Case No Dept. No		
r · · - · · ·		
IN TH		PRICT COURT OF THE CTATE OF NEW ARA
IN 1H		TRICT COURT OF THE STATE OF NEVADA THE COUNTY OF DOUGLAS
	IN AND FOR I	HE COUNTY OF DOUGLAS
	,	GENERAL EINANGHAL DISCLOSUDE FORM
	Applicant,	FINANCIAL DISCLOSURE FORM
vs.		
	Adverse Party,	
	/	
1 1 1 1 1	1 . 14 5 . 1	id of distance of the state of
The judge uses this form to and truthfully.	understand the financial po	sition of the parties in this case. You must fill this form out completely
ana truthiuny. <b>A. Personal Informat</b>	tion.	
		14)
1. What is your fu	~	e, last)
2. How old are you	u:	
3. What is your da	ite of birth?	
4. What is your oc	ecupation?	n?
5. What is your hi	ghest level of educatio	n?
1. Are you curren		
1. Are you curren  □ No	tly employed?	
1. Are you curren	tly employed?	name of your employer?
1. Are you curren  □ No	If yes, what is the r	
1. Are you curren  □ No	If yes, what is the r	u hired on? (mm/dd/yy)
1. Are you curren  □ No □ Yes	If yes, what is the r What date were yo	
1. Are you curren  □ No □ Yes  2. Are you disable	If yes, what is the r What date were yo	
1. Are you curren   No Yes  2. Are you disable  No	If yes, what is the r What date were you	u hired on? (mm/dd/yy)
1. Are you curren  No Yes  2. Are you disable	If yes, what is the r  What date were your ed? (Check one)  If yes, what is your	u hired on? (mm/dd/yy)
1. Are you curren  □ No □ Yes  2. Are you disable □ No	If yes, what is the r  What date were your  ed? (Check one)  If yes, what is your What agency certif	u hired on? (mm/dd/yy)
1. Are you curren   No Yes  2. Are you disable  No	If yes, what is the r  What date were your  ed? (Check one)  If yes, what is your What agency certif	u hired on? (mm/dd/yy)
1. Are you curren  No Yes  2. Are you disable	If yes, what is the r  What date were your  ed? (Check one)  If yes, what is your What agency certif	u hired on? (mm/dd/yy)
1. Are you curren  No Yes  2. Are you disable No Yes	If yes, what is the r  What date were your  ed? (Check one)  If yes, what is your What agency certif	u hired on? (mm/dd/yy)
1. Are you curren  No Yes  2. Are you disable No Yes  3. Attorney Informat 1. An Attorney (h	If yes, what is the rown what date were your ed? (Check one)  If yes, what is your what agency certify what is the nature entire. Complete the follows/has not)	u hired on? (mm/dd/yy)
☐ No ☐ Yes  2. Are you disable ☐ No ☐ Yes  C. Attorney Informa 1. An Attorney (h 2. As of today, the	If yes, what is the rown what date were your ded? (Check one)  If yes, what is your what agency certif what is the nature deas/has not)  e attorney has been pa	u hired on? (mm/dd/yy)
1. Are you curren  □ No □ Yes  2. Are you disable □ No □ Yes  C. Attorney Informat 1. An Attorney (h 2. As of today, the 3. I have a credit	If yes, what is the rown what date were your ed? (Check one)  If yes, what is your What agency certify what is the nature entered too: Complete the follows/has not)  e attorney has been pay with my attorney in the	u hired on? (mm/dd/yy)
1. Are you curren  □ No □ Yes  2. Are you disable □ No □ Yes  C. Attorney Informat 1. An Attorney (h 2. As of today, the 3. I have a credit 4. I currently owe	If yes, what is the rown what date were your ed? (Check one)  If yes, what is your What agency certify what is the nature end of the second of	u hired on? (mm/dd/yy)

#### **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

4.33 = 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 4.33)		Monthly Income
1	I am paid an 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 (add lines 3-13)	\$

	1
	2
	3
	4
	5
	6
	7
	8
	9
1	0
1	1
1	2
1	3
1	4
1	5
1	6
1	7
1	8
1	9
2	0

21

22

23

24

25

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

## **Section 2: Personal Deductions**

# A. Fill in the amount of money that is taken out of <u>every paycheck</u> 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	\$
	<b>Net Monthly Income (subtract line 32 from line 31)</b>	\$

