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NEVADA FAMILY LAW REPORT

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**FALSE ALLEGATIONS OF CHILD
SEXUAL ABUSE — IS THERE A
PROBLEM?***Kevin B. McGovern, Ph.D. and Deborah Davis, Ph.D.,*

Until the late 1890's, children were seen as dispensable commodities. Child slavery, malnutrition, harsh discipline, and unfair labor practices, childhood diseases, and other related human factors significantly affected the health and development of future generations. Over the last 100 years, the majority of these problems have been resolved through legislative efforts, educational programs, and major health care programs. However, despite these general improvements, other major inadequacies remain to be resolved through intervention programs—including the detection, treatment and prevention of sexual abuse of children.

Since the initial writings of Sigmund Freud on incestuous relationships, there has been continuous debate on whether or not these problems are figments of our imaginations, misperceptions, unhealthy dreams, or situational fantasies. However, until recently social scientists have tended to avoid serious empirical research concerning child sexual abuse.

In the early 1970's, Masters and Johnson informed the media that many well-intentioned people were hampered by an array of sexual dysfunctions. Although their initial disclosures were alarming to some, most social scientists agreed that we had the obligation to begin more careful empirical study of human sexuality. With this precedent, scientists began to study other arenas

of human sexuality, from infertility to hormonal inadequacies to sexual mores to date rape. As these provocative studies were reported, social scientists became aware that adults were sexually abusing children at an alarming rate. Surveys of adults, for example, have indicated that as many as 28% of adult women and 16% of adult men were sexually abused as children—although only 3% of these cases were eventually reported to the police.

Although previous studies of child sexual abuse had identified the perpetrators as perverted sociopaths, these new investigations began to reveal that many, if not most, perpetrators were well-known and respected by their victims (in an estimated 75-80% of known cases). In other words,

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much of this sexual behavior was occurring between people who loved each other. Estimates of the incidence of incest range from 5 to 10 percent of the general population, and higher for certain subgroups. This alarming finding raised a great deal of initial skepticism across an array of social structures, such as churches, family, advocacy programs, and other related social interest groups. Although this skepticism began to grow, the verification of these allegations became quite inevitable. Children and adolescents were being sexually abused by perpetrators from an array of socio-economic and vocational backgrounds.

In general, society was not ready to digest this abhorrent realization. Sigmund Freud's original papers on histrionic reactions (asserting that these reactions are the result of sexual abuse as a child) were again reviewed. As the women's movement gained momentum, many advocacy groups continued to pursue the arrest and conviction of sexually impaired. These groups were no longer satisfied with the primary statement that these perpetrators were hampered by psychological problems or only engaged in these activities intermittently. Spiritual conversions, minimal ther-

apy, and/or the promise that "it won't happen again" were no longer accepted as viable remedies. The advocates of reform wanted punitive and long-lasting effects. They did not want perpetrators to be protected by a white-caped doctor dispensing Valium, Thyroxin, Mellaril, and other remedies. Nor did they want ministers to perform immediate conversions thorough spiritual manipulations. The heat was on. Prosecution, incarceration, punishment, and restitution all became familiar words and concepts. Perpetrators would no longer be protected through the variety of popular, but ineffective, interventions.

As these forces became more powerful, the legal system was called upon to investigate, interrogate, prosecute, punish, and in some cases, rehabilitate the alleged offender. Within several years, a new wave of state, federal, and local employees were being asked to perform novel tasks for which they were ill prepared. For example, police officers accustomed to interrogating criminals were now asked to talk to children about their genitalia. Children Services workers who were unable to digest the painful psychological aftermath of physical and psychological abuse were now asked to talk to children about their painful sexual

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ordeals. Prosecutors, after graduating from law school, were asked to complete an impossible mission—earning to sensitively interview children on the witness stand regarding their sexual assault. As these untrained interviewers fumbled through the theater of the absurd, the sexual abuse industry emerged. Without an adequate foundation, an array of interviewing techniques, props, puppets, records, books, and dolls with genitalia emerged to help. Everyone became skillful interviewers within record time. However, this revolution is fraught with multiple abuses.

