

FILING CODE: MOT

Your Name: _____

Address: _____

Telephone: _____

Email Address: _____

Self-Represented

**DISTRICT COURT
CLARK COUNTY, NEVADA**

Plaintiff,
vs.

CASE NO.: _____

DEPT: _____

Defendant.

MOTION TO MODIFY CHILD SUPPORT AND/OR SPOUSAL SUPPORT

NOTICE OF MOTION

The judge can make a decision based only on the written filings, or the judge can talk to both parties and ask questions at a court hearing first. You can choose which you prefer below.

Would you like to have a hearing with the judge? (check yes/no, the court will enter details)

Yes. Hearing Date: _____ Hearing Time: _____ at:

Family Courts & Services Center, 601 N. Pecos Rd. Las Vegas, NV 89101, courtroom _____

Regional Justice Center, 200 Lewis Ave. Las Vegas, NV 89101, courtroom _____

The hearing may be available online; if it is the court will send login information separately.

No. The judge will write a decision after reviewing the request in chambers on: _____

TO: (write opposing party's name): _____

NOTICE: You may file a written response to this motion with the Clerk of the Court and provide the undersigned with a copy of your response within 14 days of receiving this motion. Failure to file a written response with the Clerk of Court within 14 days of your receipt may result in the requested relief being granted by the Court without a hearing prior to the scheduled hearing date.

Submitted By: (your name) _____

Plaintiff / Defendant

MOTION

(Your name) _____ moves this Court for an Order modifying child support and/or spousal support. (*check one*)

- I tried to resolve this issue with the other party before filing this motion.
- I did not try to resolve this issue with the other party before filing this motion. Any attempt to resolve the issue would have been useless or impractical because (*explain why you did not try to resolve this issue directly with the other party before filing this motion*)

Financial Disclosure Form (“FDF”) Certification

(*check one*)

- I filed a FDF in the last 6 months and have no material changes to report.
- I understand that I must file my FDF within 3 days of filing this to support my request to modify child support and/or spousal support. Failure to file a timely, complete, and accurate FDF may result in the court ruling against me and/or imposing sanctions.

**POINTS AND AUTHORITIES
LEGAL ARGUMENT**

A child support order must be reviewed by the court every three years upon request of a parent or guardian. A child support order may be reviewed at any time on the basis of changed circumstances. A change in 20% or more in the gross monthly income of a person subject to a child support order shall be deemed changed circumstances. NRS 125B.145.

An order for alimony may be modified on the basis of changed circumstances. A change in 20% or more in the gross monthly income of a person ordered to pay alimony shall be deemed changed circumstances. In addition to any other factors the court finds relevant, the court shall consider whether the income of the spouse ordered to pay alimony, as indicated on the spouse’s federal tax return from the previous year, has been reduced to such a level that the spouse is financially unable to pay the amount ordered. NRS 125.150.

FACTS AND ARGUMENT

A. Request to Modify Child Support

Not Applicable (check if not applicable and go to Section B)

1. Current Child Support Order.

(Name of party) _____ currently pays (amount) \$_____ per month in child support for (number) _____ minor children. I want this order modified.

2. Current Physical Custody Order.

Child's Name:	Date of Birth	Current Physical Custody Order:
		<input type="checkbox"/> Joint physical custody <input type="checkbox"/> I have Primary/Sole physical custody <input type="checkbox"/> Other parent has Primary/Sole physical custody
		<input type="checkbox"/> Joint physical custody <input type="checkbox"/> I have Primary/Sole physical custody <input type="checkbox"/> Other parent has Primary/Sole physical custody
		<input type="checkbox"/> Joint physical custody <input type="checkbox"/> I have Primary/Sole physical custody <input type="checkbox"/> Other parent has Primary/Sole physical custody
		<input type="checkbox"/> Joint physical custody <input type="checkbox"/> I have Primary/Sole physical custody <input type="checkbox"/> Other parent has Primary/Sole physical custody

3. Public Assistance. (check one)

I have never received Temporary Assistance for Needy Families (TANF).

I am now or have received Temporary Assistance for Needy Families (TANF) in the past.

4. Parties' Income.

My gross monthly income is (insert amount): \$_____ / OR unknown.

The other parent's gross monthly income is (insert amount): \$_____ / OR unknown.

5. **Reason for Modification.** I want child support modified because: (*check all that apply*)

The gross monthly income of the person paying child support has changed by more than 20% since the last child support order was entered.

It has been more than three years since child support was last reviewed.

The following child(ren) has/have emancipated (*write name(s)*):

The parties are not following the custodial schedule on which child support was based:

(*explain the custodial schedule you have been following*):

It is in the children's best interest to modify child support because (*tell the judge why it is in the children's best interest to change child support*):

6. **Amount Requested.** (*check one*)

Child support should be modified so that (*name of person who should pay child support*) _____ pays (*amount*) \$_____ per month in child support.

I'm not sure how much child support should be paid. The judge should set child support.

Other (*explain how you came up with the amount of child support*):

7. **Child Care.** Are there child care expenses? (*check one*)

No, there are no child care costs for either parent.

Yes, the monthly child care costs for the child(ren) are: \$_____. This amount should be paid by me only the other parent only both parents equally.

8. **Medical Coverage.** Medical support (medical, vision, and/or dental) must be provided for the child(ren). How should the children get medical support/insurance? (*check one*)

Medicaid.

Private / Employer Insurance. The monthly premium should be paid by me only

the other parent only both parents equally.

Other: _____

B. Request to Modify Spousal Support

Not Applicable (*check if not applicable and go to section C*)

9. **Current Spousal Support Order.**

(*Name of party paying spousal support*) _____ currently pays (*amount*)

\$ _____ per month in spousal support. I want this order modified.

10. **Parties' Income.**

My gross monthly income is (*insert amount*): \$ _____ / OR unknown.

The other party's gross monthly income is (*insert amount*): \$ _____ / OR unknown.

11. **Modification.** Spousal support should be modified because: (*check all that apply*)

The gross monthly income of the person paying spousal support has changed by more than 20% since the last spousal support order was entered.

I am required to pay spousal support, but my income has been reduced to such a level that I am financially unable to pay the amount of spousal support ordered. I will submit my federal tax return for the last year for the Court's review.

The person receiving spousal support has remarried.

The person receiving spousal support is now deceased.

Other: _____

12. Amount Requested.

Spousal support should be modified so that *(name of person who should pay spousal support)*
_____ pays *(amount)* \$_____ per month in spousal support.

C. Other Relief

13. In addition to the relief requested above, I would like the Court to also order the following:
(Explain anything else that you would like the judge to order, or enter "N/A" if you do not want anything else. Be specific.) _____

I respectfully ask the Court to grant me the relief requested above, including an award of attorney's fees if I am able to retain an attorney for this matter, and any other relief the Court finds appropriate.

DATED _____, 20____.

Submitted By: *(your signature)* _____
(print your name) _____

DECLARATION IN SUPPORT OF MOTION TO MODIFY CHILD SUPPORT AND/OR SPOUSAL SUPPORT

I declare, under penalty of perjury:

1. I have read the foregoing motion, and the factual averments it contains are true and correct to the best of my knowledge, except as to those matters based on information and belief, and as to those matters, I believe them to be true. Those factual averments contained in the referenced filing are incorporated here as if set forth in full.
2. Any Exhibit(s) in support of this Motion will be filed separately in an Exhibit Appendix.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

DATED _____, 20____.

Submitted By: *(your signature)* _____
(print your name) _____