

PREPARING A PRE-TRIAL MEMORANDUM

EXPLANATION OF A PRE-TRIAL MEMORANDUM

A Pre-Trial Memorandum is the primary document the judge uses to prepare for your trial. It summarizes all of your legal and factual arguments. It also states whom you will have testify on your behalf and what you expect those witnesses to say.

YOU CAN USE THIS PACKAGE FOR PREPARING A PRE-TRIAL MEMORANDUM IF:

- # You have received notification from your judge's department that you need to file a Pre-Trial Memorandum; or
- # You have a trial scheduled in the near future and have not filed a Pre-Trial Memorandum.

INSTRUCTIONS FOR PREPARING A PRE-TRIAL MEMORANDUM

* * * IMPORTANT DISCLOSURE * * *

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MANY FAMILY LAW MATTERS INVOLVE COMPLEX AND VALUABLE LEGAL RIGHTS. THESE FORMS AND INSTRUCTIONS ARE BASIC, GENERAL FORMS, AND MAY NOT FIT ALL SITUATIONS. SOME RIGHTS CANNOT BE ADEQUATELY PROTECTED WITHOUT THE ASSISTANCE OF AN ATTORNEY. YOU SHOULD CONSULT WITH AN ATTORNEY BEFORE YOU ATTEMPT TO USE SELF-HELP.

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I. EXPLANATION OF A PRE-TRIAL MEMORANDUM

- A. A Pre-Trial Memorandum is the primary document the judge uses to prepare for your trial. It summarizes all of your legal and factual arguments. It also states whom you will have testify on your behalf and what you expect those witnesses to say.
- B. You can use this package for preparing a Pre-Trial Memorandum if:
- You have received notification from your judge's department that you need to file a Pre-Trial Memorandum; or
 - You have a trial scheduled in the near future and have not filed a Pre-Trial Memorandum.

C. This package should contain the following documents:

- Instructions for Preparing a Pre-Trial Memorandum;
- Pre-Trial Memorandum;
- Affidavit of Financial Condition;
- Certificate of Mailing;
- List of telephone numbers for the judges' staffs and the Court Clerks;
- Customer survey;
- Affirmation.

II. STEP 1: PREPARE YOUR PAPERWORK

NOTE: WHEN FILLING OUT ANY FORM, YOU MUST USE BLACK INK. PRINT CLEARLY. THE CLERK'S OFFICE WILL NOT FILE YOUR DOCUMENT IF THE HANDWRITING IS HARD TO READ.

A. THE CAPTION:

The "caption" is the portion of your document which assists the Court in identifying your particular case. It is the part of the page that has the word "Plaintiff" under a line and the word "Defendant" under another line. Generally, this caption will remain the same throughout the entire case and will be on every document filed in this action. In this package, the caption is on the: (1) Pre-Trial Memorandum, (2) Affidavit of Financial Condition, (3) Certificate of Mailing, and (4) Affirmation.

B. THE PRE-TRIAL MEMORANDUM:

1. The Pre-Trial Memorandum is the primary document that the judge uses to prepare for your trial. It summarizes all of the legal and factual arguments and also lists all of the witnesses that you plan to have testify on your behalf.

2. Insert your name, address, and phone number on the first page, upper left-hand corner.
3. Insert the name of the Plaintiff on the blank above the word "Plaintiff" in the caption and insert the name of the Defendant on the blank above the word "Defendant" in the caption. You can determine who is the Plaintiff and who is the Defendant by looking at other documents that have been filed in your case.
4. Insert the case number on the line after the words "CASE NO." and insert the department letter on the line after the words "DEPT. NO." You can determine the case number and department letter by looking at other documents that have been filed in your case.
5. Check either "Plaintiff" or "Defendant" in the title of the document.
6. The Pre-Trial Memorandum uses a fill-in-the-blank format and will tell you what information you need to put into the blank.
 - a. If a section does not apply, write "N/A" on the first blank line in that section.
 - b. For Section VII, do not list yourself, the other party, or a person who is going to testify only to the Plaintiff's Nevada residency.
 - c. The Pre-Trial Memorandum has two exhibits. In "Exhibit A," list the assets and debts of both parties and state how you would like the judge to divide those assets and debts. A sample is on the last page of these instructions. "Exhibit B" will be your most current Affidavit of Financial Condition. (Please see section "C," below.) You do not need to attach an Affidavit of Financial Condition if you do not have children and neither party is requesting spousal support.

