

COMD
Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____
Self-Represented Plaintiff

**DISTRICT COURT
CLARK COUNTY, NEVADA**

_____	CASE NO.: _____
Plaintiff,	DEPT NO.: _____
vs.	

Defendant.	

COMPLAINT FOR DIVORCE AND UCCJEA DECLARATION (With Children)

Plaintiff (*your name*) _____, is the (*check one*) wife / husband in this case and respectfully states:

1. (*Name of Nevada resident*) _____ has been a resident of the State of Nevada for at least six weeks prior to filing this Complaint for Divorce and intends to make Nevada his/her home for an indefinite period of time.
2. The parties were married on (*date of marriage*) _____ in (*city*) _____, (*state*) _____. The parties are incompatible.
3. **Children.** There are (*number*) _____ minor children in common born to or adopted by the parties. (*check one*)
 - The Wife is not currently pregnant.
 - The Wife is currently pregnant and the Husband is / is not the father of the unborn child. The child is due to be born on (*date*): _____.
 - It is unknown whether the Wife is currently pregnant.

Child's Name:	Date of Birth	State of Residence:	Length of time child has lived in the state:	Disability

4. UCCJEA Declaration. (*check one*)

- The child(ren) have lived in Nevada for the past six months, or since birth.
- The child(ren) have NOT lived in Nevada for the past six months.

a. Living Arrangements Last 5 Years. The children have lived with the following persons in the following places within the last five years:

Time Period (mo/yr – mo/yr)	Name of Person the Child(ren) Lived With:	City and State	Child's Name (if not all children)
_____ - present			
_____ - _____			
_____ - _____			
_____ - _____			
_____ - _____			

The names and current addresses of each non-parent the children lived with during the last five years are: _____

b. Participation in Other Cases: (*check one*)

I have / have not participated as a party or witness or in some other capacity in any other case involving the child(ren): *(if you have, provide all specifics including the state, the court, children involved, the case number and the date of the child custody order, if any)*: _____

c. Knowledge of Other Cases: (check one)

I do / do not know of a different case that could affect the current case: *(if you do, provide all specifics including the state, the court, parties involved, the case number and the nature of the proceeding)*: _____

d. Person(s) Who Claim Custody / Visitation: (check one)

I do / do not know of anyone other than the parents who has physical custody of the child(ren) or who claims custody/visitation rights to the child(ren). *(if so, list names and addresses of anyone who claims custody/visitation rights)* _____

5. Legal Custody. *Legal custody refers to the ability to make major decisions about the child, such as medical care, education, and religious upbringing.* (check one)

- The parties should share joint legal custody of the child(ren).
- The Plaintiff should have sole legal custody of the child(ren).
- The Defendant should have sole legal custody of the child(ren).

6. Physical Custody. *Physical custody refers to the amount of time the child spends with each parent.* (check one)

- The parties should share joint physical custody of the child(ren) (each parent must have the child(ren) at least 40% of the time, or 146 days per year). A copy of the proposed timeshare is attached as Exhibits 1 & 2.
- The Plaintiff should have primary physical custody of the child(ren). A copy of the proposed visitation schedule is attached as Exhibits 1 & 2.
- The Defendant should have primary physical custody of the child(ren). A copy of the proposed visitation schedule is attached as Exhibits 1 & 2.
- The Plaintiff should have sole physical custody of the child(ren).
- The Defendant should have sole physical custody of the child(ren).

7. Other Considerations. The Court should consider the following issues in determining custody: (check all that apply)

- Domestic Violence
- State of Residency
- CPS Involvement
- Other: _____
- Military Deployment

8. Child Support. Complete the attached Child Support Worksheet that applies to your custody arrangement before you complete this section. (check all that apply)

- Child support and/or arrears are being handled by the District Attorney, Family Support Division, case (*insert case number*) R_____) and should continue as ordered in that case.
- (*Name*)_____ should pay (*amount*) \$_____ per month in child support. This is the statutory amount per the attached Child Support Worksheet.
- (*Name*)_____ should pay back child support from (*date back child support should begin*) _____ to present.
- No child support is requested. (*Explain why not*): _____

- A wage withholding order should be entered.

9. Health Insurance. (check all that apply)

- (*Name*) _____ should provide future medical insurance and (*name*) _____ should provide future dental insurance.
- The children are currently covered by insurance.
- The children are currently on state assistance or welfare.

