

1 Code: 3935

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 \_\_\_\_\_,  
13 Plaintiff/Petitioner, Case No. \_\_\_\_\_  
14 vs. Dept. No. \_\_\_\_\_  
15 \_\_\_\_\_,  
16 Defendant/Respondent.  
17

18 SETTLEMENT CONFERENCE STATEMENT – UNMARRIED PARENTS

19 My Settlement Conference Statement is as follows:

20 For each section mark the correct box.  
21 • If the issue has been **resolved**, write down what you agreed upon.  
22 • If the issue is **unresolved**, write down what you are asking for. Attach  
additional sheets if more room is needed.

- 23 1. Custody and Visitation of Minor Child(ren):  **Resolved** –OR–  **Unresolved**  
24 a. Legal custody should go to  **Me** –OR–  **The other parent** –OR–  
25  **Both parents**.  
26 b. Physical custody should go to  **Me** –OR–  **The other parent** –OR–  
27  **Both parents**.

28 //

1 c. The custody/visitation and exchange schedule should be as follows: \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

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5 d. The holiday and summer visitation schedule should be as follows: \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

9 e. Transportation should be provided by the party  **Picking up** -OR-  **Dropping off**  
10 -OR-  **Other:** \_\_\_\_\_

11  
12 2. Child Support:  **Resolved** -OR-  **Unresolved**

13 a. Child support should be paid to  **Me** -OR-  **The other parent** in the amount of  
14 \$\_\_\_\_\_.

15 b. Payment should be  **Paid directly to the party on the \_\_\_\_\_ day of each month**  
16 **starting on \_\_\_\_\_** -OR-  **Be enforced through the District**  
17 **Attorney's Office.**

18  
19 3. Health Care for Minor Child(ren):  **Resolved** -OR-  **Unresolved**

20 a. Health insurance for the minor child(ren) should be provided by  **Me** -OR-  
21  **The other parent** -OR-  **Both parents.**

22 b. Other medical issues (*List any other medical or health care issues that you would like to*  
23 *discuss with the Court*): \_\_\_\_\_

24 \_\_\_\_\_

25 \_\_\_\_\_

26  
27 4. School Enrollment:  **Resolved** -OR-  **Unresolved**

28 a. The minor child(ren) should be enrolled in the following school(s) or preschool(s):

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5. Child Care:  **Resolved** -OR-  **Unresolved**

a. The minor child(ren) should go to the following after school program(s), day care(s), and/or babysitter(s): \_\_\_\_\_

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6. Taxes:  **Resolved** -OR-  **Unresolved**

a. The minor child(ren) should be claimed on taxes as follows: \_\_\_\_\_

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7. Other Issues (*List out any other issues you would like to discuss with the Court*):

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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 is true and correct.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Your Name: \_\_\_\_\_