C. THE AFFIDAVIT OF FINANCIAL CONDITION:

NOTE: YOU DO NOT NEED TO COMPLETE THIS FORM IF: (1) YOU HAVE ALREADY FILED AN AFFIDAVIT OF FINANCIAL CONDITION AND YOUR FINANCIAL CIRCUMSTANCES HAVE NOT CHANGED SINCE THAT TIME; OR (2) YOU AND THE OTHER PARTY DO NOT HAVE CHILDREN TOGETHER AND NEITHER PARTY WANTS SPOUSAL SUPPORT.

1. The Affidavit of Financial Condition (also known as an "AFC") is the document used by the judge to review your income, expenses, assets and debts. It will also help the judge determine how much child support and/or spousal support should be awarded. There are instructions on the first two pages of the AFC. Please follow those instructions.
 - a. If you have already filed an AFC and are filing this one to update information, write the word "Amended" before the words "Domestic Relations Affidavit of Financial Condition" on the first page of the document.
2. Usually, the AFC will be on paper that makes copies when you write on it. You will need to print very hard to make sure that your writing comes through on all of the copies.

D. THE CERTIFICATE OF MAILING:

NOTE: PART OF THIS DOCUMENT WILL HAVE TO BE COMPLETED BY SOMEONE ELSE. (PLEASE SEE THIS SECTION AND SECTION V, BELOW.)

1. The Certificate of Mailing is a document to show the court that the other party received a copy of the papers you have just filed. Someone who you are not related to you by blood or marriage and who is over 18 years old, will need to complete part of this document. This other person is called a "third party". (Please see Section V, below, for more information.)
2. Insert your name, address, and phone number on the first page, upper left-hand corner.

3. Insert the name of the Plaintiff on the blank above the word "Plaintiff" in the caption and insert the name of the Defendant on the blank above the word "Defendant" in the caption.
4. Insert the case number on the line after the words "CASE NO." on your documents and insert the department letter on the line after the words "DEPT. NO."
5. The Certificate of Mailing uses a fill-in-the-blank format and will tell you what information you need to put into the blank.
 - a. The third party will need to fill in the date that he/she mailed the documents to the other side and sign the Certificate of Mailing.

E. THE AFFIRMATION:

NOTE: You will need to file an Affirmation each time you file documents. You may want to make a few copies of the form before completing it.

1. Beginning January 1, 2007, most documents should not contain parties' Social Security Numbers. If certain documents are required to have this information, the Clerk's Office and/or the Court must take steps to ensure that the information is kept in a confidential manner. The Affirmation lets the Clerk's Office and the Court know whether the documents you file contain Social Security Numbers.
2. Insert your name, address, and phone number on the first page, upper left-hand corner. The form uses a "fill-in-the-blank" format. Write the information requested on each line in the caption.
3. If you or the other party has already filed paperwork, fill in the "Case No." and "Dept. No." lines to the right of the caption. You can find this information by looking at other documents that have been filed in the in the case, leave the lines blank. The Clerk's Office

will give you a case number and department number when you file the paperwork.

4. Check the boxes next to the documents you are filing. If you are filing document that is not listed, check the "other" box and state the name of the document on the line next to the box.

5. Sign and date the form.

III. STEP 2: FILE THE PRE-TRIAL MEMORANDUM AND AFFIDAVIT OF FINANCIAL CONDITION (IF USED)

- A. Make three copies of the Pre-Trial Memorandum (including the exhibits) and one copy of the Affirmation.
- B. If you completed the AFC and it was not on paper that made carbon copies, you will need to make two copies.
- C. You need to use a two-hole punch on the top of the original documents and also stamp or write "Original" on the original documents. The Self-Help Center has a two-hole punch and a stamp that you can use.
- D. Go to the filing counter at the Clerk's Office. The Clerk will file the original documents and will return the copies to you. These are called "file-stamped copies."

IV. STEP 3: GIVE THE JUDGE A "COURTESY COPY" OF THE PRE-TRIAL MEMORANDUM AND AFFIDAVIT OF FINANCIAL CONDITION (IF USED)

- A. When a trial or calendar call is scheduled very close to the date that the Pre-Trial Memorandum is due, the Clerk's Office may not have time to get the document into the court file before the judge wants to prepare for the hearing. Therefore, it is very important that you give the judge a copy of your paperwork as quickly as possible. The copies that you give to the judge are called "courtesy copies".
 - 1. Please be sure that the case number and department letter are on all of the documents that you give to the judge to review.
- B. Take the elevator to the third floor of the courthouse. Go to the reception area by "chambers". You will see brown boxes against the wall. Each box is marked with

a department letter. Put a file-stamped copy of the Pre-Trial Memorandum and the AFC (if used) into the box belonging to that department.

