

IN THE SUPREME COURT OF THE STATE OF NEVADA

IN THE MATTER OF PROPOSED
AMENDMENTS TO NRCP 16.2, 16.21,
16.3, FINANCIAL DISCLOSURE
FORMS AND TELEPHONIC AND
AUDIOVISUAL RULES REGARDING
FAMILY LAW PROCEEDINGS IN ALL
COURTS IN THE STATE OF NEVADA.

ADKT 0476

FILED

SEP 06 2012

TRACIE R. LINDELLAN
CLERK OF SUPREME COURT
BY *[Signature]*
CHIEF DEPUTY CLERK

ORDER ADOPTING FORMS AND AMENDING EFFECTIVE DATE OF
AMENDMENTS TO NRCP 16.2 AND OF ADOPTION OF NRCP 16.205

WHEREAS, on April 23, 2012, the Honorable Mark Gibbons petitioned this court requesting the amendment of certain Nevada Rules of Civil Procedure; and

WHEREAS, this court solicited comments from the bench, bar and public regarding the proposed amendments and held a public hearing on June 4, 2012; and

WHEREAS, on August 1, 2012, this court entered an order amending NRCP 16.2 and adding NRCP 16.205, and directed that the rule changes be effective 60 days from the date of the order; and

WHEREAS, certain forms are necessitated by the rules and that certain forms need to be adopted because of the rule changes; and

WHEREAS, the court has determined that the rule changes and the forms should have the same effective date, and that additional time is required to permit their implementation; accordingly


IT IS HEREBY ORDERED that the following forms shall be adopted and shall read as set forth in the attached Exhibits:

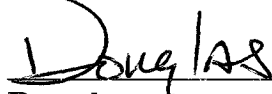
- 1) General Financial Disclosure Form pursuant to NRCP 16.2(b)(1) and NRCP 16.205(b)(1), attached hereto as Exhibit 1;
- 2) Detailed Financial Disclosure Form pursuant to NRCP 16.2(b)(2) and NRCP 16.205(b)(1) and (b)(2), attached hereto as Exhibit 2;
- 3) Request to Opt-In to Detailed Financial Disclosure Form and Complex Divorce Litigation Procedure (a) (form changes to \$250,000 per year income) and (b) gross assets of \$1,000,000 attached hereto as Exhibit 3; and
- 4) Marital Balance Sheet for district court use at evidentiary hearings and trials, attached hereto as Exhibit 4.

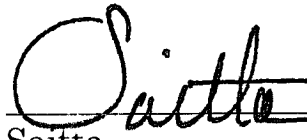
IT IS FURTHER ORDERED that the effective date of the forms set forth in Exhibits 1, 2, 3, and 4, shall be January 1, 2013; the effective date of the previous amendment to NRCP 16.2 shall be continued to January 1, 2013; and the effective date of the previous addition of NRCP 16.205 shall also be continued to January 1, 2013. The clerk of this court shall cause a notice of entry of this order to be published in the official publication of the State Bar of Nevada. Publication of this order shall be accomplished by the clerk disseminating copies of this order to all subscribers of the advance sheets of the Nevada Reports and all persons and agencies listed in NRS 2.345, and to the executive director of the State Bar of Nevada. The certificate of the clerk of this court as to the accomplishment of the above-described publication of notice of entry and


dissemination of this order shall be conclusive evidence of the adoption and publication of the foregoing rules.

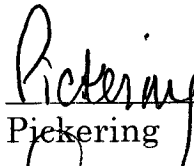
It is so ORDERED.



_____, C.J.
Cherry

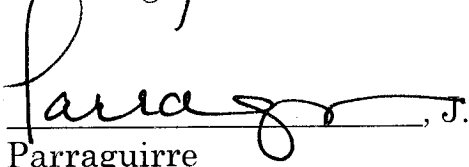

_____, J.
Douglas


_____, J.
Saitta


_____, J.
Gibbons


_____, J.
Pickering


_____, J.
Hardesty


_____, J.
Parraguirre

cc: Francis C. Flaherty, President, State Bar of Nevada
Kimberly Farmer, Executive Director, State Bar of Nevada
All District Judges
Clark County Bar Association
Washoe County Bar Association
Bonnie Bulla, Discovery Commissioner
Chris A. Beecroft, Discovery Commissioner
Wesley M. Ayres, Discovery Commissioner
Administrative Office of the Courts

Section 1: Personal Income

Before you can complete the next section you need to figure out your pay frequency. Your pay frequency is determined by the number of times you are paid each month.

Pay Frequency Table	
1.00	= Paid one time per month
2.00	= Paid two times per month
2.17	= Paid every two weeks
4.00	= Paid every week

A. Fill in the line that applies to you. Only complete line 1 OR line 2.

Line #	Income Question	Amount Earned	Number of Hours Worked Per Week	Pay Frequency (1.00,2.00,2.17, or 4.00)	Monthly Income
1	I am paid a hourly wage in the amount of	\$	X	X	= \$
2	I am paid a base salary in the amount of	\$	N/A		\$

B. Fill in the amount of money you receive each month for the following types of income:

Line #	Income Question	Amount Received Monthly
3	I regularly work overtime and each month earn an average of	\$
4	I receive bonuses, commissions, or tips in the amount of	\$
5	I receive a car, gas, housing, or other allowance in the amount of	\$
6	I receive spousal support in the amount of	\$
7	I receive social security in the amount of	\$
8	I receive social security disability in the amount of	\$
9	I receive workman's compensation benefits in the amount of	\$
10	I receive unemployment benefits in the amount of	\$
11	I receive pension or retirement income in the amount of	\$
12	I receive net rental income in the amount of	\$
13	I receive income from other sources in the amount of	\$
14	Total Income Received (add lines 3-13)	\$

C. Total monthly income from all sources:

Line #		
15	Total From Line 1 OR 2	\$
16	Total From Line 14	\$
17	Total Gross Monthly Income (add lines 15-16)	\$

