

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

DISTRICT COURT
 _____ **COUNTY, NEVADA**

_____ <p style="text-align: center;">Plaintiff,</p> vs. _____ <p style="text-align: center;">Defendant.</p>	CASE NO.: _____ DEPT NO.: _____
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COMPLAINT FOR CUSTODY AND UCCJEA DECLARATION

Plaintiff (*your name*) _____ is the (*check one*)

mother / father of the children named below, and respectfully states:

1. Which parent has been a resident of the State of Nevada for at least six weeks prior to filing this Complaint? (*check one*) Me / Defendant.

2. Have you ever been married to the other party? (*check one*) Yes / No.

3. **Children.** There are (*number*) _____ minor children at issue:

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

* 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.

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. Paternity. Paternity is not disputed. Plaintiff believes that the father of the children is *(father's name)* _____ because (check all that apply):

Birth Certificate. The man named above is the father listed on the birth certificate(s).

Court Order. Paternity was already established by a court order through *(name of court)* _____ in case number *(case number)* _____ on *(date)* _____.

DNA Test. A DNA test shows who is the biological father; a copy is attached.

Parents Lived Together. The parties lived together at least 6 months before conception and lived together through the period of conception.

Admission. The man named above openly holds out the child as his own and has accepted the child into his home.

6. Legal Custody. *Legal custody refers to the ability to access information and make major decisions about the children, 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).

7. 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).

8. 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

9. 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.

10. 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.

11. 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.

12. 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.

13. 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.

14. 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.

15. Medical Coverage. Medical support (medical, vision, and/or dental) must be provided for the child(ren). How will the children 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: _____

16. 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*) _____

17. "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.

18. 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)

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.

19. Birth Certificate / Name Change. (check all that apply)

- The child's birth certificate should not be changed.
- The child's birth certificate should be changed to state that the father of the minor child is (*name of father*) _____.
- The child's name should be changed to (*write the complete first, middle, and last name the child should have*) _____
because (*explain why you want to change the child's name*) _____

The child has not been convicted of a felony. Any child age 14 or older will file a separate consent agreeing to the requested name change. The other parent's name is (*name of the other parent*) _____ and I believe he/she lives at (*other parent's address*) _____

This request is made pursuant to NRS 41.298

20. If Plaintiff is able to hire counsel, then attorney's fees and costs are requested.

Plaintiff requests:

1. That the Court grant the relief requested in this Complaint; and
2. 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 penalty of perjury, I declare that I am the Plaintiff in the above-entitled action; that I have read the foregoing Complaint and UCCJEA Declaration 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*) _____