V. STEP 4: SERVE THE OTHER PARTY AND FILE THE CERTIFICATE OF MAILING

- A. As a general rule, you must give the other party a copy of the anything that you file with the Court. If that party is represented by an attorney, you must give the documents to the attorney instead of the other party. The way of giving the documents to the other party (or the attorney) is called "service of process" or "service". For this packet, you must serve the: (1) Pre-Trial Memorandum, and (2) Affidavit of Financial Condition (if used).
1. Any document that is "served" must be mailed or delivered by someone who is not related to you by blood or marriage and who is over 18 years old. This person is called a "third party".
- B. There are several ways of serving the other party. However, this packet contains a Certificate of Mailing. This is the most common method of serving a Pre-Trial Memorandum and an AFC. To learn more about other methods of service, you can review the Nevada Rules of Civil Procedure at the Self-Help Center, any Clark County public library, or on-line at <http://www.leg.state.nv.us/law1.htm> You may also speak to an attorney.
1. If the other party does not have an attorney, the third party should mail the documents to the other side's last known address (the address you put in the Certificate of Mailing).
 2. If the other party has an attorney, the third party can mail the document to the attorney at the attorney's business address.
- C. After the third party has mailed the Pre-Trial Memorandum and the AFC (if used) to the other side (or that side's attorney), he/she should complete their portion of the Certificate of Mailing. You will need to prepare an Affirmation.
1. Make one copy of the Certificate of Mailing and

one copy of the Affirmation.

2. You need to use a two-hole punch on top of the original documents and also stamp or write "Original" on the original documents. The Self-Help Center has a two-hole punch and a stamp that you can use.
3. Go to the filing counter at the Clerk's Office. The Clerk will file the original documents and will return the file-stamped copies to you. Keep this copy for your records.

VI. STEP 5: WHAT HAPPENS NEXT

What happens next depends on the department that your case has been assigned to. You should have already received notification of either a trial date or a calendar call date. If you received a calendar call date, the trial date should be given to you during the calendar call. If you do not know either the calendar call date or the trial date, you may want to call the Judicial Executive Assistant for that department or the Self-Help Center. You can also find hearing dates on the Clerk's Office's Web site:

<http://www.co.clark.nv.us/clerk/clerkhome.htm>

SAMPLE ASSET SCHEDULE

ASSET	Your opinion regarding value (gross)	Manner in which title is held	Name of Creditor with secured obligation on asset & loan amount	PROPOSED DISTRIBUTION
Home 1000 4 th St. Las Vegas, NV	\$100,000	Joint Tenancy	AAA Mortgage Co. \$45,000	Sell and divide proceeds

SAMPLE DEBT SCHEDULE

CREDITOR	AMOUNT OWED	Assets securing obligation	PROPOSED RESOLUTION
AAA Mortgage Co., Inc.	\$45,000	First Trust Deed on home at 1000 4 th St. Las Vegas, NV	Debt paid from proceeds of sale
1 st USA Visa	\$1,000	None	Defendant to pay

**CLARK COUNTY FAMILY LAW
SELF-HELP CENTER
SURVEY**

8/1/05

Please help us help you. If you complete this brief survey, we will be able to better determine your needs and how to serve you better.

Date _____ Zip Code _____

How many times have you visited the Center? First visit 2 3 4 5 or more

What is the general description of your legal actions: (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Divorce without children | <input type="checkbox"/> Order for protection against domestic violence |
| <input type="checkbox"/> Annulment | <input type="checkbox"/> Guardianship of a child | <input type="checkbox"/> Paternity |
| <input type="checkbox"/> Child support | <input type="checkbox"/> Guardianship of an adult | <input type="checkbox"/> Visitation |
| <input type="checkbox"/> Custody | <input type="checkbox"/> Modification of child support | |
| <input type="checkbox"/> Divorce with children | <input type="checkbox"/> Name change | |
| <input type="checkbox"/> Other: _____ | | |

Are you starting or responding to a legal action?

