

DATE OF HEARING:
TIME OF HEARING:

INITIAL

PART "B" -- MY MONTHLY INCOME AND RECEIPTS

1. Hourly or other rate of pay: \$_____ per _____.
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 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:
- _____
- _____
7. Total from "Other Income" section of EXHIBIT "1," including all passive income (retirement, pension, or dividend payments, etc.) and all 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." + _____
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 other **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" -- MY MONTHLY EXPENSES

1. Court ordered or voluntary payments you pay monthly to the other party to this action for his or her support: _____
 2. Spousal support or alimony you pay monthly to anyone other than the other party to this action: + _____
 To whom? _____
 3. Child support you pay for children of this marriage/relationship: + _____
 If not paid to other party to this case, state to whom paid: _____
 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 itemize): 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): + _____
- | | Medical | Dental | Optical | Psychological | Other |
|----------|----------|----------|----------|---------------|----------|
| SELF | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| CHILDREN | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
12. Monthly medical insurance premiums you are currently paying: + _____
 How many people are covered by this payment? (See Instructions) _____
 13. Monthly life insurance premium payment (state if term or whole life: _____) + _____
 14. Auto (total, but itemize): Gas/Oil \$ _____ Repair/Maint. \$ _____ Auto Insurance: \$ _____ + _____
 15. Child care expenses you are paying: To whom? _____ + _____
 16. Social, entertainment and recreation expenses: + _____
 17. Educational costs for minor children: Specify: _____ + _____
 18. Your monthly educational or occupational training costs: Specify: _____ + _____
 19. Retirement or pension benefits voluntarily withheld per month (for example, 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 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. **TOTAL MONTHLY EXPENSES** (add lines 1-22): = _____
 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. 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"): _____

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”)				

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 fit in 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
1. Cash on hand, in banks, credit unions, etc. <i>(specify locations and account numbers(s) by bank or institution below or on attached sheet):</i>			-		=	
2. Stocks, bonds, notes, deeds of trust, etc. <i>(specify locations and account numbers(s) by company, holder, etc., below or on attached sheet):</i>			-		=	
3. Real Estate <i>(name mortgage holder and amount of each mortgage)</i> Home: Other:			-		=	
			-		=	
4. Automobile #1 Make/Model: _____ Year: _____			-		=	
5. Automobile #2 Make/Model: _____ Year: _____			-		=	
6. Other vehicles, boats, trailers, etc. <i>(specify below or on attached sheet):</i>			-		=	
7. House furniture, furnishings and appliances <i>(specify below or on attached sheet):</i>			-		=	
8. Life Insurance <i>(cash value):</i>			-		=	
9. Retirement, pension, profit-sharing, annuities and IRAs <i>(specify below or on attached sheet):</i>			-		=	
10. Accounts receivable and pending tax refunds <i>(specify dates expected to be received below or on attached sheet):</i>			-		=	
11. Partnerships and other business interests <i>(specify below or on attached sheet):</i>			-		=	
12. List combined value of all assets not listed in Items 1-11 of this part with a value of \$500.00 or more. <i>(Use EXHIBIT "2" to specify these assets):</i>	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")			-		=	

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 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:

OATH

STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

_____, being first duly sworn on oath, depose and say that 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 _____ day of _____, 200_.

NOTARY PUBLIC in and for the County
of CLARK, State of NEVADA