Section 2: Personal Deductions

A. Fill in the amount of money that is taken out of every paycheck for each of the following deductions:

Line #	Name of Deduction	Amount Deducted Monthly
18	Court Ordered Child Support is deducted from every paycheck in the amount of	\$
19	Federal Income Tax is deducted from every paycheck in the amount of	\$
20	Social Security Tax is deducted from every paycheck in the amount of	\$
21	Medicare is deducted from every paycheck in the amount of	\$
22	Union Dues are deducted from every paycheck in the amount of	\$
23	Health Insurance Cost is deducted from every paycheck in the amount of	\$
24	Life, Disability, or Other Insurance Premiums are deducted from every paycheck in the amount of	\$
25	Federal Health Savings Plan contribution is deducted from every paycheck in the amount of	\$
26	Retirement, Pension, IRA, or 401(k) contributions are deducted from every paycheck in the amount of	\$
27	Savings are deducted from every paycheck in the amount of	\$
28	Other:	\$
29	Other:	\$
30	Total Monthly Deductions (add lines 18-29)	\$

Section 3: Income Summary

Line #		
31	Total from Line 17	\$
32	Total from Line 30	\$
	Net Monthly Income (subtract line 32 from line 31)	\$

Section 4: Child Information

- A. Fill in the table below with the name and date of birth of each of your children, parent the child is living with, and whether the child is from this marriage or relationship?

Child's Name:	Child's Date of Birth	Whom is child living with? (Mom, Dad, or Both)	Is this child from this marriage/relationship? (Yes or No)
1 st			
2 nd			
3 rd			
4 th			
5 th			

- B. Fill in the table below with the amount of money you spend each month on the following expenses for the children:

	Children's Expenses	1st Child	2nd Child	3rd Child	4th Child	5th Child
1	Clothes, Shoes and Accessories	\$	\$	\$	\$	\$
2	Unreimbursed Medical Expenses	\$	\$	\$	\$	\$
3	Telephone and Internet	\$	\$	\$	\$	\$
4	Entertainment	\$	\$	\$	\$	\$
5	Food	\$	\$	\$	\$	\$
6	Insurance (other than health)	\$	\$	\$	\$	\$
7	Education Related Expenses	\$	\$	\$	\$	\$
8	Summer Camp/Programs	\$	\$	\$	\$	\$
9	Vehicle	\$	\$	\$	\$	\$
11	Transportation Cost for Visitation	\$	\$	\$	\$	\$
12	Total Monthly Expenses for Children (add lines 1-11)	\$	\$	\$	\$	\$

Section 5: Household Information

- A. I live with (*number*) _____ other adults, including children over the age of eighteen, who contribute to or pay the household expenses in the amount of \$ _____.

Section 6: Personal Expenses: Fill in the table with the amount of money you spend each month on the following expenses and check whether you pay the expense for you, for the other party, or for both of you.

Expense	Monthly Amount of Expense	For Me	For the Other Party	For Both
Home				
Mortgage/Rent/lease	\$			
Property Taxes	\$			
HOA	\$			
Home Owner's Insurance	\$			
Lawn Care	\$			
Pest Control	\$			
Pool Service	\$			
Security	\$			
Other	\$			
Utilities				
Water	\$			
Electric	\$			
Gas	\$			
Sewer	\$			
Home Phone	\$			
Internet/Cable	\$			
Other	\$			
Medical				
Health Insurance	\$			
Unreimbursed Medical Expenses	\$			
Other	\$			
Transportation				
Car Loan/Lease Payment	\$			
Fuel	\$			
Auto Insurance	\$			
Other	\$			
Personal				
Food (groceries and restaurants)	\$			
Pets	\$			
Cell phone	\$			
Membership Fees	\$			
Clothing, Shoes, Etc...	\$			
Dry Cleaning	\$			
Other	\$			
Debts				
Credit Card Payments	\$			
Child Support	\$			
Alimony/Spousal Support	\$			
Student Loans	\$			
Other	\$			
Total Monthly Expenses	\$			

Section 7: Asset and Debt Chart

Complete the chart below by listing all assets and debts, the value of each, the amount owed on each, and whose name the asset or debt is under (You, the Other Party, or Both).

Line #	Description of Asset or Debt	Gross Value	Amount Owed	Net Value	Whose Name is on the Account? (Me, the Other Party or Both)
1		\$	- \$	= \$	
2		\$	- \$	= \$	
3		\$	- \$	= \$	
4		\$	- \$	= \$	
5		\$	- \$	= \$	
6		\$	- \$	= \$	
7		\$	- \$	= \$	
8		\$	- \$	= \$	
9		\$	- \$	= \$	
10		\$	- \$	= \$	
11		\$	- \$	= \$	
12		\$	- \$	= \$	
13		\$	- \$	= \$	
14		\$	- \$	= \$	
15		\$	- \$	= \$	
16		\$	- \$	= \$	
17		\$	- \$	= \$	
18		\$	- \$	= \$	
19		\$	- \$	= \$	
20		\$	- \$	= \$	
Total Value of Assets (add lines 1-20)		\$	- \$	= \$	

IMPORTANT: Read the following paragraph carefully.

I am the (check one) Plaintiff/ Defendant in the above action. I swear or affirm under penalty of perjury that I have read and followed all instructions in completing this Financial Disclosure Form. I understand that, by my signature, I guarantee the truthfulness of the information on this Form. I also understand that if I knowingly make false statements I may be subject to punishment, including contempt of court.

► _____
Your Signature

_____ Date

DETAILED FINANCIAL DISCLOSURE FORM INSTRUCTIONS SHEET

_____ v. _____
 Case Number _____

Pages 1 through 4, 5 through 6 and 7 through 10 are mandatory. Please fill out the number of pages used, if any, for the remaining supplemental sheets.