- Starting Responding
 Other: _____

What services are you seeking from the Self-Help Center? (Check all that apply)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Information about forms/procedures | <input type="checkbox"/> Information about other legal and community resources | <input type="checkbox"/> Listing of attorneys willing to accept family law cases | <input type="checkbox"/> Classes or clinics about family court procedures |
| <input type="checkbox"/> Assistance with completion of forms | | | <input type="checkbox"/> Notary services |
| <input type="checkbox"/> Other: _____ | | | |

How did you hear about the Self-Help Center? (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Judge, court employee, or court program | <input type="checkbox"/> Law Library | <input type="checkbox"/> Lawyer referral service |
| <input type="checkbox"/> Legal services provider | <input type="checkbox"/> Attorney | <input type="checkbox"/> Walk-in |
| <input type="checkbox"/> Social services provider | <input type="checkbox"/> District Attorney's Office | <input type="checkbox"/> Family member or friend |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Bar Association | <input type="checkbox"/> Website |

Are you aware that our forms are available on the internet? Yes No

Do you already have your documents? Yes No

If yes, where did you get your documents?

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Self-Help Center Office | <input type="checkbox"/> Attorney | <input type="checkbox"/> Office supply store |
| <input type="checkbox"/> Self-Help Center Website | <input type="checkbox"/> Law Library | |
| <input type="checkbox"/> Other website | <input type="checkbox"/> Paralegal | |
| <input type="checkbox"/> Other: _____ | | |

Have you consulted an attorney regarding your case? Yes No

If no, why did you not hire an attorney? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Cost | <input type="checkbox"/> Could not find an attorney who spoke my language |
| <input type="checkbox"/> Prefer to self-represent | <input type="checkbox"/> I do not know any attorneys |
| <input type="checkbox"/> Case refused by an attorney | |
| <input type="checkbox"/> Other: _____ | |

Have you consulted a paralegal regarding your case? Yes No

If no, why did you not hire a paralegal? (Check all that apply)

- | | | |
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| <input type="checkbox"/> Cost | <input type="checkbox"/> Could not find a paralegal who spoke my language | <input type="checkbox"/> I do not know any paralegals |
| <input type="checkbox"/> Case refused by a paralegal | | |
| <input type="checkbox"/> Other: _____ | | |

Please complete other side...

Please tell us a little about yourself...

Age Under 18 18 - 30 31 - 40 41 - 50 51 - 59 60 or older

Sex Male Female

Race: (Check the one that primarily applies)

- White American-Indian Asian
 African-American Hispanic
 Other: _____

What language is spoken in your home?

- English Spanish
 Other: _____

How many children under the age of 18 live in your home? 0 1 - 2 3 - 4 5 or more

Your gross monthly income is:

- Below \$500 \$1000 - \$1,999 \$3,000 - \$3,999 \$5,000 or more
 \$500 - \$999 \$2,000 - \$2,999 \$4,000 - \$4,999

Are you currently receiving public assistance? Yes No

If yes, what type of assistance are you receiving?

- SSI TANF Medicare Medicaid Food stamps
 Other: _____

What is your highest level of education?

- No high school High school graduate Post graduate work
 Some high school Some college
 GED certificate College graduate

Do you feel more able to represent yourself than before you visited the Self-Help Center? Yes No

Were you treated courteously at the Self-Help Center? Yes No

How would you evaluate the services offered by the Center?

	very helpful	Somewhat helpful	Not helpful	Did not use
Customer Assistance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
References:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forms Packets / Instructions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notarizations / Typewriters:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Area:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us how we can improve our services or any other comments. _____

Thank You for Your Feedback!

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PMEM

(Your name) _____

(Address) _____

(Telephone) _____

In Proper Person

DISTRICT COURT
CLARK COUNTY, NEVADA

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

□ PLAINTIFF'S/ □ DEFENDANT'S PRE-TRIAL MEMORANDUM

I.

STATEMENT OF ESSENTIAL FACTS

A. Name of Plaintiff: _____, age _____

B. Name of Defendant: _____, age _____

C. Date of Marriage: _____

D. Resolved issues and the agreements:

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2. _____
3. _____

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OR

(Check one) Plaintiff/ Defendant requests permanent spousal support in the amount of \$_____ per month.

OR

(Check one) Plaintiff/ Defendant requests rehabilitative spousal support in the amount of \$_____ per month for _____ (check one) months/ years

B. (CHECK ONLY ONE BOX)

(Check one) Plaintiff's/ Defendant's request for spousal support should be granted because _____

OR

(Check one) Plaintiff's/ Defendant's request for spousal support should be denied because _____

V.

