

COURT CODE: \_\_\_\_\_

DISTRICT COURT  
 JUSTICE COURT IN THE TOWNSHIP OF \_\_\_\_\_  
\_\_\_\_\_ COUNTY, NEVADA

\_\_\_\_\_  
Applicant (*print your name above*),  
vs.

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

\_\_\_\_\_  
Adverse Party (*print the name of the person you  
want protection from above*).

### UCCJEA DECLARATION

**\*This document will be sealed and kept confidential if requested in section 9\***

#### 1. Children.

Child 1: \_\_\_\_\_  
First Middle Last DOB

\_\_\_\_\_  
Address City, State, Zip Code

When did the child start living here? (*date*) \_\_\_\_\_  
Who does the child live with?  Me  Someone else (*name*) \_\_\_\_\_

Child 2: \_\_\_\_\_  
First Middle Last DOB

\_\_\_\_\_  
Address City, State, Zip Code

When did the child start living here? (*date*) \_\_\_\_\_  
Who does the child live with?  Me  Someone else (*name*) \_\_\_\_\_

Child 3: \_\_\_\_\_  
First Middle Last DOB

\_\_\_\_\_  
Address City, State, Zip Code

When did the child start living here? (*date*) \_\_\_\_\_  
Who does the child live with?  Me  Someone else (*name*) \_\_\_\_\_

2. **Nevada Residence.** How long have the children lived in Nevada? ( *check one*)
- The children have lived in Nevada for the past six months, or since birth.
  - The children have NOT lived in Nevada for the past six months.

3. **Past Residences.** List the other places the children have lived in the last 5 years.  
*Do not include where the children are living now.*

	<b>Who the Child Lived With</b>	<b>City &amp; State Where the Child Lived</b>	<b>Dates Child Lived There (mo/yr – mo/yr)</b>
<i>Examples →</i>	<i>Sue Jones (mom)</i>	<i>Las Vegas, NV</i>	<i>i.e., 5/18-9/18</i>
Past Residence:			_____ - _____
Past Residence:			_____ - _____
Past Residence:			_____ - _____

If the children lived with anyone *other than the parents* in the last 5 years, write their names and current addresses here: \_\_\_\_\_  
 \_\_\_\_\_

4. **Department of Family Services (“DFS”) / Child Protective Services (“CPS”).** Has DFS / CPS been involved with your family? ( *check one*)
- No.
  - Yes. When: \_\_\_\_\_ Caseworker’s name: \_\_\_\_\_

5. **Current Custody Case.** Is there a custody order? ( *check one*)
- No.
  - Yes, there is a current custody order concerning the child. The order is from case (*case number*)\_\_\_\_\_. It was issued in (*county*) \_\_\_\_\_  
 County in the State of \_\_\_\_\_.

6. **Your Participation in Other Cases Concerning the Child.** Have you participated in a case concerning the child as a party, witness, or in some other capacity? ( *check one*)
- No.
  - Yes, I have participated in the following cases concerning the child (*list the state, the court name, the case number and the date of the child custody order, if any*):  
 \_\_\_\_\_  
 \_\_\_\_\_

7. **Your Knowledge of Other Cases that You Did Not Participate In.** Do you know of any other case concerning the child that could affect this case, such as other custody cases, protection order cases, or adoptions/terminations? ( *check one*)

No.

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

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8. **Persons Other Than You or the Other Party Who Can Claim Custody / Visitation.**

Is there anyone other than you or the adverse party who has custody of the child or who can claim a right to custody or visitation with the child? ( *check one*)

No.

Yes, the following people have custody or can claim custody/visitation of the child: (*list names and addresses of anyone who claims custody/visitation rights*):

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9. **Confidentiality.** Would your health/safety/liberty or the child's health/safety/liberty be in danger if the information in this document is released to the adverse party? ( *check one*)

Yes. This document should be sealed pursuant to NRS 125A.385(5). **Note: the court may release this information to the other party after a hearing if the court orders the disclosure.**

No. This document may be provided to the adverse party.

10. 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.**

DATED \_\_\_\_\_, 20\_\_\_\_.

Submitted By: (*your signature*) \_\_\_\_\_

(*print your name*) \_\_\_\_\_