

COURT CODE: _____
Your Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____
Self-Represented Defendant

DISTRICT COURT
_____ **COUNTY, NEVADA**

<p>_____ Plaintiff, vs. _____ Defendant.</p>	<p>CASE NO.: _____ DEPT NO.: _____</p>
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**ANSWER AND COUNTERCLAIM FOR DIVORCE
AND UCCJEA DECLARATION
(With Children)**

Defendant (*your name*) _____, respectfully states:

1. Defendant admits the following allegations: (*write the paragraph numbers from the Complaint you agree with*) _____.

2. Defendant denies the following allegations: (*write the paragraph numbers from the Complaint you disagree with*) _____.

3. Defendant is without sufficient knowledge to admit or deny the following allegations: (*write the paragraph numbers you are unsure about*) _____.

* This form affects your legal rights. If you are unsure how to complete the form or have other questions about your rights, you need to speak with a Nevada licensed attorney. You can find a lawyer at Nevada Bar Association, nvbar.org at (702) 382-2200; or, Clark County – Legal Aid Center (702) 386-1070; Washoe County – Self-Help Center (775) 325-6731 and for all other Nevada locations go online to selfhelp.nvcourts.gov.

AFFIRMATIVE DEFENSES

- Neither party is a Nevada resident.
- Nevada is not the home state of the child(ren).
- There is another case concerning these parties in another state.
- Other: _____

COUNTERCLAIM FOR DIVORCE

Residency. Which spouse has been a resident of the State of Nevada for at least six weeks prior to filing this Complaint and intends to make Nevada his/her home for an indefinite period of time?

Me / Plaintiff.

1. Marriage. The parties were married on *(date)* _____ in *(city)* _____, *(state)* _____. The parties are incompatible.

2. Pregnancy. (*check one*)

- Neither spouse is pregnant.
- The following spouse is pregnant: *(name of pregnant spouse)* _____.
The other spouse is / is not the parent of the unborn child. The child is due to be born on *(date)*: _____.
- It is unknown whether either spouse is currently pregnant.

3. Children. There are *(number)* _____ minor children in common born to or adopted by the parties.

Child's Name	Date of Birth	State of Residence	How long child lived in the state	Disability

4. UCCJEA Declaration. Have the children lived in Nevada the last six months, or since birth? (check all that apply)

- Yes, the child(ren) have lived in Nevada for the past six months, or since birth.
- No, 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. Have you ever participated in any case concerning these children as a party, witness, or in some other capacity? (check one)

- No.
- Yes, I have participated in the following cases concerning these children (*provide all specifics including the state, the court name, children involved, the case number and the date of the child custody order, if any*): _____

c. **Knowledge of Other Cases.** Do you know of any other case that could affect this case, such as other custody cases, domestic violence cases, protection order cases, or adoptions/terminations? (check one)

No.

Yes, the following cases that could affect this case (*give all specifics including the state, the court name, the parties involved, the case number and the type of case*):

d. **Person(s) Who Claim Custody / Visitation.** Is there anyone other than yourself or other parties to this case who has custody of the children or who can claim a right to custody or visitation with the children? (check one)

No.

Yes, the following people have custody or can claim custody/visitation of the children: (*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).

Plaintiff should have sole legal custody of the child(ren).

Defendant should have sole legal custody of the child(ren).

Nevada is not the “home state” of the child(ren) and cannot enter custody orders.

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

- Joint Custody.** The parties should share joint physical custody of the child(ren) (each parent must have the child(ren) roughly 40% of the time, or 146 days per year). A proposed parenting timeshare and holiday schedule is attached as Exhibit _____.
- Primary Custody.** The (check one) Plaintiff / Defendant should have primary physical custody of the child(ren). A proposed parenting timeshare and holiday schedule is attached as Exhibit _____.
- Sole Custody.** The (check one) Plaintiff / Defendant should have sole physical custody of the child(ren).
- Nevada is not the “home state” of the child(ren) and cannot enter custody orders.

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. Public Assistance. Has either party ever received public assistance? (check one)

- No, the parties in this case have never received public assistance.
- Yes, one or more parties now receives or has received public assistance.