PROPERTY AND DEBTS

A. (Check one that applies to you) Plaintiff's/ Defendant's proposed distribution of property and debts is attached to this Pre-Trial Memorandum as "Exhibit A".

B. The legal and factual issues regarding the property and debts that are in dispute are:

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- 2. _____
- 3. _____

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4. _____

VI.

ATTORNEY'S FEES

(CHECK ONLY ONE BOX)

A.

(Check one that applies to you) Plaintiff/ Defendant is not requesting attorney's fees and costs.

OR

(Check one that applies to you) Plaintiff/ Defendant is requesting attorney's fees and costs in the amount of \$_____. Of this amount, \$_____ has already been paid and \$_____ is still owed.

VII.

LIST OF WITNESSES

A.

(Check one that applies to you) Plaintiff/ Defendant intends to call the following witnesses:

1. Name: _____; Testimony: _____

2. Name: _____; Testimony: _____

3. Name: _____; Testimony: _____

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VIII.

LIST OF EXHIBITS

A. (Check one that applies to you) Plaintiff/ Defendant intends to introduce the following exhibits at trial:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

IX.

UNUSUAL LEGAL OR FACTUAL ISSUES PRESENTED

A. (Check one that applies to you) Plaintiff/ Defendant believes the following unusual issues may be presented at trial: _____

X.

LENGTH OF TRIAL

A. (Check one that applies to you) Plaintiff/ Defendant believes that this trial should take approximately _____ (check one) days/ hours.

XI.

AFFIDAVIT OF FINANCIAL CONDITION

(CHECK ONLY ONE BOX)

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EXHIBIT A

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EXHIBIT B

1 CERT
2 (Your Name) _____
3 (Address) _____
4 _____
5 (Telephone) _____

In Proper Person

DISTRICT COURT
CLARK COUNTY, NEVADA

8)
9 _____,) Case No. _____
10 Plaintiff,)
11 vs.) Dept No. _____
12 _____,)
13 Defendant.)
14 _____)

CERTIFICATE OF MAILING

13 I HEREBY CERTIFY that service of the (name of document) _____

14 _____ was made on (date) _____ pursuant to
15 NRCP 5(b) by depositing a copy of same in the United States Mail in Las Vegas, Nevada,
16 postage prepaid, addressed as follows:

17 (Other party's name) _____
18 (Other party's address) _____
19 (Address) _____
20 (Address) _____

20 DATED this _____ day of _____, (year) _____.

21 (Signature of person who mailed document) _____
22 (Name of person who mailed document) _____

23
24 Signed and sworn to (or affirmed) before
25 me on (date) _____
26 by (name of person signing document) _____

27 _____
28 Signature of notarial officer

GENERAL INSTRUCTION

The form consists of seven (7) printed pages, plus these instructions. If your form does not have all pages, you may purchase a complete set from the Clark County Clerk's Office or the Self Help Center at the Family Courts & Services Center. You may download a free copy from the Self-Help Center's website at http://www.co.clark.nv.us/distcrt/self_help_center.htm.

Answer and complete **all** sections in this form. If an item requiring your response is not applicable, write "N/A" in that section.

Use separate sheets of paper if additional space is needed. Any extra sheets must be the same size as the pages of this form, and all extra pages must be attached to this form when it is filed.

You *must* initial all pages, including any extra pages you attach to this form, in the lower right corner of each page.

This form *must* be completed honestly and to the best of your knowledge after reasonable inquiry. This form has important legal consequences. You should carefully consider each of your answers. If necessary, you should consult with legal counsel, or if you are representing yourself, ask for clarification when the Court hears your case.

This form *must* be filed and served with any motion for child support, temporary spousal support, fees allowances, exclusive possession of the community residence, modification of any support order, or any other matter involving the issue of money to be paid by a party. It also must be filed and served by the responding party with any response or answer to such motion.

If you do not complete this form, or fail to file it on time, or misrepresent facts within it, the Court may impose sanctions against you. You may have to pay the others party's fees. If you are the party requesting financial relief, the Court may presume that you do not need the monetary relief you are seeking. If you are the party being requested to provide financial relief, the Court may presume that you have the ability to pay any amount requested by the other party.

During the time that your case is pending before the Court to resolve any issue, you must:

- a) File an amended Affidavit of Financial Condition immediately after you get information, which changes any part or section of this form.
 - b) Serve the amended Affidavit of Financial Condition in a timely manner to opposing party.
- Failure to do the above could result in sanctions being imposed against you by the Court.

