LEGAL SEPARATION WITH CHILDREN QUESTIONNAIRE

HUSBAND'S INFORMATION	
☐ Joint Custodian ☐ Primary Custodian ☐ Sole Custo	odian
FIRST, MIDDLE and LAST Name:	
Social Security Number:	
Date of Birth:	☐ 4 TH Judicial — ELKO COUNTY
Phone Number:	11 th Judicial – LANDER COUNTY
Email Address:	OTHER:
Home Address:	
City, State, ZIP:	
Mailing Address (if different from Home Address):	
City, State, ZIP:	
Driver's License Number/State:	
Ethnicity:	
Name of Employer:	
Employer's Address:	Employer's Phone #:
WIFE'S INFORMATION	ON
☐ Joint Custodian ☐ Primary Custodian ☐ Sole Custodian	ian
FIRST, MIDDLE, and LAST Name:	
Social Security Number:	
Date of Birth:	
Phone Number:	
Email Address:	
Home Address:	
City, State, ZIP:	
Mailing Address (if different from Home Address):	
City, State, ZIP:	
Driver's License Number/State:	
Ethnicity:	
Name of Employer:	

CHILDREN'S INFORMATION

CHILD'S FIRST NAME	CHILD'S MIDDLE NAME	CHILD'S LAST NAME	JR.
CHILD'S DATE OF BIRTH	BORN – CITY & STATE	CHILD'S SOC. SECURITY #	AGE
CHILD IS CURRENTLY LIVING W	TTH: MOM DAD E	BOTH OTHER:	
CHILD'S FIRST NAME	CHILD'S MIDDLE NAME	CHILD'S LAST NAME	JR.
CHILD'S DATE OF BIRTH	BORN – CITY & STATE	CHILD'S SOC. SECURITY #	AGE
CHILD IS CURRENTLY LIVING W	TTH: MOM DAD E	BOTH OTHER:	
CHILD'S FIRST NAME	CHILD'S MIDDLE NAME	CHILD'S LAST NAME	JR.
CHILD'S DATE OF BIRTH	BORN – CITY & STATE	CHILD'S SOC. SECURITY #	AGE
CHILD IS CURRENTLY LIVING W	TTH: MOM DAD F	BOTH OTHER:	
CHILD'S FIRST NAME	CHILD'S MIDDLE NAME	CHILD'S LAST NAME	JR.
CHILD'S DATE OF BIRTH	BORN – CITY & STATE	CHILD'S SOC. SECURITY #	AGE
CHILD IS CURRENTLY LIVING W	TTH: MOM DAD E	BOTH OTHER:	
CHILD'S FIRST NAME	CHILD'S MIDDLE NAME	CHILD'S LAST NAME	JR.
CHILD'S DATE OF BIRTH	BORN – CITY & STATE	CHILD'S SOC. SECURITY #	AGE
CHILD IS CURRENTLY LIVING WITH: MOM DAD DAD OTHER:			

Any current or prior Court Cases regarding custody or visitation with the minor children? YES NO
Explain:
Are there any Domestic Violence, TPO, Termination of Rights, or Adoption proceedings that could affect this Divorce? YES NO
Explain:
Is there anyone who has physical custody of the children or claims legal rights to the children? YES NO
Explain:
Day, Month, Year of Marriage:
Marriage Location (County, State, Country):
Is the Wife pregnant at this time? Yes No
Is the Husband the Father of the unborn child? Yes No Date of expected birth:
REGULAR VISITATION AGREEMENT
Visitation duration must be very specific. Include the day, time, and place of the visitation exchanges.
Do <u>not</u> use the words "reasonable visitation" or " the parents will decide between themselves"
Father or Mother works the 5, 4 mining schedule and will have custody of the minor children on his/her off days.
USE THE NEXT TWO PAGES HOLIDAY VISITATION

SCHOOL AGE CHILDREN- Parenting Timeshare and Holiday Schedule

No Visitation Requested Because: (explain)		
Regular Schedule: <u>Be very specific</u> . Include the times and days of the week for each parent's timeshare. (ex.: <u>Mom:</u> Saturday 7pm — Wednesday 3pm, <u>Dad:</u> Wednesday 3pm— Saturday 7pm)		
Summer Schedule:	☐ Same as the regular schedule. ☐ Other:	
Mother's Day and Mother's Birthday:	☐ Mother every year from 9am – 7pm. ☐ Other:	
Father's Day and Father's Birthday:	☐ Father every year from 9am – 7pm. ☐ Other:	
Child's Birthday:	□ Even years with (parent)	
3 Day Weekends:	□ Even Years: MLK Jr. Day, Memorial Day, Labor Day with (parent), President's Day, Independence Day, Nevada Admissions Day with the other parent. □ Odd Years: MLK Jr. Day, Memorial Day, Labor Day with (parent), President's Day, Independence Day, Nevada Admissions Day with the other parent. * Time begins when school lets out the day before the holiday weekend (or 3pm if no school), and ends the day following the holiday weekend when school resumes (or 9am).* **If Independence Day falls on a Tuesday, Wednesday, or Thursday, the time shall be from July 3 at 9am until July 5 at 9am.** □ Other:	

Easter / Spring Break:	□ Even years with (parent) □ Odd years with the other parent. * Time shall begin the day school lets out until noon the day before school resumes.* □ Other:
Thanksgiving:	□ Even years with (parent) □ Odd years with the other parent. * Time shall begin the day school lets out until noon the day before school resumes.* □ Other:
Winter Break / Christmas:	□ Segment 1 (Christmas) consists of the day school lets out until December 26 at noon. □ Segment 2 (New Year's) consists of December 26 at noon until noon the day before school resumes. □ Even years: segment 1 with (parent), segment 2 with the other parent. □ Odd years: segment 1 with (parent), segment 2 with the other parent. □ Other:
Other Holidays:	
Vacation:	The parents will not establish a formal vacation plan, and will instead mutually agree on vacation days and times with the child(ren). Each parent may have up to (number)vacation days per year with the child(ren). The parent shall notify the other parent of the vacation and provide a general vacation itinerary at least (number) days before the planned vacation. Vacation time is not allowed during a holiday allotted to the other parent.