#### **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?

Childs Name	Childs Date of Birth	Whom is the Child Living with? (Mom, Dad, or Both)	Is the Child from this Marriage/Re lationship? (Yes/No)
1 <sup>st</sup>			
2 <sup>nd</sup> 3 <sup>rd</sup>			
4 <sup>th</sup>			
5 <sup>th</sup>			

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

	Children's Expenses	1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child	4 <sup>th</sup> 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	<b>Education Related Expenses</b>	\$	\$	\$	\$	\$
8	Summer Camp/Programs	\$	\$	\$	\$	\$
9	Vehicle	\$	\$	\$	\$	\$
10	Transportation Cost for Visitation	\$	\$	\$	\$	\$
11	Other:	\$	\$	\$	\$	\$
12	<b>Total Monthly Expenses for Children</b>					
	(Add lines 1 – 11)	\$	\$	\$	\$	\$

<b>Section 5: Household Information</b>	
A. I live with (number)	_ other adults, including children over the age of eighteen,
who contribute to or pay the hou	sehold expenses in the amount of \$

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

1	
2	
3	
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Amount of   Expense   Party	Expense	Monthly	For Me	For the	For Both
HOME:   Mortgage/Rent/Lease   S   Property Taxes   S   HOA   S   S   HOA   S   S   Home Owner's Insurance   S   Lawn Care   S   Pest Control   S   Pool Service   S   Security   S   Other   S   UTILITIES:   Water   S   Electric   S   S   S   Sewer   S   S   S   S   S   S   S   S   S					
Mortgage/Rent/Lease   S   Property Taxes   S   S   S   S   S   S   S   S   S		Expense		Party	
Property Taxes					
HOA	8.6				
Home Owner's Insurance   S					
Lawn Care   S   Pest Control   S   Post Control					
Pest Control   S   Pool Service   S   Security   S   S   Security   S   Security   S   Security   S   Security   S   S   Security   S   Security   S   Security   S   Security   S   S   Security   S   Security   S   Security   S   Security   S   S   Security   S   Security   S   Security   S   Security   S   S   Security   S   S   Security   S   Security   S   Security   S   Security   S   S   Security   S   S   Security   S   Security   S   Security   S   Security   S   S   Security   S   Security   S   Security   S   Security   S   S   Security   S   Security   S   Security   S   Security   S   S   Security   S   Security   S   Security   S   Security   S   S   Security   S   Security   S   Security   S   Security   S   S   Security   S   Secu					
Pool Service   S   Security   S	Lawn Care	•			
Security					
Other S UTILITIES: Water S Electric S Gas S Sewer S Home Phone S Internet/Cable S Other S MEDICAL: Health Insurance S Unreimbursed Medical Expenses S Other S TRANSPORTATION: Car Loan/Lease Payment S Fuel S Auto Insurance S Other S PERSONAL: Food (groceries & restaurants) S Pets S Cell Phone S Membership Fees S Clothing, Shoes, Etc. S Dry Cleaning S Other S DEBTS: Credit Card Payments S Child Support S Alimony/Spousal Support	Pool Service				
UTILITIES: Water S Electric S Gas S Sewer S Home Phone S Internet/Cable Other S MEDICAL: Health Insurance Unreimbursed Medical Expenses Other TRANSPORTATION: Car Loan/Lease Payment Fuel S Auto Insurance S Other S PERSONAL: Food (groceries & restaurants) Pets Cell Phone Membership Fees S Clothing, Shoes, Etc. Dry Cleaning Other S DEBTS: Credit Card Payments S Child Support S Child Support S Commendation S Cars S Commendation S Commendatio					
Water S Electric S Gas S Sewer S Home Phone S Internet/Cable S Other S MEDICAL: Health Insurance S Unreimbursed Medical Expenses S Other S TRANSPORTATION: Car Loan/Lease Payment S Fuel S Auto Insurance S Other S PERSONAL: Food (groceries & restaurants) S Pets S Cell Phone S Membership Fees S Clothing, Shoes, Etc. S Dry Cleaning Other S DEBTS: Credit Card Payments S Child Support S Child Support S Child Support S		\$			