PART "A" INSTRUCTIONS – PERSONAL INFORMATION

If you are married to someone other than the other party in this case and your current spouse has any income, list him or her here. In reporting your spouse's monthly net income, do **NOT** deduct any amounts that are **VOLUNTARILY** taken out of that income, such as contributions to IRA's, or allotments to savings or to pay bills, etc. Do **NOT** list the income of any person other than a spouse, even if that person lives with you.

PART "B" INSTRUCTIONS – MONTHLY INCOME

Gross income includes the total amount of income from any source including, but not limited to, wages paid by an employer and/or the gross income from any source received by a self-employed person after deduction of all legitimate business expenses, but without deduction for personal income taxes, contributions for retirement benefits, contributions to a pension, or for any other personal expenses. Gross income also includes pay received from military reserve or National Guard duty, or from a second job. If your income varies from month to month, list your average monthly income and state how many months you averaged to get your result. **BE PREPARED TO SUPPLY DOCUMENTATION OF YOUR INCOME UPON REQUEST BY THE OTHER PARTY OR BY THE COURT.**

PART "C" INSTRUCTIONS – MONTHLY EXPENSES

This section provides the Court with information regarding your monthly expenses and your total liabilities for your debts. NOTE: ONLY list expenses you are paying for yourself and any minor children who currently live with you. If you are remarried, you may also include expenses incurred by your current spouse. ALL amounts in this section are presumed to be monthly averages unless you specifically state otherwise. If necessary, you may

include a written explanation concerning how you arrived at any amount listed. If you need additional room, complete "Additional Comments about Part "C" – page 7.

DO NOT list expenses you are not legally required to pay, such as personal debts of an adult person living with you to whom you are not married.

One time expenses due now or within the next 90 days: Use this section to list any one-time expenses that are not expected to recur on a regular basis, but which are now due, or will become due within 90 days of the date this form is completed. This could include such items as extraordinary medical expenses that are already planned.

PART "D" INSTRUCTIONS – ASSETS

This section provides the Court with information regarding the property (assets) that you own. If you are married, list all the property currently in the possession or under the control of both you and the other party, or items which you have sold or transferred within the last 6 months. If you are no longer married to the other party, list all property in your possession or under your control.

If you need additional room, complete "EXHIBIT "2" – page 6

PART "E" INSTRUCTIONS – ATTORNEY'S FEES AND COSTS STATEMENT

This section is used to provide the Court with information regarding the payment of fees or financial arrangements you have made with your attorney.

**EIGHTH JUDICIAL DISTRICT COURT
FAMILY DIVISION
CLARK COUNTY, NEVADA**

)	
)	Case No. _____
Plaintiff,)	
)	Dept. No. _____
-vs-)	
)	Date of Hearing: _____
)	
Defendant,)	Time of Hearing: _____
_____)	

AFFIDAVIT OF FINANCIAL CONDITION

PART "A" PERSONAL INFORMATION
(Print or Type)

1. Name: _____ 2. Age: _____
3. Occupation: _____ 4. Employer: _____
5. City & State of Residence: _____ 6. Length of time at current job: _____

7a. FAMILY RESIDENCE TABLE. In the table below, insert the names and ages of each person living primarily with you. Only list the persons who live with you more than half of the time. Check the appropriate box if the person named is a child of either marriage/relationship or some other marriage/relationship. If the named individual is not a child, specify that person's relationship to you (husband, aunt, friend, significant other, etc.). If there are more persons living with you than will fit in the table below, attach a sheet with the same information for those persons as is set out in the table.

NAME	AGE	MINOR CHILD OF THIS MARRIAGE/ RELATIONSHIP	MINOR CHILD NOT OF THIS MARRIAGE/ RELATIONSHIP	OTHER RELATIONSHIP (SPECIFY)

7b. If you are supporting (or are obligated to support) any person who is NOT living with you more than half of the time, please attach separate sheet listing the names and ages of such person(s) and your relationship with such person(s).

8. If you are divorced from the other party in this action, are you remarried? _____. If so, is your current spouse employed? _____. What is your spouse's hourly rate of pay or monthly gross pay if not paid hourly? _____ per _____. What is your spouse's current monthly net income (i.e. income after deducting federal income taxes, Social Security, and other INVOLUNTARY deductions)? \$ _____.

