GENERAL INSTRUCTIONS FOR COMPLETING NRCP 16.2 FINANCIAL DISCLOSURE FORM (Remove These Instructions Before Filing Form)

- 1. Nevada Rule of Civil Procedure 16.2 requires that this Financial Disclosure Form be filed and served no later than forty-five (45) days after the service of the summons and complaint in a divorce, annulment or separate maintenance action. This Financial Disclosure Form must also be filed and served by the responding party with any response or answer to such action.
- 2. Nevada Rule of Civil Procedure 16.2 requires unmarried parties filing a custody action where paternity is established to file and serve the cover sheet, the "personal income schedule" and the "business income/expense schedule" portions of the Financial Disclosure Form no later than forty-five (45) days after the service of the summons and complaint. This Form must also be filed and served by the responding party with any response or answer to such action.
- 3. Nevada Rule of Civil Procedure 16.2 requires parties to supplement or correct your Financial Disclosure Form within ten judicial days after you acquire additional information or learn that in some material respect your Form is incomplete or incorrect. If the supplemental disclosure includes an asset, liability, income, or expense omitted from the prior disclosure, you must include an explanation as to why the item was omitted.
- 4. Failure to comply with Rule 16.2 may result in court ordered sanctions.
- 5. The Financial Disclosure Form consists of seven printed pages, plus these instructions. If your Form does not have all pages, you may purchase a complete set from the Clark County Clerk's Office or the Self Help Center at the Family Courts & Services Center. You may also download a free copy from the Self-Help Center's website at http://www.clarkcountycourts.us/shc
- 6. Answer and complete *all* sections in this form. If an item requiring your response is not applicable, write "N/A" in that section.
- 7. This form *must* be completed honestly and to the best of your knowledge after reasonable inquiry. This form has important legal consequences. You should carefully consider each of your answers. If necessary, you should consult with legal counsel.
- 8. After you have completed the Financial Disclosure Form you must make three copies. The original and all three copies must be filed with the Legal Filing Department at the Clerk's Office.
- 9. The clerk at Legal Filing will keep the original and give you back three file stamped copies. One copy is for you, one copy is for the judge, and one copy is for the opposing party.
- 10. The copy for the judge is called a "courtesy copy". All courtesy copies must be delivered to the judge's box. If your judge is located at the Family Courts and Services Center at 601 N. Pecos Road, the judge has a box on the 3rd floor. However, if your judge is located at the Regional Justice Center at 200 S. Lewis Avenue, the judge has a box on the 10th floor.
- 11. Usually, a file stamped copy of the Financial Disclosure Form is served to the opposing party by mailing it to his or her last known address. If the opposing party is represented by an attorney you must serve the attorney instead of the opposing party directly.
- 12. Finally, you will need to complete and file a Certificate of Mailing to verify that you provided the opposing party with a file stamped copy of the Form.

CODE:				
Nevada Bar No.				
Attorney For				
	IN THE E	AMILY DIVISION		
OF THE			L DISTRICT COURT STATE OF NEVADA	
IN AND FOR	THE COUNTY OF	=, ;	STATE OF NEVADA	
Plaintiff or Petitioner			Case No	
			Dept. No.	
Defendant or Respondent			·	
		DISCLOSURE FOR	RM	
Financial Statement of: First name	Middle	Last name		
Occupation:				
Employed by:				
Previously Employed by:		`From:	To:	
Age & Date of Birth:			<u></u>	
Level of Education:			<u></u>	
Level of Disability, if Any:				
Marriage Date, If Applicable:			<u> </u>	
Present Home Address:				
How many adults (over 18) live with yo	ou?			
How much do you receive from each of	of them each month	?	<u> </u>	
I have paid my attorney a retainer of \$; an	d his/her hourly rate	is \$	
I am thePlaintiff/Petitioner Defendant/Respondent in the above action. I swear under penalty of perjury, that the contents of this Financial Disclosure Declaration are true to the best of my knowledge as of this date. I understand that by my signature I verify the material accuracy of the contents. I also understand that any willful misstatements may be contemptuous and could result in my punishment by the Court. I understand I have a duty to supplement this form upon discovering additional assets or debts or upon changed circumstances within 10 days of discovery.				
I declare under penalty of perjury that	the foregoing and fo	ollowing are true and	correct.	
Executed on	Signature			