Page No.	Sheet Name	No. of Pages
Page 1	General Information	1
Page 2	Income & Expense Summary	1
Page 3	Personal Gross Income Worksheet	1
Page 4	Personal Deductions Worksheet	1
Page 5	Personal Expense Worksheet Necessities	1
Page 6	Personal Expense Worksheet Discretionary Expenses	1
Page 6(a)	Additional Real Property Worksheet (complete if you own real property not occupied by you or your spouse)	
Page 6(b)	Additional Vehicles Worksheet (complete if you own more than 2 vehicles)	
Page 6(c)	Child(ren)'s Personal Expense Worksheet (complete if you have children of this relationship)	
Page 7	Asset and Debt Worksheet	1
Page 8	Asset and Debt Worksheet	1
Page 9	Signature Page	1
Page 10	Certificate of Service	1

TOTAL NUMBER OF PAGES ATTACHED

10

MISC

ATTORNEY NAME / YOUR NAME _____
Nevada State Bar No.: _____
FIRM NAME _____
ADDRESS _____
CITY, STATE ZIP _____
Tel: () NUMBER _____
Attorney for / In Proper Person _____

EIGHTH JUDICIAL DISTRICT COURT
CLARK COUNTY, NEVADA
FAMILY DIVISION

Plaintiff,

vs.

Defendant.

Case No. _____
Dept. No. _____

DETAILED FINANCIAL DISCLOSURE FORM

What is your name?

First Name _____ Middle _____ Last Name _____ (Maiden / Former Name)

How old are you?

What is your date of birth? _____

What is your occupation?

Who is your employer?

From: _____

To: _____

Previous employer?

From: _____

To: _____

What is your highest level of education?

Level of disability? _____

Agency/Physician Certifying Disability: _____

FAMILY RESIDENCE TABLE - In the table below, insert the names and ages of each person currently living with you.

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

Income/Support from Others

I am _____ am not _____ divorced from the other party in this action.

I am _____ am not _____ remarried.

My current spouse is: _____ is not: _____ currently employed.

My current spouse earns: \$0.00 per hour \$0.00 per week \$0.00 every two weeks \$0.00 per month

Attorney's Fees and Retainer(s)

As of the date of this Disclosure, a total of: _____ has been paid by me or on my behalf to all counsel who have represented me in this matter. I have a Retainer balance of _____ remaining in my attorney's Trust Account.

I currently owe my attorney(s) a total of: _____

INCOME / EXPENSE SUMMARY

INCOME SUMMARY

Gross Monthly Income From All Sources	\$0.00
Mandatory Deductions	\$0.00
Gross Monthly Income Less Mandatory Deductions	\$0.00
Voluntary Deductions	\$0.00
Net Monthly Income	\$0.00

EXPENSE SUMMARY

Necessities that I pay for myself	\$0.00
Necessities that I pay for the other party	\$0.00
Expenses that I pay for my child(ren) (of this relationship)	\$0.00
Mandatory support (child & spousal) to the Other Party	\$0.00
Mandatory support of others (including children NOT of this relationship)	\$0.00
Total Necessities for which I pay	\$0.00
Discretionary Expenses that I pay for myself	\$0.00
Discretionary Expenses that I pay for the other party	\$0.00
Discretionary support of others	\$0.00
Total Discretionary Expenses that I pay for	\$0.00
Total Expenses that I pay for	\$0.00

INCOME / EXPENSE SUMMARY

Monthly Deficit / Surplus	\$0.00
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If you have a monthly deficit, provide an explanation below of how you meet that deficit each month:

PERSONAL INCOME WORKSHEET

YOUR INCOME :							AMOUNT
1	Gross Monthly Income from Employment						
2	Fill out ALL of the following that apply to you (Enter the number (1, 2, 3, or 4) in the box that describes your pay frequency):						
	PAY FREQUENCY	1=one time per month	2= two times per month	3=every two weeks	4=every week	Per Paycheck	Monthly
	PAY FREQUENCY-1,2,3,or 4						
1	I get paid base salary/hourly wage				in the amount of	\$0.00	\$0.00
2	I receive overtime pay every				in the amount of	\$0.00	\$0.00
3	I receive bonus pay every				in the amount of	\$0.00	\$0.00
4	I receive commission every				in the amount of	\$0.00	\$0.00
5	I receive tips every				in the amount of	\$0.00	\$0.00
6	I receive a car allowance every				in the amount of	\$0.00	\$0.00
7	I receive a gas allowance every				in the amount of	\$0.00	\$0.00
8	I receive a housing allowance every				in the amount of	\$0.00	\$0.00
9	I receive other allowance(s) every				in the amount of	\$0.00	\$0.00
10	Business Income (sole proprietorship, partnership, LLC, S Corp, etc) Attach Schedule C from last year's tax return and enter the following information:				Enter amount from line 29 of schedule C:	\$0.00	
					Enter amount from line 13 of schedule C:	\$0.00	\$0.00
11	Gross Monthly Income from All Other Sources						
12	I receive spousal support/alimony <input type="checkbox"/> (voluntary) <input type="checkbox"/> (Court ordered) from the other party in this matter, a total every month in the amount of						\$0.00
13	I receive child support <input type="checkbox"/> (voluntary) <input type="checkbox"/> (Court ordered) from the other party in this matter, a total every month in the amount of						\$0.00
14	I receive support from others (not the other party in this case), a total every month in the amount of						\$0.00
15	I receive Social Security, a total every month in the amount of						\$0.00
16	I receive Social Security Disability/Military Disability income a total every month in the amount of						\$0.00
17	I receive Supplemental Security Income, a total every month in the amount of					\$0.00	
18	I receive Worker's Compensation Benefits, a total every month in the amount of						\$0.00
19	I receive Unemployment Benefits, a total every month in the amount of						\$0.00
20	I receive Pension/Retirement income, a total every month in the amount of						\$0.00
21	I receive interest income, a total every month in the amount of						\$0.00
22	I receive dividend and/or royalty income, a total every month of						\$0.00
23	I receive payments from a partnership, S Corp, LLC, Trust, or other entity, a total every month of						\$0.00
24	I receive net rental income each month in the amount of:						\$0.00
25	I receive other income (roommates, parents, gifts, other), a total every month of						\$0.00
	Describe the source and amount of any "other" income referenced above:						
	Describe any benefits or perks paid by your employer (including but not limited to the use of any vehicle, club membership, etc.) and your estimated value of such benefits or perks:						\$0.00
26	TOTAL GROSS MONTHLY INCOME						\$0.00