ADDITION COMMENTS ABOUT PART "A": _____

PART "B"-- MONTHLY INCOME & RECEIPTS

1. Hourly or other rate of pay: \$ _____ per _____
(hour/week/month/year)

2. GROSS (i.e. Total) monthly income earned by working from ALL sources:
NOTE: Include overtime and extra job income and specify here what portion monthly is average.
Overtime: \$ _____ or extra job income: \$ _____ +\$ _____

3. Court ordered or voluntary payments you receive monthly from the other party to this action for your own support +\$ _____

4. Spousal support or alimony you receive monthly from anyone OTHER THAN the party to this action:
State name(s) of source you receive this from:

_____ +\$ _____

5. Child support you receive for children of this marriage/relationship:
If you receive this from a source other than the party to this action:

_____ +\$ _____

6. Child support you receive for children NOT of this marriage/relationship:
State name(s) of source you receive this from:

_____ +\$ _____

7. Total from "Other Income" section of EXHIBIT "1" , including all passive income (retirement, pension, or dividend payments, etc.) and monies or assistance with your monthly expenses received from other sources (including spouses, relatives, etc.). Note that if there is ANY additional income, you MUST complete the "Other Income" section of EXHIBIT "1" page 4 +\$ _____

8. TOTAL gross monthly income (total of 1-7): = \$ _____

9. LESS Federal Income Tax withheld per month (or, if self-employed, your average monthly Federal Income Tax actually paid): --\$ _____

10. LESS Social Security withheld per month (or, if self-employed, your average monthly Social Security or INVOLUNTARY retirement payment actually paid): --\$ _____

11. LESS any other INVOLUNTARY deductions from your salary (you must detail on a separate sheet what is in this category and how much is withheld for each item per month: --\$ _____

12. Your monthly net income (subtract Lines 9, 10, and 11 from Line 8): = \$ _____

ADDITIONAL COMMENTS ABOUT PART "B"

PART "C"-- MONTHLY EXPENSES

1. Court ordered/voluntary payments you pay monthly to the other party to this action for support: \$ _____
2. Spousal support or alimony you pay monthly to anyone other than the other party to this action: + \$ _____
3. Child support you pay for children of this marriage/relationship:..... + \$ _____
4. Child support you pay for children NOT of this marriage/relationship:
(specify to whom paid and names and current ages of these children on attached sheet) + \$ _____
5. Rent or house payment (principal, interest, taxes, insurance, and association dues only):..... + \$ _____
6. Utilities (except telephone): + \$ _____
7. Telephone (total, but itemized): Basic\$_____ Long Distance \$_____ Special Features\$_____ + \$ _____
8. Food (total, but itemize): Groceries \$_____ Dining Out \$_____ + \$ _____
9. Clothing (total, but itemize): Self \$_____ Children \$_____ + \$ _____
10. Laundry and dry cleaning: + \$ _____
11. Average monthly health costs you are paying that are not reimbursed by the other party or insurance + \$ _____
(total, but itemize below – See Instructions):

PERSON	MEDICAL	DENTAL	OPTICAL	PSYCHOLOGICAL	OTHER
YOURSELF					
CHILDREN					

12. Monthly medical insurance premiums you are currently paying:..... + \$ _____
13. Monthly life insurance premium payment (state if term or whole life: _____): + \$ _____
14. Auto (total, but itemize):Gas/Oil \$_____ Repair/Main. \$_____ Auto Insurance: \$_____ + \$ _____
15. Child care expenses you are paying: To whom? _____ + \$ _____
16. Social, entertainment, and recreation expenses: + \$ _____
17. Education costs for minor children: Specify:_____ + \$ _____
18. Your monthly educational or occupational training costs: Specify:_____ + \$ _____
19. Retirement or pension benefits voluntarily withheld per month (i.e. IRA, 401K, payroll savings, etc.):..... + \$ _____
20. Charitable or religious contributions: Specify: _____ + \$ _____
21. Personal care (barber, beauty supplies or costs, nails, etc.):..... + \$ _____
22. Payment of other monthly bills (write monthly total here from page 4) + \$ _____
23. TOTAL MONTHLY EXPENSES (add lines 1 – 22): = \$ _____
24. Subtract your total monthly expenses (Line 23 in Part "C") from your monthly net
income (Line 12 in Part "B") (circle one) + / - \$ _____
25. Other one-time expenses now due (write monthly total here from page 4 "One-Time Expenses Due Now
or Within 90 Days" section of EXHIBIT "1"): \$ _____

PART "D" – ASSETS

If you are married to the other party, list all the property currently in the possession or under the control of both you and the other party, or items which you have sold or transferred within the last 6 months. If you are no longer married to the other party, list all property in your possession or under your control. For each item listed below, if all information does not fit in the space provided you must attach a separate page(s) as needed and specify each additional asset, its gross fair market value, the amount of any secured debt on it, and its net value.