Electric	UTILITIES:				
Gas Sewer S Home Phone Internet/Cable Other S MEDICAL: Health Insurance Unreimbursed Medical Expenses Other S TRANSPORTATION: Car Loan/Lease Payment Fuel S Auto Insurance Other S PERSONAL: Food (groceries & restaurants) Pets Cell Phone Membership Fees Clothing, Shoes, Etc. Dry Cleaning Other S DEBTS: Credit Card Payments S Child Support S Home S Cother	Water	\$			
Sewer S Home Phone S Internet/Cable S Other S MEDICAL: Health Insurance S Unreimbursed Medical Expenses S Other S TRANSPORTATION: Car Loan/Lease Payment S Fuel S Auto Insurance S Other S PERSONAL: Food (groceries & restaurants) S Pets S Cell Phone S Membership Fees S Clothing, Shoes, Etc. S Dry Cleaning S Other S DEBTS: Credit Card Payments S Child Support S Alimony/Spousal Support S					
Home Phone Internet/Cable Other S MEDICAL: Health Insurance Unreimbursed Medical Expenses Other S TRANSPORTATION: Car Loan/Lease Payment Fuel S Auto Insurance Other S PERSONAL: Food (groceries & restaurants) Pets Cell Phone S Membership Fees Clothing, Shoes, Etc. Dry Cleaning Other S DEBTS: Credit Card Payments S Child Support S S S S S S S S S S S S S S S S S S S	Gas	\$			
Internet/Cable Other S MEDICAL: Health Insurance Unreimbursed Medical Expenses Other S TRANSPORTATION: Car Loan/Lease Payment Fuel S Auto Insurance Other S PERSONAL: Food (groceries & restaurants) Pets Cell Phone S Membership Fees Clothing, Shoes, Etc. Dry Cleaning Other S DEBTS: Credit Card Payments S Child Support S Alimony/Spousal Support S S S S S S S S S S S S S S S S S S S	Sewer	\$			
Other S MEDICAL: Health Insurance S Unreimbursed Medical Expenses S Other S TRANSPORTATION: Car Loan/Lease Payment S Fuel S Auto Insurance S Other S PERSONAL: Food (groceries & restaurants) S Pets S Cell Phone S Membership Fees S Clothing, Shoes, Etc. S Dry Cleaning S Other S DEBTS: Credit Card Payments S Child Support S Alimony/Spousal Support	Home Phone	\$			
MEDICAL: Health Insurance Unreimbursed Medical Expenses Other  TRANSPORTATION: Car Loan/Lease Payment Fuel S Auto Insurance Other S PERSONAL: Food (groceries & restaurants) Pets Cell Phone S Membership Fees Clothing, Shoes, Etc. Dry Cleaning Other S DEBTS: Credit Card Payments Child Support Alimony/Spousal Support	Internet/Cable	\$			
Health Insurance Unreimbursed Medical Expenses Other S Other TRANSPORTATION: Car Loan/Lease Payment Fuel S Auto Insurance Other S PERSONAL: Food (groceries & restaurants) Pets Cell Phone S Membership Fees Clothing, Shoes, Etc. Dry Cleaning Other S DEBTS: Credit Card Payments Child Support S Alimony/Spousal Support S S S S S S S S S S S S S S S S S S S	Other	\$			
Unreimbursed Medical Expenses \$ Other \$ TRANSPORTATION: Car Loan/Lease Payment \$ Fuel \$ Auto Insurance \$ Other \$ PERSONAL: Food (groceries & restaurants) \$ Pets \$ Cell Phone \$ Membership Fees \$ Clothing, Shoes, Etc. \$ Dry Cleaning \$ Other \$ DEBTS: Credit Card Payments \$ Child Support \$ Alimony/Spousal Support \$	MEDICAL:				
Other  TRANSPORTATION:  Car Loan/Lease Payment  Fuel  Auto Insurance  Other  PERSONAL:  Food (groceries & restaurants)  Pets  Cell Phone  Membership Fees  Clothing, Shoes, Etc.  Dry Cleaning  Other  S  DEBTS:  Credit Card Payments  Child Support  Alimony/Spousal Support  S  S  Car Loan/Lease Payment  S  Car Loan/Lease Payment  S  Cother  S  DEBTS:  Credit Card Payments  S  Alimony/Spousal Support  S  Car Loan/Lease Payment  S  Car Loan/Lease Payment  S  Car Loan/Lease Payment  S  Cother  Cother  S  Cother  Cother  S  Cother  Cother  Cother  S  Cother  Cother  S  Cother  Cother  S  Cother  Cother  Cother  S  Cother  Cother  S  Cother  C	Health Insurance	\$			
