EIGHTH JUDICIAL DISTRICT COURT CLARK COUNTY, NEVADA

	,)			
	Plaintiff,))	CASE NO: D- DEPT NO:		
))	BEI I IVO.		
VS.))			
		,)	DATE OF HEAR		
	,))	TIME OF HEARI	NG:	
	Defendant.))			
	AFFIDA	VIT OF	FINANCIAL C	ONDITION	
			- PERSONAL INFORMAT NT OR TYPE)	TION	
1. Name:			2. Social Sec	curity Number:	
3. Age:	4. Occupation:		5. Employer	:	
	fResidence:			(M	IONTH/YEARS)
8a. FAMILY RESI live with you more t marriage/relationshi	IDENCE TABLE. In the table than half of the time. Check the lip. If the named individual is not a living with you than will fit	e below, insert he appropriate oot a child, spe	the names and ages of each pe box if the person named is a cify that person's relationship	erson living primarily with you child of either this marriago to you (husband, aunt, frien	ou. Only list the persons who e/relationship or some other ad, significant other, etc.). If
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8a. FAMILY RESI live with you more to marriage/relationship there are more personal states and the states are more personal states. Bills are supposed is section of EX. 9. If you are divorce what is your spouse income (i.e., income	IDENCE TABLE. In the table than half of the time. Check the p. If the named individual is not a living with you than will fit the named individual is not a living with you than will fit the named individual is not a living with you than will fit the named individual is not a living with you than will fit the named individual is not a living with your living (or are obligated to support ages of such person(s) and you that it is not a living with your living wi	AGE ort) any persor ar relationship payments are action, are you y gross pay if the taxes, Socia	the names and ages of each person if the person named is a cify that person's relationship low, attach a sheet with the same same sheet with the s	erson living primarily with you child of either this marriage to you (husband, aunt, frien me information for those per MINOR CHILD NOT OF THIS MARRIAGE/RELATIONSHIP more than half of the time, pecifyany support you are actument. If so, is your current er What is your support you are with the control of the con	ou. Only list the persons who e/relationship or some other ad, significant other, etc.). If sons as is set out in the table. OTHER RELATIONSHIP (SPECIFY) Delease attach a separate sheet ually paying in the "Monthly to spouse employed? pouse's current monthly net

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PART "B" -- MY MONTHLY INCOME AND RECEIPTS

1.	Hourly or other rate of pay: \$		
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 of the court ordered or voluntary payments you receive monthly from the other party to this action for your own support of the court ordered or voluntary payments you receive monthly from the other party to this action for your own support of the court ordered or voluntary payments you receive monthly from the other party to this action for your own support of the court	pport: +	
4.	Spousal support or alimony you receive monthly from anyone OTHER THAN the other party to this action:	+	
	State name(s) and sources 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 other party to this action state source:		
6.	Child support you receive for children NOT of this marriage/relationship:	+	
	State names of sources you receive this from:		
	<u> </u>		
7.	Total from "Other Income" section of EXHIBIT"1," including all passive income (retirement, pension, or div payments, etc.) and all monies or assistance with your monthly expenses received from other sources (includi spouses, relatives, etc.). Note that if there is ANY additional income, you MUST complete the "Other Incomsection of EXHIBIT"1."	ing	
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 Tactually paid):	`ax	
10.	LESS Social Security withheld per month (or, if self-employed, your average monthly Social Security or othe INVOLUNTARY retirement payment actually paid):	er 	
11.	LESS any other INVOLUNTARY deductions from your salary (you must detail on a separate sheet what is category and how much is withheld for each item per month:	in this	
12.	Your monthly net income (subtract Lines 9, 10, and 11 from Line 8):	=	
ADI	DITIONAL COMMENTS ABOUT PART "B":		
			_

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PART "C" -- MY MONTHLY EXPENSES