9. Parties’ Incomes. *The court needs to know both parties’ gross monthly incomes to make sure child support is set correctly.*

Gross monthly income includes money received from work, social security, unemployment, pension/retirement, interest/investments, veteran’s benefits, military allowances, etc.

It does not include SSI, SNAP, TANF, cash benefits from the county, or child support received.

My gross monthly income is (*insert amount*): \$_____ / OR unknown.

The other parent’s gross monthly income is (*insert amount*): \$_____ / OR unknown.

10. Child Support. Use the attached worksheet to figure out how much child support the court should order. **Complete the worksheet before filling out this section.** (check one)

Child support should be paid by (name of parent who should pay child support) _____ in the amount of \$_____ per month.

This is based on: (check one)

- The Child Support Worksheet calculation attached.
- The amount already established by the District Attorney, Family Support Division, case (insert case number) _____.

No child support is requested. (Explain why not): _____

I'm not sure how much child support should be paid, and ask the court to set support.

11. Wage Withholding. Should child support be paid through a wage garnishment? (check one)

- Yes, a wage withholding order should be entered to secure payment of support.
- No, a wage withholding order should not be entered.

12. Back Child Support. Should back child support (“arrears”) be ordered? (check one)

- No, no back child support or arrears are requested.
- Child support arrears are being handled by the District Attorney, Family Support Division, case (insert case number) _____ and should continue as ordered in that case.
- Yes, back child support should be paid by (name of parent who should pay back child support) _____ from (date back child support should begin) _____ to present.

13. Child Care. Are there child care expenses? (*check one*)

- No, there are no child care costs for either parent.
- Yes, the monthly child care costs for the child(ren) are: \$_____. This amount should be paid by me only the other parent only both parents equally.

14. Medical Coverage. Medical support (medical, vision, and/or dental) must be provided for the child(ren). How will the child(ren) get medical support/insurance?

- Medicaid.
- Private / Employer Insurance. The monthly premium should be paid by me only the other parent only both parents equally.
- Other: _____

15. Unreimbursed Medical Expenses. How will medical expenses get paid if insurance does not cover a medical cost? (*check one*)

- Any expenses not covered by insurance should be paid equally by both parties.
- Any expenses not covered by insurance should be paid by (*name of parent*) _____ due to the following extraordinary circumstances:
(*explain*) _____

16. "30/30 Rule." The "30/30 Rule" provides that if a parent pays a medical or dental expense for a child that is not paid by insurance, that parent must send proof of payment of the expense to the other parent within 30 days of paying the expense. The other parent then has 30 days to reimburse the paying parent 1/2 the cost. Do you want the 30/30 rule ordered in your case? (*check one*)

- Yes, the Court should order the 30/30 Rule for payment of all unreimbursed medical / dental expenses.
- No, the Court should not order the 30/30 Rule for payment of unreimbursed medical / dental expenses.

17. Tax Deduction. *IRS rules state that the custodial parent usually has the right to claim the child on their taxes. The custodial parent can waive this right by filling out IRS Form 8332. Talk to a tax professional if you are not sure what to do. (☒check all that apply)*

- Plaintiff should claim the following children as dependents for tax purposes every year: *(insert child(ren)'s names):* _____
- 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.

18. 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:

Property to Plaintiff:

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

Property to Defendant:

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

19. 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:

Debts to Plaintiff:

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

Debts to Defendant:

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

20. Alimony. (*check one*)

- No spousal support is requested.
- Plaintiff should pay \$_____ per month in spousal support for the next (*number*) _____ years.
- Defendant should pay \$_____ per month in spousal support for the next (*number*) _____ years.

21. Name Change. (*check one*)

- Defendant does not request a name change.
- Defendant would like to be restored to his/her former name of (*insert former name you would like to go back to*) _____.

22. If Defendant is able to hire counsel, attorney's fees and costs are requested.

Defendant requests:

1. That the marriage existing between Plaintiff and Defendant be dissolved and that Defendant 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 Counterclaim; and
3. For such other relief as the Court finds to be just and proper.

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

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

VERIFICATION

Under penalties of perjury, I declare that I am the Defendant in the above-entitled action; that I have read the foregoing Answer and Counterclaim 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 (*month*) _____ (*day*) _____, 20____.

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