Depi	. No	
	PERSONAL INCOME SCHEDULE	
	IF SELF-EMPLOYED OR BUSINESS OWNER PLEASE FILL IN THE	
	BUSINESS INCOME/EXPENSE SCHEDULE	
	YOUR OWN INCOME	AMOUNT
	EMPLOYMENT INCOME (if paid weekly multiply by 52 and divide by	NOTE: ATTACH COPIES
	12, if paid every two weeks, multiply by 26 and divide by 12)	OF YOUR THREE MOST RECENT PAY STUBS
	Average Gross Monthly Income from Employment (all employment income including salary	RECENT PAT STUBS
	\$ + bonuses \$ + overtime \$ + commissions \$ + tips	
1	\$ + other \$ =	
	Average Monthly Paycheck Deduction – Income Taxes	
2	A constitution of the Product Bull of the October 2	
3	Average Monthly Paycheck Deduction – Social Security	
	Average Monthly Paycheck Deduction – Medicare	
4	Average Monthly Paycheck Deduction - Medicale	
	Average Monthly Paycheck Deduction – Health Insurance	
5		
	Average Monthly Paycheck Deduction – Retirement Plan or 401(k)	
6		
_	Average Monthly Paycheck Deduction – Savings Account	
7		
8	Average Monthly Paycheck Deduction(s) – Other	
0		
9	Total Paycheck Deductions Per Month (Add lines 2-8 above)	
10	Average Net Monthly Income from Employment (Subtract line 9 from line 1)	
	OTHER INCOME	
	Monthly Spousal Support/Alimony Awarded by a Court	
11	Monthly Spousal Support Anniony Awarded by a Court	
	Monthly Child Support: court ordered \$ + other/voluntary child support	
12	\$=	
	Investment Income (Dividends, interest and capital gains)	
13	and sapital game)	
	Rental Income (Enter the Amount of Depreciation Claimed in Computing Rental Income	
14	Here: \$)	
	Retirement Income Including Defined-Benefit Distributions, 401(k) Distributions,	
15	military retirement	
	Social Security Retirement	
16	•	
	Social Security Disability/military disability	
17		
40	Supplemental Security Income (SSI)	
18	Unampleyment Panafita	
19	Unemployment Benefits	
	Workers Compensation Payments	
20	Jemponounen i ujimento	
	Other Sources of Income (Describe: such as direct contributions from roommates or	
21	indirect payment of expenses by roommates)	
	Total Other Income Per Month (Add lines 11-21)	
22		
23	TOTAL INCOME PER MONTH (Add lines 10 and 22)	

Case No. _____

	PERSONAL EXPENSE SCHEDULE (NOTE: ALL EXPENSES LISTED BELOW SHOULD BE ON AN AVERAGE MONTHLY BASIS annual payments divided by 12, semiannual payments divided by 6, and quarterly payments divided by 3)	TOTAL AMOUNT
1	Mortgage or Rent: 1st Mtg. \$ + 2nd Mtg. \$ + line of credit \$ + taxes \$ + insurance =	
2	Utilities: Gas/Oil \$ + electricity \$ + TV/cable \$ + water & + garbage =	
3	Telephone: landline \$ + cellular \$ + Internet \$ + fax \$ + other \$ =	
4	Food, Groceries & Incidentals (not including entertainment or dining out)	
5	Transportation: monthly payment/lease \$	
6	House Maintenance: housekeeping \$ + garden/lawn care \$ + snow removal \$ + repairs & maintenance \$ + other \$	
7	Entertainment: dining out \$ + movies, shows \$ + music/videos \$ + other \$ =	
8	Dues, Memberships, Fees: Professional \$ + memberships (health club, country club) \$ homeowners \$ + business \$ + other \$ =	
9	Health/exercise: clothing/shoes \$ + fees/passes (health clubs etc.) \$ + other \$ =	
10	Clothing: self \$ + children \$ + cleaning \$ =	
11	Vacations	
12	Pets: Food \$ + boarding \$ + healthcare \$ + grooming \$ + other \$ =	
13	Healthcare: Insurance \$ + unreimbursed; medical \$ + dental \$ + orthodontic \$ + medications \$ + counseling \$ + physical therapy \$ + chiropractic \$ + other \$ =	
14	Appearance : hair \$ + nails \$ + facials/massage \$ + cosmetics \$ + other \$ =	
15	Insurance: life \$ + disability \$ + other \$ =	
16	Books, Newspapers & Magazines	
17	Church/Charitable	
18	Accounting & Tax Preparation	
19	Support of Others: Ordered Child Support \$ + voluntary child support \$ + court-ordered spousal support \$ + eldercare \$ =	
20	Miscellaneous: Gifts \$ + storage \$ + flowers \$ + savings \$ + Lawyers fees \$ + other \$ =	
21	Education: Tuition, Books & Fees \$ + extracurricular \$ + sports \$ + music \$ + other \$ =	
22	Childcare: day care \$ + preschool \$ + other \$ =	
23	Minimum Charge Card Payments and other consumer/installment debt: credit card #1 \$ + credit card #2 \$ + credit card #3 \$ + credit card #4 \$ + other debt \$ =	
24	TOTAL MONTHLY EXPENSES (Add lines 1-23 above)	

Case No.	
Dept. No.	

INCOME/EXPENSE SUMMARY SCHEDULE	
Total Monthly Income from Personal Income Schedule Line 23	
Add: Total Average Net Monthly Income from Self-Employment or Business Schedule Line 30	
Less: Total Monthly Expenses from Personal Expense Schedule line 24	
Net Monthly Income or (Loss)	

Case No.	
Dent No.	