10. Unreimbursed Medical Expenses. (check all that apply)

- The Court should order the 30/30 Rule for all unreimbursed medical/dental expenses.¹
- Any expenses not covered by insurance should be paid equally by both parties.
- Any expenses not covered by insurance should be paid by (*name*) _____ due to the following extraordinary circumstances: (*explain*) _____

¹ The "30/30 Rule:" If a parent pays a medical or dental expense for a child that is not paid by insurance, that parent must send proof of the expense to the other parent within 30 days of incurring the expense. The other parent then has 30 days to reimburse the paying parent ½ the cost.

11. Tax Deduction. (*check all that apply*)

- The Plaintiff should claim the following children as dependents for tax purposes every year: (*insert child(ren)*'s names): _____
- The Defendant should claim the following children as dependents for tax purposes every year: (*insert child(ren)*'s names): _____
- The tax deduction should alternate, with Plaintiff claiming the child(ren) in (*check one*) even / odd years, and Defendant claiming the child(ren) the other years.
- The tax deduction should be allocated per federal law.

12. Community Property. (*check one*)

- There is no community property to divide.
- Any community property has already been divided.
- I do not know the full extent of the community property.
- The community property should be divided as follows:

Plaintiff:

1. _____
2. _____
3. _____
4. _____

Defendant:

1. _____
2. _____
3. _____
4. _____

13. Community Debt. (*check one*)

- There is no community debt to divide.
- Any community debt has already been divided.
- I do not know the full extent of the community debt.
- The community debt should be divided as follows:

Plaintiff:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Defendant:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

14. Alimony. (*check one*)

- No alimony is requested.
- (*Name*) _____ should pay (*amount*) \$ _____ per month in alimony for the next (*number*) _____ years.

15. Name Change. (*check one*)

- No name change is requested for the Wife.
- Wife would like her former name of (*insert name*) _____ restored.

Plaintiff requests:

- 1. That the marriage existing between Plaintiff and Defendant be dissolved and that Plaintiff be granted an absolute Decree of Divorce and that each of the parties be restored to the status of a single, unmarried person;
- 2. That the Court grant the relief requested in this Complaint; and
- 3. For such other relief as the Court finds to be just and proper.

DATED this (*day*) _____ day of (*month*) _____, 20____.

Submitted By: (*your signature*) ▶ _____
 (*print your name*) _____

VERIFICATION

Under penalties of perjury, I declare that I am the Plaintiff in the above-entitled action; that I have read the foregoing Complaint and know the contents thereof; that the pleading is true of my own knowledge, except for those matters therein contained stated upon information and belief, and that as to those matters, I believe them to be true.

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

DATED this (*day*) _____ day of (*month*) _____, 20__.

Submitted By: (*your signature*) ▶ _____

(*print your name*) _____

EXHIBIT 1
REGULAR TIMESHARE / VISITATION

Week	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
<i>Sample</i>	Mom Pick up at 11 a.m.	Mom	Dad Pick up after school at 3 p.m.	Dad	Dad	Mom Pick up after school at 3 p.m.	Mom
Week #1							
Week #2							
Week #3							
Week #4							