PERSONAL DEDUCTIONS WORKSHEET

YOUR DEDUCTIONS : (IF YOU OWN A BUSINESS OR ARE SELF EMPLOYED, GO TO THE BUSINESS INCOME PAGE)		AMOUNT
Mandatory Monthly Paycheck Deductions		
Fill out ALL of the applicable items:		
1	I have Federal Income Tax withheld every paycheck in the amount of	\$0.00
2	I have Social Security Taxes withheld every paycheck in the amount of	\$0.00
3	I have Medicare <u>withheld</u> every paycheck in the amount of	\$0.00
4	I have Union Dues <u>withheld</u> every paycheck in the amount of	\$0.00
5	I have Court-ordered Child Support <u>withheld</u> every paycheck in the amount of	\$0.00
6	I have other Court-ordered garnishments <u>withheld</u> every paycheck in the amount of	\$0.00
7	I have health insurance premiums <u>withheld</u> every paycheck in the amount of	\$0.00
8	List all other mandatory deductions, including amounts, <u>withheld</u> every paycheck :	\$0.00
Total MANDATORY Deductions Per Month		\$0.00
Voluntary Monthly Paycheck Deductions		
Fill out ALL of the applicable items:		
8	I have Life, Disability, &/or other insurance premiums withheld every paycheck in the amount of	\$0.00
9	I have Federal Health Savings Plan every paycheck withheld in the amount of	\$0.00
10	I have Retirement/Pension/IRA/401(k) withheld every paycheck in the amount of	\$0.00
11	I have Savings withheld every paycheck in the amount of	\$0.00
12	I have other (specify below) voluntary sums withheld every paycheck in the amount of	\$0.00
13	List all other mandatory deductions, including amounts, withheld every paycheck :	\$0.00
14	Total VOLUNTARY Deductions Per Month	\$0.00
15	TOTAL DEDUCTIONS PER MONTH	\$0.00

PERSONAL EXPENSE WORKSHEET: NECESSITIES

TOTAL AMOUNT I PAY DIRECTLY FOR MYSELF	TOTAL AMOUNT I PAY DIRECTLY FOR THE OTHER PARTY

**DO NOT REPORT ANY CHILD-RELATED EXPENSES ON THIS PAGE.
A SEPARATE PAGE FOR CHILD-RELATED EXPENSES IS ATTACHED.**

1	I own my home		rent / lease my home		share a home or apartment with someone else				
	I pay a monthly mortgage/rent/lease payment (for the home I live in and/or home the other party lives in) in the amount of								
	I pay a monthly second mortgage (for the home I live in and/or home the other party lives in) in the amount of								
	I pay a monthly Home Equity Line of Credit ("HELOC") (for the home I live in and/or home other party lives in) in the amount of								
	* If not included in my mortgage payment(s), I pay property taxes (for the home I live in and/or home the other party lives in) in the amount of								
	* If not included in my mortgage/rent payment(s), I pay a monthly home owners/renters insurance premium (for the home I live in and/or home the other party lives in) in the amount of								
	I pay monthly Home Owner's Association dues (for the home I live in and/or the home the other party lives in) in the amount of								
	* I pay a Special Assessment Fee (for the home I live in and/or the home the other party lives in) in the amount of								
2	I pay the following utilities and telephone expenses (for the home I live in and/or the home the other party lives in) each month:								
	Gas/Heating Oil								
	Electricity								
	Water								
	* Garbage and sewer								
	Landline (if part of a "bundled" service, indicate the total amount here)								
	Cellular service (if not included in the Landline/bundled service above)								
	Internet service (if not included in the landline/bundled service above)								
3	I spend the following each month for healthcare related expenses for myself and/or the other party (Not paid from a Health Savings Plan):								
	Medical insurance (including hospitalization, dental, vision, etc.) for myself and/or the other party (Not already deducted from my paycheck)								
	Out-of-pocket/unreimbursed cost of medical, dental, optical, and prescription expenses for myself and/or other party								
	Out-of-pocket/unreimbursed cost of therapy or counseling (for myself and/or other party)								
4	I spend the following for groceries, household goods and incidentals, not including entertainment or dining out , each month:								
5	I/we own or lease		my car.		I/we own or lease		the other party's car.		
	ADDITIONAL VEHICLES SHOULD BE LISTED ON THE SUPPLEMENT PAGE								
	Monthly loan / lease payment (for my car and/or the other party's car)								
	Gasoline and oil (for my car and/or the other party's car)								
	Automobile Insurance (if you have policy covering more than one car, separate the amount for your car and/or for other party's car)								
	Parking, public transportation, other								
6	I pay the following monthly mandatory amounts for the support of others:								
	Court-ordered child support (if paid to the other party in this case for a child of this relationship, include amount in the "Total Amount I Pay Directly For The Other Party" (middle) column. If for a child of another relationship, include amount in the "Total Amount I Pay Directly For Myself" (left) column)								
	Court-ordered spousal support (if paid to the other party in this case, include amount in the "Total Amount I Pay Directly For The Other Party" (middle) column. If paid to someone else from a prior relationship, include amount in the "Total Amount I pay Directly For Myself" (left) column)								
7	I spend the following each month on education, uniforms, dues, memberships, subscriptions, or other mandatory requirements to maintain employment . I DO NOT receive reimbursement from the employer for any of these expenses								
TOTAL NECESSITIES:							\$0.00	\$0.00	
* Divide by 3 if paid quarterly; Divide by 6 if paid semi-annually; Divide by 12 if paid annually									