DESCRIPTION	WHO HAS POSSESSION	GROSS FAIR MARKET VALUE	MINUS	AMOUNT OF SECURED DEBT	EQUALS	NET VALUE
1. Cash on hand, in banks, credit unions, etc. (Specify locations and account number(s) by bank or institution below or on attached sheet):			-		=	
2. Stocks, bonds, notes, deeds of trust, etc. (Specify locations and account number(s) by company, holder, etc. below or on attached sheet):			-		=	
3. Real Estate (name each mortgage holder and amount of each mortgage) Home: Other:			-		=	
4. Automobile #1 Make: _____ Model _____ Year _____			-		=	
5. Automobile #2 Make: _____ Model _____ Year _____			-		=	
6. Other vehicles, boats, trailers, etc. (Specify below or on attached sheet):			-		=	
7. House furniture, furnishings, and appliances (Specify below or on attached sheet):			-		=	
8. Life insurance (cash value):			-		=	
9. Retirement, pension, profit-sharing, annuities and IRAs (Specify below or on attached sheet):			-		=	
10. Accounts receivable and pending tax refunds (Specify dates expected to be received below or on attached sheets):			-		=	
11. Partnerships and other business interest (Specify below or on attached sheet):			-		=	
12. List combined value of \$500.00 or more. (Use EXHIBIT "2" to specify these assets)	Detail Possession on EXHIBIT "2"		-		=	
TOTAL			-			

NOTE: Use EXHIBIT "2" if additional space is needed for items 1-12 of Part "D"

ADDITIONAL COMMENTS ABOUT PART "D":

EXHIBIT "2"

PROPERTY SCHEDULE

DESCRIPTION	WHO HAS POSSESSION	GROSS FAIR MARKET VALUE	MINUS	AMOUNT OF SECURED DEBT	EQUALS	NET VALUE
			-		=	
			-		=	
			-		=	
			-		=	
			-		=	
			-		=	
			-		=	
			-		=	
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			-		=	
			-		=	
			-		=	
			-		=	
			-		=	
			-		=	
TOTAL Write the Totals on Line 12 of Part "D"			-		=	

ADDITIONAL COMMENTS ABOUT PART "C" (see page 3) : _____

PART "E" ATTORNEY'S FEES & COSTS STATEMENT

As of the date I have signed this form, my attorney has been paid, by me or by others on my behalf, \$_____ for attorney's fees and costs. My arrangement with my attorney(s) for payment of fees and costs in the future is as follows:

DECLARATION

I, _____ declare under penalty of perjury that the foregoing is true and correct.

Executed on _____
(date)

(signature)

New Policy at the Clerk's Office

Please....

bring a blank 10X13 envelope when you file your documents. The clerk will mail your documents to you after they are reviewed by the judge. The clerk's office will pay the postage.

1 AFRM
2 (Your name) _____
3 (Address) _____
4 _____
5 (Telephone) _____

In Proper Person

6 DISTRICT COURT
7 CLARK COUNTY, NEVADA

8
9 _____,) CASE NO.: _____
10 Plaintiff,)
vs.) DEPT. NO.: _____
11)
12 _____,)
Defendant.)
13 _____)

14 **AFFIRMATION – CASE CONFERENCE REPORT OR PRE-TRIAL MEMORANDUM**
15 **Pursuant to NRS 239.030**

16 The undersigned does hereby affirm that the following documents do not contain the
17 social security number of any person: **(check the documents being filed at this time)**

- 18 Notice of Early Case Conference Individual Case Conference Report
19 Notice of Joinder Joint Case Conference Report
20 Pre-Trial Memorandum Affidavit of Financial Condition
 Certificate of Mailing
 Other _____

21 The undersigned does hereby affirm that the following documents contain the social
22 security number of a person as required by state or federal law or for the administration of a
23 public program or for an application for a federal or state grant: **(check the documents being
filed at this time)**

24 Other (name of document) _____

25
26 (your signature) _____ (date) _____
27
28