1.	1. Court ordered or voluntary payments you pay monthly to the other party to this action for his or her support:												
2.	Spousal suppor	tor	alimony you pay	moı	nthly to anyone o	ther	than the other pa	arty t	o this action:			+	
	To whom	? _											
3.	Child support y	ou p	oay for children o	f thi	s marriage/relati	onsh	nip:					+	
	If not pai	d to	other party to thi	is ca	se, state to whom	n pai	d:						
4.			pay for children I hom paid and nar					atta	ched sheet)			+	
5.	Rent or house p	ayn	nent (principal, in	itere	st, taxes, insuran	ce, a	and association d	ues c	only):			+	
6.	Utilities (excep	tele	ephone):									+	
7.	Telephone(tota	l, bu	at itemize): Basic	c \$_	Long Di	istan	ce \$ Sp	ecial	Features \$			+	
8.	Food (total, but	iten	mize): Groce	ries	\$ Dinin	g O	ut \$					+	
9.	Clothing (total,	but	itemize): Self \$	S	Children S	S						+	
10.	. Laundry and dr	y cle	eaning:									+	
11.			ealth costs you a nize below See			reir	mbursed by the ot	ther p	party or insurance	e		+	
			Medical		Dental		Optical	F	sychological		Other		
	SELF	\$		\$		\$		\$		\$			
(CHILDREN	\$		\$		\$		\$		\$			
12.	. Monthly medic	al in	surance premium	ıs yo	u are currently p	ayin	g:					+	
	How mar	у р	eople are covered	l by	this payment? (S	ee Iı	nstructions)						
13.	. Monthly life ins	ura	nce premium pay	men	t (state if term or	r wh	ole life:	_)				+	
14.	. Auto (total, but	iten	nize): Gas/Oil \$_		Repair/N	Mair	nt. \$	Au	to Insurance: \$_			+	
15.	15. Child care expenses you are paying: To whom? +												
16.	16. Social, entertainment and recreation expenses: +												
17.	17. Educational costs for minor children: Specify: +												
18.	18. Your monthly educational or occupational training costs: Specify: +												
19.	19. Retirementor pension benefits voluntarily withheld per month (for example, IRA, 401K, payroll savings, etc.):												
20.	20. Charitableor religious contributions: Specify: +												
21.	. Personal care (b	arb	er, beauty supplie	es or	costs, nails, etc.)						+	
22.	22. Payment of other monthly bills (write total here, but separately list each creditor, the total owed, and the minimum and actual monthly payments in the "Monthly Bills" section of EXHIBIT "1"):												
23.	23. TOTAL MONTHLY EXPENSES (add lines 1-22):												
24.	24. Surplus or deficit amount. Subtract your total monthly expenses (Line 23 in Part "C") from your monthly net income (Line 12 in Part "B") and indicate whether the total is a positive number or a negative number. If you show a deficit amount (i.e., a negative number indicating that your monthly expenses exceed your monthly income) you MUST explain on attached sheet how this accomplished. + / - (circle one)												
25.	25. Other one-time expenses now due (write total here, but itemize in the "One-Time Expenses Due Now or Within 90 Days" section of EXHIBIT "1"):												

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EXHIBIT "1"

OTHER INCOME

SOURCE	AMOUNT	EXPLANATION
INCOME:		
OTHER MONIES RECEIVED:		
TOTAL OTHER INCOME (Enter on Line 7 of Part "B")		

NOTE: Use Additional Sheet(s) If More Space Is Needed

MONTHLY BILLS

CREDITOR	TOTAL OWED	MINIMUM MONTHLY PAYMENT	ACTUAL MONTHLY PAYMENT	EXPLANATION
TOTAL MONTHLY BILLS (Enter on Line 22 of Part "C")				

ONE-TIME EXPENSES DUE NOW OR WITHIN 90 DAYS

CREDITOR	TOTAL OWED	MINIMUM MONTHLY PAYMENT	ACTUAL MONTHLY PAYMENT	EXPLANATION
TOTAL ONE-TIME EXPENSES (Enter on Line 25 of Part "C")				

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PART "D" -- ASSETS

If you are still married to the other party to this case, set out in the table below an itemized list of the property currently in the possession (or under the control) of both you and the other party. If you are no longer married to the other party to this case, use the following table to set out all property in your possession or under your control. For each item listed below, if all information does not fin the space provided, you must attach 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		AMOUNT OF SECURED DEBT		NET VALUE
Cash on hand, in banks, credit unions, etc. (specify locations and account numbers(s) by bank or institution below or on attached sheet):			-		=	
2. Stocks, bonds, notes, deeds of trust, etc. (specify locations and account numbers(s) by company, holder, etc., below or on attached sheet):			-		=	
Real Estate (name 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 sheet):			-		=	
11. Partnerships and other business interests (specify below or on attached sheet):			-		=	
12. List combined value of all assets not listed in Items 1-11 of this part with a 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		AMOUNT OF SECURED DEBT		NET VALUE
			-		=	
			-		=	
			-		=	
			-		=	
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			-		=	
			-		=	
			-		=	
TOTAL (Write the Total on Line 12 of Part "B"			1		=	

ADDITIONAL COMMENTS ABOUT PART "C":	

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	· · · · · · · · · · · · · · · · · · ·
arrangement with my attorney(s) for payment of fees and costs in the future is as	follows:
	·
<u>OATH</u>	
STATE OF <u>NEVADA</u>)	
: ss.	
COUNTY OF <u>CLARK</u>)	
, being first duly sworn on oath, depose and say th	at I have read the foregoing form as completed, including any attached
sheets, and I know the contents thereof are true and complete.	
	(Sign Your Name)
SIGNED and SWORN to before	
me this, 200	
NOTARY PUBLIC in and for the County	
of <u>CLARK</u> , State of <u>NEVADA</u>	

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