USE THE SPACE BELOW FOR ANY NOTES/COMMENTS/EXPLANATION YOU WISH TO PROVIDE REGARDING YOUR NECESSITIES

PERSONAL EXPENSE WORKSHEET: DISCRETIONARY EXPENSES

TOTAL
AMOUNT I
PAY
DIRECTLY
FOR
MYSELF

TOTAL
AMOUNT I
PAY
DIRECTLY
FOR THE
OTHER
PARTY

**DO NOT REPORT ANY CHILD-RELATED EXPENSES ON THIS PAGE.
A SEPARATE PAGE FOR CHILD-RELATED EXPENSES IS ATTACHED.**

8	I spend the following monthly amounts for House Maintenance (for the house I live in and/or the house the other party lives in) each month:				
	Garden/lawn care				
	Pool/spa service				
	Pest Control				
	Security / Alarm Service				
9	I spend the following monthly amounts for my pet's expenses (food, grooming, healthcare, boarding):				
10	Each month I pay the following minimum credit card and other consumer installment payments on my and/or the other party's credit cards: (List name of Issuing Bank or Lender, last four digits of account number and total outstanding balance)				
	Credit Card or entity to whom installment payment is made #1	Total balance due is			
	Credit Card or entity to whom installment payment is made #2	Total balance due is			
	Credit Card or entity to whom installment payment is made #3	Total balance due is			
	Credit Card or entity to whom installment payment is made #4	Total balance due is			
	Credit Card or entity to whom installment payment is made #5	Total balance due is			
	Credit Card or entity to whom installment payment is made #6	Total balance due is			
	Credit Card or entity to whom installment payment is made #7	Total balance due is			
	Credit Card or entity to whom installment payment is made #8	Total balance due is			
11	I spend the following amounts each month for clothing and related expenses:				
	Clothing, shoes and accessories				
	Dry cleaning and/or laundry service				
12	I spend the following each month on appearance (hair, manicures/pedicures, facials, massages, cosmetics, other):				
13	I spend the following amounts for Entertainment each month (dining out, movies, shows, books, magazines, etc.):				
14	I pay the following amounts for non-mandatory dues and/or membership fees (professional, fraternal organizations, country club, etc.):				
15	I pay the following monthly Health/Exercise-related expenses (health club membership fee(s), personal training, etc.):				
16	I spend the following monthly average amount for vacation expenses (total vacation cost per year divided by 12)				
17	I pay the following monthly premiums for discretionary/non-mandatory insurance (life, disability, other) (NOT already deducted from my paycheck)				
18	I spend the following amount each month on church tithes and/or charitable donations (pro-rate quarterly, semi-annual or annual payments)				
19	I spend the following amount each month in voluntary support of others:				
	Expenses for an adult non-dependent child (i.e., college, living or other expenses) SPECIFY:				
	Eldercare (specify the parent or parents for whom you pay eldercare expenses)				
20	Each month I pay the following other miscellaneous expenses:				
	PO Box Rental				
	Safety Deposit Box Rental (where located)				
	Storage				
	Other:				
TOTAL DISCRETIONARY EXPENSES				\$0.00	\$0.00
SUBTOTAL FROM ADDITIONAL REAL PROPERTY WORKSHEET				\$0.00	\$0.00
SUBTOTAL FROM ADDITIONAL VEHICLES WORKSHEET				\$0.00	\$0.00
TOTAL MONTHLY DISCRETIONARY EXPENSES				\$0.00	\$0.00

USE THE SPACE BELOW FOR ANY NOTES/COMMENTS/EXPLANATION YOU WISH TO PROVIDE REGARDING YOUR PERSONAL EXPENSES.

ADDITIONAL REAL PROPERTY WORKSHEET		TOTAL AMOUNT I PAY DIRECTLY	TOTAL AMOUNT OTHER PARTY PAYS DIRECTLY
Use this Supplemental Worksheet to provide information for any additional real property as needed.			
ADDITIONAL REAL PROPERTY (HOUSE, CONDO, VACANT LAND, ETC.)			
1 I own this additional property (insert address):			
I / the other party receives rental income each month for this property in the amount of:		\$0.00	\$0.00
I pay a monthly mortgage on the rental property payment in the amount of			
I pay a monthly second mortgage in the amount of			
I pay a monthly Home Equity Line of Credit ("HELOC") in the amount of			
If not included in my mortgage payment(s), I pay property taxes in the amount of (divide payment to reach a monthly amount)			
If not included in my mortgage payment(s), I pay a monthly home owners/renters insurance premium in the amount of (divide payment to reach a monthly amount)			
I pay monthly Home Owner's Association dues in the amount of			
I pay a monthly Special Assessment Fee in the amount of (to calculate a monthly amount divide: quarterly payment by 3; semi-annual payment by 6 or annual payment by 12)			
I pay the following utilities for this property each month (gas, electricity, water, garbage, sewer, etc.)			
I pay the following maintenance expenses for this property each month (landscape maintenance, pool, pest control, etc.)			
I pay other expenses related to the ownership/rental/lease of this home in the amount of (Specify each "other" expense, to whom paid, and the amount below. Insert the TOTAL "Other Expenses" in the appropriate column.)			
Total expenses for this property:		\$0.00	\$0.00
NET INCOME/ LOSS FROM THIS PROPERTY:		\$0.00	\$0.00
2 I own this additional property (insert address):			
I / the other party receives rental income each month for this property in the amount of:		\$0.00	\$0.00
I pay a monthly mortgage on the rental property payment in the amount of			
I pay a monthly second mortgage in the amount of			
I pay a monthly Home Equity Line of Credit ("HELOC") in the amount of			
If not included in my mortgage payment(s), I pay property taxes in the amount of (divide payment to reach a monthly amount)			
If not included in my mortgage payment(s), I pay a monthly home owners/renters insurance premium in the amount of (divide payment to reach a monthly amount)			
I pay monthly Home Owner's Association dues in the amount of			
I pay a monthly Special Assessment Fee in the amount of (to calculate a monthly amount divide: quarterly payment by 3; semi-annual payment by 6 or annual payment by 12)			
I pay the following utilities for this property each month (gas, electricity, water, garbage, sewer, etc.)			
I pay the following maintenance expenses for this property each month (landscape maintenance, pool, pest control, etc.)			
I pay other expenses related to the ownership/rental/lease of this home in the amount of (Specify each "other" expense, to whom paid, and the amount below. Insert the TOTAL "Other Expenses" in the appropriate column.)			
Total expenses for this property:		\$0.00	\$0.00
NET INCOME/ LOSS FROM THIS PROPERTY:		\$0.00	\$0.00
TOTAL NET INCOME / LOSS FROM INVESTMENT PROPERTIES:		\$0.00	\$0.00
USE THE SPACE BELOW FOR ANY NOTES/COMMENTS/EXPLANATION YOU WISH TO PROVIDE REGARDING YOUR ADDITIONAL REAL PROPERTY			

