.
8	_____
9	Defendant / Respondent.
10	
11	<u>SUMMONS</u>
12	<b>TO THE DEFENDANT: YOU HAVE BEEN SUED. THE COURT MAY DECIDE</b>
13	<b>AGAINST YOU WITHOUT YOUR BEING HEARD UNLESS YOU RESPOND IN</b>
14	<b>WRITING WITHIN 21 CALENDAR DAYS. READ THE INFORMATION BELOW</b>
15	<b>VERY CAREFULLY.</b>
16	A civil complaint or petition has been filed by the plaintiff(s) against you for the relief as set forth in that document (see complaint or petition). When service is by publication, add a brief statement of the object of the action.
17	The object of this action is: _____
18	1. If you intend to defend this lawsuit, you must do the following within 21 calendar days after service of this summons, exclusive of the day of service:
19	a. File with the Clerk of the Court, whose address is shown below, a <b>formal written answer</b> to the complaint or petition, along with the appropriate filing fees, in accordance with the rules of the Court, and;
20	b. Serve a copy of your answer upon the attorney or plaintiff(s) whose name and address is shown below.
21	2. Unless you respond, a default will be entered upon application of the plaintiff(s) and this Court may enter a judgment against you for the relief demanded in the complaint or petition.
22	
23	Dated this _____ day of _____, 20____.
24	Issued on behalf of Plaintiff(s): JACQUELINE BRYANT
25	CLERK OF THE COURT
26	Name: _____ By: _____
27	Address: _____ Deputy Clerk
28	Second Judicial District Court
	75 Court Street
	Reno, Nevada 89501
	Phone Number: _____
	Email: _____
	1
	REV 1/2019 JCB
	SUMMONS

# Do Not File Or Copy This Page

## INSTRUCTIONS: STEP 8

### **Getting the Summons Issued**

You will need to bring the Summons to the Resource Center or mail a copy of the Summons to the Filing Office using the following address:

75 Court Street  
Reno, Nevada 89501  
Attention Mail Desk

Once received, a filing clerk will issue the Summons by dating and signing the Summons, and placing an embossed seal.

If you bring in the Summons in person, the Summons will be immediately returned to you.

If you mail in the Summons, you will receive the issued Summons back in the mail.

You will need to make a copy of the Summons to serve your spouse with.

Copy machines are available at the Law Library located on the first floor of the courthouse at 75 Court Street, Reno, NV. There is a per page charge to use the copy machine. Cash only.

## INSTRUCTIONS: STEP 9

### **Setting a Case Management Conference**

You must set a case management conference. The court will not automatically set one for you.

To set up your case management conference, you will need to contact the department in which your case will be heard. Once you have filed your documents, the Resource Center will assign you a case number and department. For contact information for each department, visit [www.washoecourts.com/judges](http://www.washoecourts.com/judges).

Alternatively, you can set a case management conference in person. To do so visit the Resource Center.

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## INSTRUCTIONS: STEP 10

### **Serving the Documents**

Your spouse **must be personally served** within 120 days after the Complaint is filed or your case may be dismissed. You must have your spouse personally served with the summons, Complaint, and all documents you have filed with the court other than an application for waiver of fees and costs or ex parte motion(s). The **original summons must be filed** with the court after service is completed.

### **Personal Service**

Personal service is completed by a person other than yourself by:

- handing a copy of the summons and Complaint along with all other documents you have filed with the court to your spouse; or
- leaving a copy at your spouse's home with a person of suitable age and discretion who lives there; or
- delivering a copy to an agent authorized to receive service (such as an attorney).

**You cannot complete personal service.** Service may be completed by:

- the Civil Division of the Sheriff's Office in the County in which your spouse resides or works; or
- a responsible adult over the age of 18 years (such as a friend or relative); or
- a private process service.

### **Service by Alternative Service**

If you have been unable to serve your spouse by personal service, you may file an **Ex Parte Motion for Alternative Service** in order to serve your spouse by giving them notice by other means. Contact the Resource Center for further information.

### **Service by Publication**

If you do not know where your spouse is, you may file an **Ex Parte Motion for Publication of Summons** in order to serve your spouse by publishing the summons in the newspaper/periodical. Contact the Resource Center for further information.

# Do Not File Or Copy This Page

## INSTRUCTIONS: STEP 11

### Complete the Declaration of Personal Service as Shown:

The person who serves your spouse must complete this declaration (*see* Instructions: Step 10). **You cannot serve your spouse.**

The person who completes service must fill out the declaration and sign it. It is your responsibility to file the original summons and declaration of service with the court after service is completed.

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

2) Print your names just as they appear on all other documents in this case. You will also print the Case No. and Department No. that were assigned to you.

3) The person who served the document(s) must complete the declaration from this point forward.

4) The person who served the document(s) must sign and date the declaration.

1	Code: 1520
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	_____ Plaintiff / Petitioner, Case No. _____
12	vs. Dept. No. _____
13	_____ Defendant / Respondent.
14	
15	<u>DECLARATION OF PERSONAL SERVICE</u>
16	(To be filled out and signed by the person who served the Defendant or Respondent.)
17	I, _____, declare:
18	(Name of person who completed service)
19	1. I am not a party to this action and am over 18 years of age.
20	2. I am not a licensed process server; I am a natural person serving legal process without compensation, not more than three times per year, on behalf of a litigant who is a natural person, and therefore I am not required to be licensed pursuant to NRS 648.063(2).
21	3. I was able to complete service.
22	4. I personally delivered and left the document(s) with:
23	<input type="checkbox"/> <u>The person to the case (Defendant / Respondent).</u> I served the document(s) on the
24	party at the location below.
25	_____
26	(Name of person served)
27	_____
28	(Street Address, City, State, and Zip Code of where served)
	REV 6/2018 JCB 1 DECLARATION OF PERSONAL SERVICE

# Do Not File Or Copy This Page

INSTRUCTIONS: STEP 12

## **Filing the Summons and Declaration of Service**

After service is completed, **you must file the original summons and declaration of service with the court.** Without proof of service on your spouse, the court cannot grant a Decree of Legal Separation.

Your spouse has 21 days after the date of service in which to file an answer to the Complaint. If your spouse does not file an answer, please contact the Resource Center for further information regarding a **default packet.**



## Legal Assistance Information

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 contact the Resource Center or the Law Library. **The Resource Center and the Law Library staff cannot give legal advice** but can give information regarding court procedures.

You may wish to speak with a lawyer at no cost through the Law Library's Lawyer in the Library program. The Lawyer in the Library program is held via Zoom; you must register ahead of time to participate. No walk-ins accepted as space is limited.

### LAWYER IN THE LIBRARY

Sign up on our website:

<https://www.washoecourts.com/LawLibrary/LawyerInLibrary>

For questions, contact the Law Library at 775-328-3250

To seek assistance from other free or reduced-cost legal resources in the area, please contact:

#### NEVADA LEGAL SERVICES

449 S. Virginia St.  
Reno, NV 89501

775-284-3491 – leave a message, if  
necessary

<https://nevadalegalservices.org>

#### NORTHERN NEVADA LEGAL AID

1 S. Sierra St., 1<sup>st</sup> Floor  
Reno, NV 89501

775-321-2062 – leave a message, if  
necessary

<https://nnlegalaid.org>