

1 Code: 2340
 2 Name: _____
 3 Address: _____
 4 Telephone: _____
 5 Email: _____
 6 Self-Represented Litigant

7 IN THE FAMILY DIVISION
 8 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
 9 IN AND FOR THE COUNTY OF WASHOE

10 _____,
 11 Plaintiff / Petitioner, Case No. _____
 12 vs. Dept. No. _____
 13 _____,
 14 Defendant / Respondent, /

15 MOTION FOR REVIEW AND MODIFICATION OF CHILD SUPPORT

16 1. I request the Court review and modify or adjust the child support obligation in this matter. The
 17 last order for child support in this matter was entered on *(date of last order)*
 18 _____.

19

20

21 2.

Child's Name	Date of Birth	Current Physical Custody Order
		<input type="checkbox"/> Joint physical custody <input type="checkbox"/> I have primary/sole physical custody <input type="checkbox"/> Other parent has primary/sole physical custody
		<input type="checkbox"/> Joint physical custody <input type="checkbox"/> I have primary/sole physical custody <input type="checkbox"/> Other parent has primary/sole physical custody
		<input type="checkbox"/> Joint physical custody <input type="checkbox"/> I have primary/sole physical custody <input type="checkbox"/> Other parent has primary/sole physical custody
		<input type="checkbox"/> Joint physical custody <input type="checkbox"/> I have primary/sole physical custody <input type="checkbox"/> Other parent has primary/sole physical custody

22

23

24

25

26

27

28

1 3. My child support **IS** -OR- **IS NOT** currently paid through the District Attorney's Office.

2 If the child support is paid through the District Attorney's Office, the case number is

3 _____
4 (Case number)

5 4. My child support **IS** -OR- **IS NOT** currently up to date.

6
7 5. I **DO** -OR- **DO NOT** currently have a judgement for arrears. If there is a current
8 judgement the order was entered on _____ in the amount of
9 \$ _____ (Date)
10 (Amount)

11 6. I **DO** -OR- **DO NOT** currently receive public assistance.

12
13 7. My gross monthly income is \$ _____. Gross monthly income (GMI)
14 includes: employment income, including consistent overtime; interest and investment income;
15 Social Security old-age insurance benefits and disability benefits (SSD), but not supplemental
16 security income (SSI); alimony; military allowances; periodic payments from a pension or
17 retirement plan; and unemployment benefits

18
19 8. The other parent's gross monthly income **IS** \$ _____ -OR-
20 **IS UNKNOWN**. (Amount)

21
22 9. This Motion is made for the following reasons:

23
24

Check all that apply.

25 It has been three years or more since my child support has been reviewed.

26 There has been a change in custody.

27 The following child(ren), _____,
28 has/have turned 18 or, if the child(ren) was/were still in high school when they reach 18,
graduated high school or has/have turned 19.

1 The gross monthly income of **ME** –OR– **THE OTHER PARENT** has changed by
2 20% or more.

3 The parent who owes child support (obligor) is incarcerated or involuntarily institutionalized
4 for a period of 180 consecutive days or more, or is released from such incarceration or
5 involuntary institutionalization.

6 There has been a substantial change in circumstances other than those listed above (*in detail,*
7 *explain the other substantial change in circumstances*): _____

8 _____
9 _____
10 _____

11 If more room is needed, attach additional sheets.

12
13 **10.** The statutory child support amount prior to any adjustments would be \$ _____
14 per month, paid by **ME** –OR– **THE OTHER PARENT**.

15
16 **11.** I have completed the attached child support worksheet.

17
18 **12.** Not Applicable –OR– I would like to apply the following adjustments:

19

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	\$

20
21
22
23
24
25
26
27
28

1 **13.** I request the following child support amount:

2 Place an **"X"** in a box to select **ONLY ONE** of the three statements below.

3
4 a. \$ _____ per month in child support should be paid by **ME**
5 **-OR-** **THE OTHER PARENT.**

6
7 **-OR-**

8
9 b. I don't know how much child support should be paid. The judge should set the amount.

10
11 **14.** Childcare should be as follows:

12 Place an **"X"** in a box to select **ONLY ONE** of the two statements below.

13
14 a. There are no childcare costs for either parent.

15
16 b. Childcare is \$ _____ per month and should be paid by me the
17 other parent both parents equally other: _____.

18
19 **15.** Health care should be as follows:

20
21 a. The child(ren) are, or will be covered by the following health insurance policy:

22 Medicaid

23 Private/employer insurance

24 Tricare

25 Other: _____

26
27 b. The monthly premium is \$ _____ and should be paid for by me the
28 other parent both parents equally other: _____.

1 c. Both parents will equally share all other costs of insurance for the minor child(ren),
2 including, deductibles, and any uncovered medical, dental, or vision expenses. If either
3 parent incurs a medical expense on behalf of the child(ren), they will provide the other
4 parent with proof of payment and a copy of the bill within 30 days of receiving it, and the
5 other parent will have 30 days to reimburse their half of the amount paid or to set up
6 payment arrangements through the health care provider.
7

8 **16.** (check one of the following)

9 I do not request a hearing on this matter.

10 I request a hearing on this matter for the following reasons (*explain in detail why you*
11 *request a hearing on this matter*): _____
12 _____
13 _____
14 _____
15 _____
16 _____

17 If more room is needed, attach additional sheets.

18
19 **17.** I request the additional relief listed below (*if you have any other request you would like the*
20 *Court to consider, list in detail below*): _____
21 _____
22 _____
23 _____
24 _____
25 _____
26 _____
27 _____

28 If more room is needed, attach additional sheets.

1 This document does not contain the personal information of any person as defined by
2 NRS 603A.040.

3
4 I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true
5 and correct.

6
7 Date: _____

Your signature: _____

8 Print your name: _____

9
10
11 **To the person receiving this Motion:**

- 12 • You have 14 days to file an Opposition (17 days if you were served by U.S. Mail).
- 13 • **If you do not file an Opposition, the Court may consider your nonresponse as agreement to this Motion and may grant the Motion.**

14 **To the person who filed this Motion:**

- 15 • If the other party files an Opposition, you have 7 days to file a Reply (10 days if you were served by U.S. Mail).
- 16 • Whether or not the other party files an Opposition, you must file the Request for Submission form to have the Motion reviewed by the judge.
- 17 • **You must allow the other parent the full amount of time to oppose the Motion before filing the Request for Submission.**