ADDITIONAL VEHICLES WORKSHEET	TOTAL AMOUNT / PAY DIRECTLY	TOTAL AMOUNT OTHER PARTY PAYS
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Use this Supplemental Worksheet to provide information for any additional motor vehicles as needed.

ADDITIONAL VEHICLES		
I/we own or lease <input type="checkbox"/> an additional vehicle. Explain <input type="checkbox"/>		
Monthly loan / lease payment for this additional vehicle		
Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)		
Total expenses for this additional vehicle:	0	0

ADDITIONAL VEHICLES		
I/we own or lease <input type="checkbox"/> an additional vehicle. Explain <input type="checkbox"/>		
Monthly loan / lease payment for this additional vehicle		
Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)		
Total expenses for this additional vehicle:	0	0

ADDITIONAL VEHICLES		
I/we own or lease <input type="checkbox"/> an additional vehicle. Explain <input type="checkbox"/>		
Monthly loan / lease payment for this additional vehicle		
Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)		
Total expenses for this additional vehicle:	0	0

ADDITIONAL VEHICLES		
I/we own or lease <input type="checkbox"/> an additional vehicle. Explain <input type="checkbox"/>		
Monthly loan / lease payment for this additional vehicle		
Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)		
Total expenses for this additional vehicle:	0	0

ADDITIONAL VEHICLES		
I/we own or lease <input type="checkbox"/> an additional vehicle. Explain <input type="checkbox"/>		
Monthly loan / lease payment for this additional vehicle		
Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)		
Total expenses for this additional vehicle:	0	0

ADDITIONAL VEHICLES		
I/we own or lease <input type="checkbox"/> an additional vehicle. Explain <input type="checkbox"/>		
Monthly loan / lease payment for this additional vehicle		
Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)		
Total expenses for this additional vehicle:	0	0

ADDITIONAL VEHICLES		
I/we own or lease <input type="checkbox"/> an additional vehicle. Explain <input type="checkbox"/>		
Monthly loan / lease payment for this additional vehicle		
Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)		
Total expenses for this additional vehicle:	0	0

ADDITIONAL VEHICLES		
I/we own or lease <input type="checkbox"/> an additional vehicle. Explain <input type="checkbox"/>		
Monthly loan / lease payment for this additional vehicle		
Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)		
Total expenses for this additional vehicle:	0	0

ADDITIONAL VEHICLES		
I/we own or lease <input type="checkbox"/> an additional vehicle. Explain <input type="checkbox"/>		
Monthly loan / lease payment for this additional vehicle		
Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)		
Total expenses for this additional vehicle:	0	0

ADDITIONAL VEHICLES		
I/we own or lease <input type="checkbox"/> an additional vehicle. Explain <input type="checkbox"/>		
Monthly loan / lease payment for this additional vehicle		
Automobile Insurance (if you have policy covering more than one car, separate the amount for this vehicle)		
Total expenses for this additional vehicle:	0	0

TOTAL NET INCOME / LOSS FROM VEHICLES:	\$0:00	\$0:00
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CHILD(REN)'S PERSONAL EXPENSE WORKSHEET (ENTER EXPENSES FOR CHILD(REN) OF THIS RELATIONSHIP ONLY)		TOTAL AMOUNT I PAY FOR MINOR CHILD(REN)	TOTAL AMOUNT OTHER PARTY PAYS FOR MINOR CHILD(REN)	TOTAL AMOUNT PAID BY ANOTHER FOR MINOR CHILD(REN)
1	Child(ren)'s monthly expenses for clothes, shoes & accessories:			
2	Child(ren)'s monthly unreimbursed medical expenses: Per Paycheck			
	medical co-pays			
	medication (prescription & over-the-counter)			
	optometry			
	dental and orthodontic			
	physical therapy, counseling, other			
3	Child(ren)'s monthly expenses for telephone, cellular telephone, internet			
4	Child(ren)'s monthly expenses for entertainment, dining out, movies, music, other			
5	Child(ren)'s monthly expenses for appearance (hair, manicure/pedicure, facials/massage, cosmetics, other):			
6	Children's monthly expenses for insurance (other than health insurance):			
7	Child(ren)'s monthly education-related expenses (if paid quarterly, divide by 3; semi-annually, divide by 6; annually, divide by 12):			
	Tuition, books & fees			
	Tutoring			
	Special Needs (specify)			
	Uniforms			
	Meals (if not included in tuition)			
	Extracurricular (sports, music, art, etc.)			
	Other: List specific "other" education expenses incurred and amount(s) paid, the insert the total in the appropriate column at right.			
8	Childcare expenses (daycare, before and after school care, Nanny, etc.)			
9	Summer programs / summer camp			
10	Child(ren)'s vehicle (lease/payment, insurance, gas)			
11	Transportation related to visitation - if the child(ren) live in another city/state (pro-rate expenses over the year for a monthly amount, if necessary):			
	Airfare			
	Car Rental			
	Hotel/Motel			
	Parking (at airport or other)			
	Public Transportation			
	Other: List specific "other" transportation expenses incurred and amount(s) paid, the insert the total in the appropriate column at right.			
10	Child(ren)'s Total Monthly Expenses	\$0	\$0	\$0
USE THE SPACE BELOW FOR ANY NOTES/COMMENTS/EXPLANATION YOU WISH TO PROVIDE REGARDING YOUR CHILDREN'S PERSONAL EXPENSES				

