## 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 $3^{\text {rd }}$ floor. However, if your judge is located at the Regional Justice Center at 200 S . Lewis Avenue, the judge has a box on the $10^{\text {th }}$ 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: $\qquad$
$\qquad$
IN THE FAMILY DIVISION

OF THE
IN AND FOR THE COUNTY OF $\qquad$ , STATE OF NEVADA

Plaintiff or Petitioner
Case No. $\qquad$
Dept. No. $\qquad$
Defendant or Respondent
$\qquad$
FINANCIAL DISCLOSURE FORM

Financial Statement of: $\qquad$
Occupation: $\qquad$
Employed by: $\qquad$ From: $\qquad$ To: $\qquad$
Previously Employed by: $\qquad$ From: $\qquad$ To: $\qquad$
Age \& Date of Birth: $\qquad$
Level of Education: $\qquad$
Level of Disability, if Any $\qquad$
Marriage Date, If Applicable: $\qquad$
Present Home Address: $\qquad$

How many adults (over 18) live with you? $\qquad$
How much do you receive from each of them each month? $\qquad$
I have paid my attorney a retainer of \$ $\qquad$ ; and his/her hourly rate is \$ $\qquad$
I am the ___ Plaintiff/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 following are true and correct.

Executed on $\qquad$ Signature $\qquad$

Case No. $\qquad$ Dept. No. $\qquad$
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 <br> 12, if paid every two weeks, multiply by 26 and divide by 12) OF YOUR THREE MOST <br> RECENT PAY STUBS  |  |

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 \$ $\qquad$ + bonuses \$ $\qquad$ + overtime \$ $\qquad$ + commissions \$ $\qquad$ + tips <br> \$ + other \$ $=$ |
| :---: | :---: |
|  | \$___ + other \$ _ $=$ |


| 2 | Average Monthly Paycheck Deduction - Income Taxes |  |
| :--- | :--- | :--- |
| 3 | Average Monthly Paycheck Deduction - Social Security |  |
| 4 | Average Monthly Paycheck Deduction - Medicare |  |
| 5 | Average Monthly Paycheck Deduction - Health Insurance |  |
| 6 | Average Monthly Paycheck Deduction - Retirement Plan or 401(k) |  |
| 7 | Average Monthly Paycheck Deduction - Savings Account |  |
| 8 | Average Monthly Paycheck Deduction(s) - Other |  |

$9 \quad$ 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

| 11 | Monthly Spousal Support/Alimony Awarded by a Court |  |
| :---: | :--- | :--- |
| 12 | Monthly Child Support: court ordered \$__ +_ other/voluntary child support <br> \$ | Investment Income (Dividends, interest and capital gains) |
| 13 | Rental Income (Enter the Amount of Depreciation Claimed in Computing Rental Income <br> Here: \$ |  |
| 14 | Retirement Income Including Defined-Benefit Distributions, 401(k) Distributions, <br> military retirement |  |
| 16 | Social Security Retirement |  |
| 17 | Social Security Disability/military disability |  |
| 18 | Supplemental Security Income (SSI) |  |
| 19 | Unemployment Benefits |  |
| 20 | Workers Compensation Payments |  |
| 21 | Other Sources of Income (Describe: such as direct contributions from roommates or <br> indirect payment of expenses by roommates) |  |
| 22 | Total Other Income Per Month (Add lines 11-21) |  |
| 23 | TOTAL INCOME PER MONTH (Add lines 10 and 22) |  |