	ASSET AND DEBT S	CHEDIII E				
	NOTE: PLEASE USE ADDITIONAL ASSET AND DEBT SCHEDULES, AND CARRY TOTALS TO THIS SCHEDULE IF YOU NEED TO LIST ADDITIONAL ASSETS AND DEBTS BEYOND THE LINES PROVIDED ON THIS SCHEDULE.	CHEDOLL	PROPERTY VALUE (List all assets and debts @ current values)			
	Note: In general, Separate Property is defined as that acquired before marriage, or after marriage by gift or inheritance.				055	
	of after marriage by gift of infletitative.		TOTAL	COMMUNITY	HUSBAND	VARATE WIFE
	ASSETS		TOTAL	l.	HUSBAND	WIFE
	CASH: include the last four numbers of the account, and the name and location including the branch of the institution, including CDs.					
1						
3						
4	Subtotal					
	INVESTMENTS: Include mutual funds, stocks, bonds, brokerage accounts, and other investment accounts. Provide the last four numbers of the account, and the name and location including the branch of the institution.					
5						
6						
7	Outdoord.					
8	BUSINESS INTERESTS: If you own all or part include. Indicate percentage of ownership here.					
9	omoral nata.					
10						
11	Subtotal					
	RECEIVABLES & DEPOSITS					
12						
13	REAL PROPERTY. Provide common address and type of property, e.g., condominium, townhouse, single-family residence, commercial or retail.					
14	condominant, townhouse, unigo farmly residence, commercial of retain.					
15						
16						
17						
18	Subtotal AUTOS & RECREATIONAL VEHICLES. Provide make, model, mileage, and vehicle identification number.					
19	Vollido ladrialidadion hambor.					
20						
21						•
22						
23						
24	Subtotal		L			
	PERSONAL PROPERTY. Provide information on furniture, electronics, household goods, tools, computers, artwork, precious metals and jewelry having value of \$500 or greater.					
25						
26						
27						
28						
29 30						
31						
32						
32						
34						
35	Subtotal					

Case No.	
Dent No.	

	ASSET AND DEBT S	CHEDULE				
	NOTE: PLEASE USE ADDITIONAL ASSET AND DEBT SCHEDULES, AND CARRY TOTALS TO THIS SCHEDULE IF YOU NEED TO LIST ADDITIONAL ASSETS AND DEBTS BEYOND THE LINES PROVIDED ON THIS SCHEDULE.	ONEDOLE	PROPERTY VALUE (List all assets and debts @ current value			current values)
	Note: In general, Separate Property is defined as that acquired before marriage, or after marriage by gift or inheritance.			COMMUNITY	SEP	ARATE
			TOTAL		HUSBAND	WIFE
	CASH VALUE OF LIFE INSURANCE. Provide information on any loans against the cash rounder value of a life insurance policy.		1		T	
36						
37						
38	Subtotal RETIREMENT ACCOUNTS. Provide the name of the account, account number,					
39	an administrator. Provide any information on loans against retirement assets.					
40						
41						
42						
43	Subtotal					
44	TOTAL ASSETS (add Lines 4,8,11,13,18,24,35,38 and 43)					
	DEBT					
	LONG TERM DEBT. Provide information on mortgages, notes & deeds of trust, home equity loans and lines of credit, and automobile, recreational vehicle loans and leases.					
45						
46						
47						
48						
49						
50	Subtotal					
	OTHER DEBT. Charge accounts, credit cards, medical debts, and other short- term debts. Provide the name of the lender, and the last four numbers of the account.					
51						
52		_				-
53						
54						
55						
56						
57						
58				1		
59	Subtotal			1		
60	TOTAL DEBT (add lines 50 and 59)					
61	NET WORTH (TOTAL ASSETS, line 44 MINUS TOTAL DEBT, line 60)					

	BUSINESS INCOME/EXPENSE SCHEDULE (Skip this schedule if you are not self-employed or do not own a business)	AMOUNT PER MONTH
1	Average Monthly Gross Receipts from Self-Employment, Business or Businesses	
2	Cost of Sales or Cost of Goods Sold (if applicable)	
3	Gross Profit (Subtract Line 2 from Line 1)	
4	Advertising	
5	Car and truck	
6	Commissions and fees	
7	Deductible meals	
8	Depletion	
9	Depreciation and section 179	
10	Employee benefit programs	
11	Entertainment	
12	Insurance (other than health)	
13	Interest	
14	Legal and professional	
15	Mortgage on building or office space (paid to banks, etc.)	
16	Office expense	
17	Other	
18	Pension and profit-sharing plans	
19	Rent	
20	Repairs and maintenance	
21	Supplies	
22	Taxes and licenses	
23	Travel	
24	Meals	
25	Utilities	
26	Wages	
27	Total Business Expenses Per Month Including Cost of Sales (Add Lines 4-26)	
28	Average Gross Monthly Income from Self-Employment or Business (Subtract Line 27 from Line 3)	
29	Average Estimated Tax Payments on a Monthly Basis (Estimated Tax Payments are made on a quarterly basis. As a result, the required quarterly payment would be divided by three to calculate the average monthly estimated tax payment.)	
30	Average Net Monthly Income from Self-Employment or Business (Subtract Line 29 from Line 28)	