EXHIBIT 2
HOLIDAY SCHEDULE

Check box if this holiday applies:	Holiday:	Time (circle a.m. or p.m.):	Even Years	Odd Years
<input type="checkbox"/>	New Year's Eve	From: _____ a.m./p.m. To: _____ a.m./p.m.	Mom Dad	Mom Dad
<input type="checkbox"/>	New Year's Day	From: _____ a.m./p.m. To: _____ a.m./p.m.	Mom Dad	Mom Dad
<input type="checkbox"/>	Martin Luther King, Jr. Day	From: _____ a.m./p.m. To: _____ a.m./p.m.	Mom Dad	Mom Dad
<input type="checkbox"/>	Presidents' Day	From: _____ a.m./p.m. To: _____ a.m./p.m.	Mom Dad	Mom Dad
<input type="checkbox"/>	Passover	From: _____ a.m./p.m. To: _____ a.m./p.m.	Mom Dad	Mom Dad
<input type="checkbox"/>	Easter	From: _____ a.m./p.m. To: _____ a.m./p.m.	Mom Dad	Mom Dad
<input type="checkbox"/>	Memorial Day	From: _____ a.m./p.m. To: _____ a.m./p.m.	Mom Dad	Mom Dad
<input type="checkbox"/>	Mother's Day	From: _____ a.m./p.m. To: _____ a.m./p.m.	Mom Dad	Mom Dad
<input type="checkbox"/>	Father's Day	From: _____ a.m./p.m. To: _____ a.m./p.m.	Mom Dad	Mom Dad
<input type="checkbox"/>	4 th of July	From: _____ a.m./p.m. To: _____ a.m./p.m.	Mom Dad	Mom Dad
<input type="checkbox"/>	Labor Day	From: _____ a.m./p.m. To: _____ a.m./p.m.	Mom Dad	Mom Dad
<input type="checkbox"/>	Rosh Hashanah	From: _____ a.m./p.m. To: _____ a.m./p.m.	Mom Dad	Mom Dad
<input type="checkbox"/>	Yom Kippur	From: _____ a.m./p.m. To: _____ a.m./p.m.	Mom Dad	Mom Dad
<input type="checkbox"/>	Nevada Day	From: _____ a.m./p.m. To: _____ a.m./p.m.	Mom Dad	Mom Dad
<input type="checkbox"/>	Halloween	From: _____ a.m./p.m. To: _____ a.m./p.m.	Mom Dad	Mom Dad
<input type="checkbox"/>	Veterans Day	From: _____ a.m./p.m. To: _____ a.m./p.m.	Mom Dad	Mom Dad
<input type="checkbox"/>	Thanksgiving Day	From: _____ a.m./p.m. To: _____ a.m./p.m.	Mom Dad	Mom Dad

EXHIBIT 2 Continued

<input type="checkbox"/>	Chanukkah (Days): _____	From: _____ a.m./p.m. To: _____ a.m./p.m.	Mom Dad	Mom Dad
<input type="checkbox"/>	Chanukkah (Days): _____	From: _____ a.m./p.m. To: _____ a.m./p.m.	Mom Dad	Mom Dad
<input type="checkbox"/>	Christmas Eve	From: _____ a.m./p.m. To: _____ a.m./p.m.	Mom Dad	Mom Dad
<input type="checkbox"/>	Christmas	From: _____ a.m./p.m. To: _____ a.m./p.m.	Mom Dad	Mom Dad
<input type="checkbox"/>	Father's Birthday	From: _____ a.m./p.m. To: _____ a.m./p.m.	Mom Dad	Mom Dad
<input type="checkbox"/>	Mother's Birthday	From: _____ a.m./p.m. To: _____ a.m./p.m.	Mom Dad	Mom Dad
<input type="checkbox"/>	Child's Birthday	From: _____ a.m./p.m. To: _____ a.m./p.m.	Mom Dad	Mom Dad
<input type="checkbox"/>		From: _____ a.m./p.m. To: _____ a.m./p.m.	Mom Dad	Mom Dad
<input type="checkbox"/>		From: _____ a.m./p.m. To: _____ a.m./p.m.	Mom Dad	Mom Dad

Worksheet A -Primary Physical Custody Child Support Calculation Worksheet

You must fill out this worksheet and attach it to the document you are filing which asks for a primary physical custody arrangement. Primary physical custody exists when one parent has physical custody of the child more than 60% (219 days) of the time calculated over a one year period.

① : Determine Gross Monthly Income (GMI) of the non-custodial parent (estimate if unknown).

Hourly wage \$ _____	X	Hrs/Week _____	=	\$ _____	X	Pay Periods 52	=	Yearly income \$ _____	÷	Months 12	=	GMI \$ _____
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② : Determine Obligation.

GMI \$ _____	X	Formula Percentage (0.18 for 1 child, 0.25 for 2 children, 0.29 for 3 children, 0.02 increase for each additional child) 0. _____	=	Monthly child support (rounded to the nearest dollar) \$ _____
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③ : Apply the presumptive maximum if applicable. Usually, this is the maximum amount a parent may be required to pay per month per child. This amount changes every year on July 1st. *Make sure you are using the most current chart.*

Income Range		Presumptive Maximum Amount
<i>If the Parent's GMI is At Least</i>	<i>But Less Than</i>	
\$0	- \$4,235	\$660 per child
\$4,235	- \$6,351	\$726 per child
\$6,351	- \$8,467	\$794 per child
\$8,467	- \$10,585	\$858 per child
\$10,585	- \$12,701	\$925 per child
\$12,701	- \$14,816	\$990 per child
\$14,816	- No Limit	\$1,058 per child