PLAINTIFF V. DEFENDANT
ASSET & DEBT CHART

8/30/12 3:59 PM

ITEM	LAST 4 DIGITS OF ACCOUNT NUMBER	WHOSE NAME IS ON ACCOUNT	ENTER "S" FOR ANY SEPARATE PROPERTY	GROSS VALUE	Amount you owe on this asset		NET VALUE
					NO. 1	NO. 2	
ASSETS:							
BANK ACCOUNTS							
1							0
2							0
3							0
4							0
5							0
6							0
7	Subtotal			0	0	0	0
INVESTMENTS / SECURITIES							
8							0
9							0
10							0
11							0
12							0
13							0
14	Subtotal			0	0	0	0
RETIREMENT ACCOUNTS							
15							0
16							0
17	Subtotal			0	0	0	0
LIFE INSURANCE POLICIES							
18							0
19							0
20							0
21	Subtotal			0	0	0	0
BUSINESS INTERESTS							
22							0
23							0
24							0
25							0
26							0
27	Subtotal			0	0	0	0
RECEIVABLES / DEPOSITS							
28							0
29							0
30							0
31							0
32							0
33	Subtotal			0	0	0	0
REAL PROPERTY							
34							0
35							0
36							0
37							0
38	Subtotal			0	0	0	0
AUTOMOBILES							
39							0
40							0
41							0
42							0
43	Subtotal			0	0	0	0
PERSONAL PROPERTY							
44							0
45							0
46							0
47	Subtotal			0	0	0	0
LIABILITIES:							

Initials

Nevada Supreme Court

Revised: 20

**PLAINTIFF V. DEFENDANT
ASSET & DEBT CHART**

8/30/12 3:59 PM

ITEM	LAST 4 DIGITS OF ACCOUNT NUMBER	WHOSE NAME IS ON ACCOUNT	ENTER "S" FOR ANY SEPARATE PROPERTY	GROSS VALUE	Amount you owe on this asset		NET VALUE
					NO. 1	NO. 2	
LONG TERM DEBT NOT LISTED ABOVE							
48							0
49							0
50							0
51							0
52							0
53	Subtotal			0			0

OTHER LIABILITIES NOT LISTED ABOVE							
54							0
55							0
56							0
57							0
58							0
59							0
60							0
61							0
62							0
63	Subtotal				0		0

TOTAL UNSECURED LIABILITIES				0			0
NET VALUE OF ASSETS (NET EQUITY)				0			0

USE THE SPACE BELOW FOR ANY NOTES/COMMENTS/EXPLANATION YOU WISH TO PROVIDE REGARDING YOUR ASSET AND DEBT CHART

YES NO

1. Are you contributing to anyone's expenses except your current spouse (if any), the other party and/or children as reported herein?		
2. Is anyone contributing to your expenses other than your current spouse (if any) or the other party as reported herein?		
3. Are you providing any voluntary unpaid services to any entity, group or person?		
4. Have you canceled any monthly services (housecleaning, cable, lawn care, etc) in the past twelve (12) months?		
5. Have you removed money from any retirement or deferred compensation account in the past twelve (12) months?		
6. Have you traveled with anyone other than your current spouse (if any) or alone in the past twelve (12) months?		
7. Have you transferred assets totaling \$500 or more in the past twelve (12) months?		
8. Have you deferred receiving any money that you are entitled to receive?		
9. Is anyone holding money for you?		
10. Have you accrued sick/vacation days that you can cash out through your employer?		
11. Do you have money on deposit anywhere? I.e. purchase of a home or car, country club membership, landlord		
12. Have you prepaid any expenses?		
13. Have you loaned money totaling over \$300 to anyone in the past twelve (12) months?		
14. Have you made charitable contributions totaling over \$500 in the past twelve (12) months?		
15. Does anyone owe you money?		
16. Are you owed back child support or spousal support?		
17. Have you modified your payroll deductions in the past twelve (12) months?		
18. Are you in Bankruptcy?		
19. Is your current gross monthly income significantly different (20% or more) from the average for the past 12 months?		

I am the _____ Plaintiff/Petitioner _____ Defendant/Respondent in the above action. I swear or affirm under penalty of perjury that I read and followed all instructions in completing this Financial Disclosure Form and that the contents of this Financial Disclosure Form are true and correct to the best of my knowledge as of this date. I understand that, by my signature, I verify the material accuracy of the contents of this Form. I also understand that any willful misstatements may be contemptuous and could result in my punishment by the Court.

I understand that I have a duty to supplement the information on this form within ten (10) calendar days of discovering additional assets or debts or upon discovering any incorrectly reported information or upon any changed circumstances.

Executed: _____

Signature: _____

SIGNATURE OF ATTORNEY (if represented by counsel):

By signing this form, the attorney of record certifies that he or she has read the factual statements made by the

Executed: _____

Signature: _____

CERTIFICATE OF SERVICE

I hereby certify that on Tuesday, October 12, 2010, service of the **FINANCIAL DISCLOSURE FORM** was made to the following interested parties in the manner set forth below:

Via 1st Class U.S. Mail, postage fully prepaid, to

[Redacted]

Via Facsimile and/or Email pursuant to the Consent to Service By Electronic Means on file herein to:

[Redacted]

And, via 1st Class U.S. Mail, postage full prepaid, addressed to:

[Redacted]

Plaintiff/Defendant

Respectfully Submitted,

[Redacted Signature]

(Signature) _____

(Printed Name) _____

Initials

Nevada Supreme Court

Revised: _____ 20

CODE

(Your name) _____

(Address) _____

(Telephone) _____

(Email Address) _____

Self-Represented /Attorney Name and Bar No.