Parents will notify each other if they take their children out of state for 24 hrs or more.	
Parents shall keep each other updated on all childcare provider information.	
Each parent is entitled to reasonable telephone communica	tion with the children.
Parents shall share the expenses of their children's extracur	ricular and school activities equally (50/50).
Upon receipt of information regarding the well-being of the children, each parent is to provide the other parent with the same info. (ie. Report cards, school meetings/notices, tests). Each parent is empowered to obtain emergency health care for the children without the consent of the other. Notification will be made ASAP of any emergency involving the child. Each parent shall have the right of first refusal to care for the children when the other parent is not	
available to care for the children for a period of six (6) hours	or more.
Both parents are to have equal access to all the children's me records generated for the benefit of or on behalf of the children's	
The children are receiving Welfare / Medicaid.	
The children are receiving health insurance through the Fath	er's employer.
The children are receiving health insurance through the Moth	her's employer.
The children are receiving health insurance through (other):	
Are there child support arrearages? If so, how much is owed:	
-	Mother's gross monthly income is: \$
	•
The Father or the Mother will pay the other \$ in child support each month.	
CHECK ONE OF THE FOLLOWING	
There is already a child support action through the DA Office. Case No	
The children are receiving Welfare benefits. The Welfare Department will prepare a child support case through the DA Office.	
The parent paying child support will pay the support directly to the receiving parent.	
Child support payments will be handled through the DA Office, and the parent receiving child support shall open a case with the DA Office. A wage assignment will be put into place immediately.	
Father will claim the following children for tax Mother will claim the following children for tax	
exemption (child tax credit), and when 1.	exemption (child tax credit), and when 1.
2.	2.
3.	3.
EVERY EVEN TAX YEAR	EVERY EVEN TAX YEAR
EVERY ODD TAX YEAR	EVERY ODD TAX YEAR

DIVISION OF ASSETS	
Check one of the following:	
All of the community assets and property have been previously divided, and each is to keep the property he/she has in his/her possession at this time.	
The community property should be divided as follows:	
INCLUDE THE LAST FOUR (4) NUMBERS OF ACCOUNTS (RETIREMENT ACCOUNTS, IRAs, BANK ACCOUNTS, MUTUAL FUNDS, SAVINGS ACCOUNTS, ETC) AND ALL VIN NUMBERS TO VEHICLES BOATS, ETC.	
For example: Washington Mutual Checking Account ending in 4566, 1996 F150 Ford truck, VIN 1234567890ABCD	
The Wife Shall Receive the Following Property:	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
USE SEPARATE SHEET OF PAPER IF YOU NEED TO LIST MORE ITEMS	
The Husband Shall Receive the Following Property:	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
USE SEPARATE SHEET OF PAPER IF YOU NEED TO LIST MORE ITEMS	

DIVISION OF DEBTS	
All of the community debts and property have been previously divided, and each is to keep those debts assigned to him/her and hold the other party harmless from those debts.	
There are no community debts to be divided.	
The community debts should be divided as follows:	
Example: CREDIT CARD ACCOUNTS, BANK LOANS, AND PRIVATE LOANS	
The Wife Shall Receive the Following Debts as her Sole and Separate Debt:	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
USE SEPARATE SHEET OF PAPER IF YOU NEED TO LIST MORE DEBTS	
Husband Shall Receive the Following Debts as his Sole and Separate Debt:	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
LISE SEPARATE SHEET OF PAPER IF VOILNEED TO LIST MORE DERTS	

SPOUSAL SUPPORT (ALIMONY)		
Check one:		
The Petitioners hereby give up any right to spousal other for support or maintenance.	support or any other monetary claim each may have against the	
OR		
☐ Wife ☐ Husband shall receive spousal support in	the amount of \$ per (week/month)	
due and payable on the (date due)	of each (week or month) for a	
period of (number of weeks, months, years)	The spousal support shall begin on (date	
spousal support to begin)	and end on (date last spousal support payment will be made)	
RETURN TO	FORMER NAME	
The Wife's former full name:		
OR		
The Wife chooses not to change her name.		
RESIDENT WITNESS – Your resident Witness is someone 18 or older who will notarize an affidavit attesting that either the Husband or Wife is a bonafide Nevada resident. This person must also be a Nevada resident. This person can be a family member, friend, neighbor, co-worker, etc. This person does NOT see your Divorce. Residency requirement only needs to be established on ONE of the Petitioners (either the Husband or Wife, NOT both).		
The full name of your Witness:		
Your Witness is attesting which Petitioner is a Nevada resi	dent (Circle One): HUSBAND or WIFE	
Your Witness has been a Nevada resident for how many ye	ears:	
Your Witness's Street Address:		
City, State, ZIP:		
Your Witness can attest the Petitioner has lived in the State	e of Nevada since when (mo/year):	
Your Witness sees the Petitioner on the average of how ma	any times per week: (must be 3 or more days per week)	
Your Witness's relationship to the Petitioner:	(friend, Mother, co-worker, etc.)	