④ : Deviations. If you are requesting an amount of child support that is lower or higher than the amount in ② or ③, if applicable, your reason(s) for requesting a different amount must be based upon one of the following factors. (check all that apply)

<input type="checkbox"/> The cost of health insurance	<input type="checkbox"/> The cost of childcare	<input type="checkbox"/> The relative income of both parents
<input type="checkbox"/> Special educational needs of the child	<input type="checkbox"/> The amount of time the child spends with each parent	<input type="checkbox"/> Any other necessary expenses for the benefit of the child
<input type="checkbox"/> The age of the child	<input type="checkbox"/> Legal responsibility of the parent for the support of others	<input type="checkbox"/> The value of services contributed by either parent
<input type="checkbox"/> Any expenses reasonably related to the mother's pregnancy and confinement	<input type="checkbox"/> The cost of transportation of the child to and from visitation if the custodial parent moved with the child from the jurisdiction that ordered the support and the non-custodial parent remained	<input type="checkbox"/> Any public assistance paid to support the child

➤ Explain: _____

Worksheet B - Joint Physical Custody Child Support Calculation Worksheet

You must fill out this worksheet and attach it to the document you are filing which asks for a joint physical custody arrangement. A joint physical custody arrangement exists when each parent has physical custody of the child at least 40% (146 days) of the time calculated over a one year period.

① : Determine Each Parent's Gross Monthly Income (GMI) (estimate other parent's income if unknown).

Mom's Hourly Wage \$ _____	X	Hrs/Week _____	=	\$ _____	X	Pay Periods 52	=	Yearly income \$ _____	÷	Months 12	=	Mom's GMI \$ _____
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Dad's Hourly Wage \$ _____	X	Hrs/Week _____	=	\$ _____	X	Pay Periods 52	=	Yearly income \$ _____	÷	Months 12	=	Dad's GMI \$ _____
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② : Determine Each Parent's Child Support Obligation.

Mom's GMI \$ _____	X	Formula Percentage (0.18 for 1 child, 0.25 for 2 children, 0.29 for 3 children, 0.02 increase for each additional child) 0.____	=	Monthly child support (rounded to the nearest dollar) \$ _____
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Dad's GMI \$ _____	X	Formula Percentage (0.18 for 1 child, 0.25 for 2 children, 0.29 for 3 children, 0.02 increase for each additional child) 0.____	=	Monthly child support (rounded to the nearest dollar) \$ _____
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③ : Subtract the higher amount of monthly child support in ② from the lower amount.

Higher \$ _____	-	Lower \$ _____	=	Child Support Obligation \$ _____	paid by	Name of higher income parent: _____
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④ : Apply the presumptive maximum if applicable. Usually, this is the maximum amount a parent may be required to pay per month per child. This amount changes every year on July 1st. Make sure you are using the most current chart.

Income Range		Presumptive Maximum Amount
<i>If the Parent's GMI is At Least</i>	<i>But Less Than</i>	
\$0	- \$4,235	\$660 per child
\$4,235	- \$6,351	\$726 per child
\$6,351	- \$8,467	\$794 per child
\$8,467	- \$10,585	\$858 per child
\$10,585	- \$12,701	\$925 per child
\$12,701	- \$14,816	\$990 per child
\$14,816	- No Limit	\$1,058 per child

⑤ : Deviations. If you are requesting an amount of child support that is lower or higher than the amount in ③ or ④, if applicable, your reason(s) for requesting a different amount must be based upon one of the following factors. (✓ check all that apply)

<input type="checkbox"/> The cost of health insurance	<input type="checkbox"/> The cost of childcare	<input type="checkbox"/> The relative income of both parents
<input type="checkbox"/> Special educational needs of the child	<input type="checkbox"/> The amount of time the child spends with each parent	<input type="checkbox"/> Any other necessary expenses for the benefit of the child
<input type="checkbox"/> The age of the child	<input type="checkbox"/> Legal responsibility of the parent for the support of others	<input type="checkbox"/> The value of services contributed by either parent
<input type="checkbox"/> Any expenses reasonably related to the mother's pregnancy and confinement	<input type="checkbox"/> The cost of transportation of the child to and from visitation if the custodial parent moved with the child from the jurisdiction that ordered the support and the non-custodial parent remained	<input type="checkbox"/> Any public assistance paid to support the child

◆ Explain: _____