DISTRICT COURT

_____, NEVADA

_____)	
Plaintiff)	
vs)	
_____)	
Defendant.)	
_____)	

CASE NO.: _____

DEPT NO.: _____

REQUEST TO OPT-IN TO DETAILED FINANCIAL DISCLOSURE FORM AND COMPLEX DIVORCE LITIGATION PROCEDURE

I, *(your name)* _____, do hereby certify, to the best of my knowledge and belief, under penalty of perjury, as follows:

That I am entitled to request that this matter be treated as a complex divorce litigation matter and that both spouses be required to complete the court-approved Detailed Financial Disclosure Form because I and/or my spouse satisfy at least one of the following three criteria:

(check all that apply)

- My gross monthly income from all sources or that of my spouse, or the combined total of both, is more than \$250,000.00 per year.
- I am and/or my spouse is self-employed or the owner, partner, managing or majority shareholder or managing or majority member of a business.
- The gross value of my assets including my home, if owned, other real property, car, bank balances, retirement accounts, investments and vehicles (not subtracting any mortgage or

loan balance), whether owned by me as separate property or as community property, or that of my spouse, is more than \$1,000,000.00.

In light of the foregoing, I hereby request that both parties hereto complete, serve upon each other and file the court-approved Detailed Financial Disclosure Form within forty-five (45) calendar days pursuant to NRCP 16.2(b)(2) or NRCP 16.205(b)(1) and that this matter be treated as a complex divorce litigation matter. I understand that, if the foregoing statements by me are false, I may be subject to sanctions by the court, including, but not limited to the possibility of incarceration.

Dated this _____ day of _____, 20____

Signature

Name

If represented by an attorney:

I hereby affirm that the foregoing is true and correct to the best of my knowledge and belief.

Dated this _____ day of _____, 20____

Attorney's Signature

Attorney Name/ Nevada State Bar No.

MARITAL BALANCE SHEET

8/30/12 4:00 PM				PROPERTY VALUE				
ITEM		GROSS	DEBT	NET	COMMUNITY		SEPARATE	
		VALUE		VALUE	HUSBAND	WIFE	HUSBAND	WIFE
ASSETS:								
CASH								
1	Intentionally left blank			0.00	0.00	0.00		
2				0.00	0.00	0.00		
3				0.00	0.00	0.00		
4				0.00	0.00	0.00		
5				0.00	0.00	0.00		
	Subtotal			0.00	0.00	0.00	0.00	0.00
INVESTMENTS								
6				0.00	0.00	0.00		
7				0.00	0.00	0.00		
8				0.00	0.00	0.00		
9				0.00	0.00	0.00		
	Subtotal			0.00	0.00	0.00	0.00	0.00
BUSINESS INTERESTS								
10				0.00	0.00	0.00		
11				0.00	0.00	0.00		
	Subtotal			0.00	0.00	0.00	0.00	0.00
RECEIVABLES & DEPOSITS								
12				0.00	0.00	0.00		
13				0.00	0.00	0.00		
14				0.00	0.00	0.00		
	Subtotal			0.00	0.00	0.00	0.00	0.00
REAL PROPERTY								
15				0.00	0.00	0.00		
16				0.00	0.00	0.00		
17				0.00	0.00	0.00		
	Subtotal			0.00	0.00	0.00	0.00	0.00
AUTOS & RECREATIONAL VEHICLES								
18				0.00	0.00	0.00		
19				0.00	0.00	0.00		
20				0.00	0.00	0.00		
21				0.00	0.00	0.00		
	Subtotal			0.00	0.00	0.00	0.00	0.00
EQUIPMENT								
22				0.00	0.00	0.00		
23				0.00	0.00	0.00		
24				0.00	0.00	0.00		
	Subtotal			0.00	0.00	0.00	0.00	0.00

MARITAL BALANCE SHEET

8/30/12 4:00 PM				PROPERTY VALUE				
ITEM		GROSS	DEBT	NET	COMMUNITY		SEPARATE	
		VALUE		VALUE	HUSBAND	WIFE	HUSBAND	WIFE
WASTE OF ASSETS								
25				0.00	0.00	0.00		
26				0.00	0.00	0.00		
27				0.00	0.00	0.00		
	Subtotal			0.00	0.00	0.00	0.00	0.00
PERSONAL PROPERTY								
28				0.00	0.00	0.00		
29				0.00	0.00	0.00		
30				0.00	0.00	0.00		
31				0.00	0.00	0.00		
32				0.00	0.00	0.00		
	Subtotal			0.00	0.00	0.00	0.00	0.00
CASH VALUE OF LIFE INSURANCE								
33				0.00	0.00	0.00		
34				0.00	0.00	0.00		
	Subtotal			0.00	0.00	0.00	0.00	0.00
RETIREMENT ACCOUNTS								
35				0.00	0.00	0.00		
36				0.00	0.00	0.00		
	Subtotal			0.00	0.00	0.00	0.00	0.00
TOTAL ASSETS				0.00	0.00	0.00	0.00	0.00
LIABILITIES:								
LONG TERM DEBT								
37					0.00	0.00		
38					0.00	0.00		
39					0.00	0.00		
40					0.00	0.00		
41					0.00	0.00		
	Subtotal			0.00	0.00	0.00	0.00	0.00
OTHER LIABILITIES								
42					0.00	0.00		
43					0.00	0.00		
44					0.00	0.00		
45					0.00	0.00		
	Subtotal			0.00	0.00	0.00	0.00	0.00
TOTAL LIABILITIES				0.00	0.00	0.00	0.00	0.00
NET EQUITY				0.00	0.00	0.00	0.00	0.00

MARITAL BALANCE SHEET

8/30/12 4:00 PM				PROPERTY VALUE				
ITEM		GROSS	DEBT	NET	COMMUNITY		SEPARATE	
		VALUE		VALUE	HUSBAND	WIFE	HUSBAND	WIFE
		EQUALIZING NOTE			0.00	0.00		
		EQUALIZED EQUITY			0.00	0.00		