TRANSPORTATION:  Car Loan/Lease Payment \$ Fuel \$ Auto Insurance \$ Other \$ PERSONAL:  Food (groceries & restaurants) \$ Pets \$ Cell Phone \$ Membership Fees \$ Clothing, Shoes, Etc. \$ Dry Cleaning \$ Other \$ DEBTS: Credit Card Payments \$ Child Support \$ Alimony/Spousal Support \$	<b>Unreimbursed Medical Expenses</b>	\$			
Car Loan/Lease Payment Fuel S Auto Insurance S Other S PERSONAL: Food (groceries & restaurants) Pets Cell Phone Membership Fees Clothing, Shoes, Etc. Dry Cleaning Other S DEBTS: Credit Card Payments Child Support Alimony/Spousal Support S S S S S S S S S S S S S S S S S S S	Other	\$			
Fuel \$ Auto Insurance \$ Other \$ PERSONAL:  Food (groceries & restaurants) \$ Pets \$ \$ Cell Phone \$ Membership Fees \$ \$ Clothing, Shoes, Etc. \$ Dry Cleaning \$ Other \$ DEBTS:  Credit Card Payments \$ Child Support \$ Alimony/Spousal Support \$	TRANSPORTATION:				
Auto Insurance Other S PERSONAL: Food (groceries & restaurants) Pets S Cell Phone S Membership Fees Clothing, Shoes, Etc. Dry Cleaning Other S DEBTS: Credit Card Payments Child Support S Alimony/Spousal Support	Car Loan/Lease Payment	\$			
Other  PERSONAL:  Food (groceries & restaurants) \$  Pets  Cell Phone  Membership Fees  Clothing, Shoes, Etc.  Dry Cleaning  Other  S  DEBTS:  Credit Card Payments  Child Support  Alimony/Spousal Support	Fuel	\$			
PERSONAL: Food (groceries & restaurants)  Pets  Cell Phone  Membership Fees  Clothing, Shoes, Etc.  Dry Cleaning  Other  S  DEBTS:  Credit Card Payments  Child Support  Alimony/Spousal Support	Auto Insurance	\$			
Food (groceries & restaurants)  Pets  Cell Phone  Membership Fees  Clothing, Shoes, Etc.  Dry Cleaning  Other  S  DEBTS:  Credit Card Payments  Child Support  Alimony/Spousal Support	Other	\$			
Pets \$ Cell Phone \$ Membership Fees \$ Clothing, Shoes, Etc. \$ Dry Cleaning \$ Other \$ DEBTS: Credit Card Payments \$ Child Support \$ Alimony/Spousal Support \$	PERSONAL:				
Cell Phone \$ Membership Fees \$ Clothing, Shoes, Etc. \$ Dry Cleaning \$ Other \$ DEBTS: Credit Card Payments \$ Child Support \$ Alimony/Spousal Support \$	Food (groceries & restaurants)	\$			
Membership Fees \$ Clothing, Shoes, Etc. \$ Dry Cleaning \$ Other \$ DEBTS: Credit Card Payments \$ Child Support \$ Alimony/Spousal Support \$	Pets	\$			
Clothing, Shoes, Etc. \$ Dry Cleaning \$ Other \$ DEBTS: Credit Card Payments \$ Child Support \$ Alimony/Spousal Support \$	Cell Phone	\$			
Clothing, Shoes, Etc. \$ Dry Cleaning \$ Other \$ DEBTS: Credit Card Payments \$ Child Support \$ Alimony/Spousal Support \$	Membership Fees	\$			
Dry Cleaning \$ Other \$ DEBTS: Credit Card Payments \$ Child Support \$ Alimony/Spousal Support \$		\$			
Other \$ DEBTS: Credit Card Payments \$ Child Support \$ Alimony/Spousal Support \$	Dry Cleaning				
DEBTS: Credit Card Payments S Child Support S Alimony/Spousal Support		\$			
Child Support \$ Alimony/Spousal Support \$					
Child Support \$ Alimony/Spousal Support \$	Credit Card Payments	\$			
Alimony/Spousal Support \$					
V I					
Student Loans   \$	Student Loans	\$			
Other \$					
TOTAL MONTHLY EXPENSES: \$					

7 8

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	2000	\$	-	\$	=	\$	Turty or Boomy
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 ( $\sqrt{\text{check one}}$ ) $\square$ Plaintiff $\square$ 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 if I knowingly
make false statements I may be subject to punishment, including contempt of court.

<b>&gt;</b>				
Your Signature	Date			