Case No.
Dept. 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. \$ $\qquad$ $+2 n d$ Mtg. \$ $\qquad$ + line of credit \$ $\qquad$ $+$ taxes \$ $\qquad$ + insurance $\qquad$ $=$ |  |
| 2 | Utilities: Gas/Oil \$ $\qquad$ + electricity \$ $\qquad$ + TV/cable \$ $\qquad$ water \& $\qquad$ + garbage $\qquad$ $=$ |  |
| 3 | Telephone: landline \$ $\qquad$ + cellular \$ $\qquad$ + Internet \$ $\qquad$ fax \$ $\qquad$ + other \$ $\qquad$ = |  |
| 4 | Food, Groceries \& Incidentals (not including entertainment or dining out) |  |
| 5 | Transportation: monthly payment/lease \$ $\qquad$ + gas and oil $\qquad$ + repairs and maintenance, tires \$ $\qquad$ + insurance \$ $\qquad$ + license/registration \$ $\qquad$ parking \$ $\qquad$ + public transportation \$ $\qquad$ + other \$ $\qquad$ |  |
| 6 | House Maintenance: housekeeping \$ $\qquad$ + garden/lawn care \$ $\qquad$ + snow removal \$ $\qquad$ + repairs \& maintenance \$ $\qquad$ + other \$ $\qquad$ |  |
| 7 | Entertainment: dining out \$ $\qquad$ + movies, shows \$ $\qquad$ + music/videos \$ $\qquad$ + other \$ $\qquad$ = |  |
| 8 | Dues, Memberships, Fees: Professional \$ $\qquad$ + memberships (health club, country club) \$ $\qquad$ homeowners \$ $\qquad$ fraternal \$ $\qquad$ + business \$ $\qquad$ other \$ $\qquad$ = |  |
| 9 | Health/exercise: clothing/shoes \$ $\qquad$ + fees/passes (health clubs etc.) \$ $\qquad$ $+$ other \$ $\qquad$ = |  |
| 10 | Clothing: self \$ _ children \$ + cleaning \$ _ = |  |
| 11 | Vacations |  |
| 12 | Pets: Food \$ $\qquad$ + boarding \$ $\qquad$ + healthcare \$ $\qquad$ + grooming \$ $\qquad$ + other \$ $\qquad$ = |  |
| 13 | Healthcare: Insurance \$ $\qquad$ + unreimbursed; medical \$ $\qquad$ + dental \$ $\qquad$ + orthodontic \$ $\qquad$ + medications \$ physical therapy \$ + chiropractic \$ $\qquad$ $\qquad$ $\qquad$ $\qquad$ $+$ + other \$ $\qquad$ $=$ |  |
| 14 | Appearance: hair \$ $\qquad$ + nails \$ $\qquad$ + facials/massage \$ $\qquad$ cosmetics \$ $\qquad$ + other \$ $\qquad$ $=$ |  |
| 15 | Insurance: life \$ _ + disability \$__ other \$__ = |  |
| 16 | Books, Newspapers \& Magazines |  |
| 17 | Church/Charitable |  |
| 18 | Accounting \& Tax Preparation |  |
| 19 | Support of Others: Ordered Child Support \$ $\qquad$ + voluntary child support \$ $\qquad$ + court-ordered spousal support \$ $\qquad$ + eldercare \$ $\qquad$ = |  |
| 20 |  |  |
| 21 | $\begin{aligned} & \text { Education: Tuition, Books \& Fees } \$ \overline{+}+\text { music } \$ \ldots+\text { extracurricular } \$ \ldots \\ & \$ \ldots \end{aligned}$ |  |
| 22 | Childcare: day care \$__ + preschool \$__ + other \$ _ = |  |
| 23 | Minimum Charge Card Payments and other consumer/installment debt: credit card \#1 \$ $\qquad$ + credit card \#2 \$ $\qquad$ + credit card \#3 \$ $\qquad$ + credit card \#4 <br> \$ $\qquad$ + other debt \$ $\qquad$ $=$ |  |
| 24 | TOTAL MONTHLY EXPENSES (Add lines 1-23 above) |  |

$\qquad$
Dept. No. $\qquad$
INCOME/EXPENSE SUMMARY SCHEDULE

| Total Monthly Income from Personal Income Schedule Line 23 |  |
| :--- | :--- |
|  |  |
| Add: Total Average Net Monthly Income from Self-Employment <br> or Business Schedule Line 30 |  |
|  |  |
| Less: Total Monthly Expenses from Personal Expense <br> Schedule line 24 |  |
| Net Monthly Income or (Loss) |  |

Case No.
Dept. No. $\qquad$
ASSET AND DEBT SCHEDULE

| ASSET AND DEBT SCHEDULE |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 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. |  | 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. |  |  | COMMUNITY | SEPARATE |  |
|  |  |  | TOTAL |  | HUSBAND | WIFE |
|  | ASSETS |  |  |  |  |  |
|  | CASH: include the last four numbers of the account, and the name and location including the branch of the institution, including CDs. |  |  |  |  |  |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |
| 8 | Subtotal |  |  |  |  |  |
|  | BUSINESS INTERESTS: If you own all or part include. Indicate percentage of ownership here. |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 | Subtotal |  |  |  |  |  |
|  | RECEIVABLES \& DEPOSITS |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 | Subtotal |  |  |  |  |  |
|  | REAL PROPERTY. Provide common address and type of property, e.g., condominium, townhouse, single-family residence, commercial or retail. |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |
| 18 | Subtotal |  |  |  |  |  |
|  | AUTOS \& RECREATIONAL VEHICLES. Provide make, model, mileage, and vehicle identification number. |  |  |  |  |  |
| 19 |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |
| 24 | Subtotal |  |  |  |  |  |
|  | 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. $\qquad$
Dept. No. $\qquad$
ASSET AND DEBT SCHEDULE


Case No. $\qquad$
Dept. No. $\qquad$
BUSINESS INCOME/EXPENSE SCHEDULE
(Skip this schedule if you are not self-employed or do not own a business)

| 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) |  |