As allegations became more predominant in court, attorneys soon learned their potential role in human conflict, and the legal system became a haven for another form of abuse—false allegations. What do we really know about these areas? The advocates want us to believe that every allegation of sexual abuse is accurate. That parents never engage in pathological false allegations. That children aren't mesmerized into performing false reports. That children don't lie. On the other side, the protagonists want us to believe that all allegations are false. That children enjoy sexualizing adults. That torn hymens are indicative of forceful masturbation. That the perpetrator is a saintly person being persecuted by vindictive friends or relatives.

Complicating this mass confusion, other problems are rampant—such as the inconclusive data obtained from physical exams, incompetent interviewers, reluctant children, children impaired with other emotional disorders, psychotic parents, drug and alcohol abuse—leading only to further contamination and anxiety regarding allegations of abuse.

Clinicians and attorneys must remember that there are pathological people who will use any means possible to obtain full

custody of their child. People have been known to kill, dismember, lie, intimidate, coerce, blackmail, bribe, kidnap and more in order to continue that bond of caring that exists between a parent and child. With this in mind, we must remember that divorces are extremely threatening phenomena, producing behavior unthinkable in normal circumstances. In one such case, for example, an angered and bewildered police officer pulled a gun from his jacket and fired his pistol at a civil attorney attempting to obtain custody of the officer's children for his ex-wife.

For a moment, let's reflect upon the social dynamics of divorce. Parents, when confronted with divorce, often engage in an array of irresponsible and unhealthy responses. So do their in-laws. Sides are drawn and the war begins. It is the final contest, the final war, with our most precious possessions—our children—as the spoils. This child custody war is costing millions of dollars per year. And now, in addition to the traditional arsenal of custody disputes, we must deal with the emerging weapon of the 80's—allegations of child sexual abuse. An ongoing survey of domestic relations courts estimates that 2.5% of all contested custody and visitation cases include an allegation of sexual abuse, and that of these, 22% were assessed as false (American Federation of Conciliation Courts, 1987).

People must find ways to discredit their spouse. In our society today, the easiest way to discredit a spouse is through allegations of child sexual abuse—implying that he had strange sexual fantasies, tucked too many Playboy's under the rug, wanted to use a dildo, suggested that we see an erotic movie, even talked about a threesome—all innuendoes used to imply some form of sexual deviation.

Even well-intentioned parents can be

drawn into Charlotte's Web. Suggestibility is a powerful psychological phenomenon. People are easily persuaded by misleading information from influential sources; such as ambiguous medical information, misinformation about perpetrators' characteristics as described on national TV, misinformation provided by a resourceful individual, misinformation provided by Children's Services, or misinformation provided by a loved one. For example, consider the following scenario.

Alice Green, a 28 year old woman with two children, has recently been hired as a child care aide at a local day care center. As part of her training, she has attended several brief seminars on sexual abuse provided by some well informed, yet untrained, speakers. These histrionic trainers want everyone to believe that every male is a rapist. In addition to this misinformation, this woman has watched a number of recent popular programs on sexual abuse. On the Oprah Winfrey show, one woman explains that she has been living for years with a closet homosexual. Another reports that she was totally shocked by her husband's infidelity. A third's husband is awaiting trial for child sexual abuse.

Alice is now going through a divorce. She doesn't know what to do. Although she still has positive feelings for her soon to be ex-husband, she is also worried about financial aid, welfare coupons, disloyalties, and her parents' opinions. They never liked Jim. They always saw him as a thorn in their sides. From their point of view, he was a worthless entity in their daughter's life. They have been extremely concerned about his desire to have joint custody. Alice's father recently hired an ex-fraternity brother, dear friend, and attorney to set the record straight. He is not going to allow his grandchildren to be exposed to his ex-son-in-law's immature acts.

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Alice becomes preoccupied with these innuendoes and concerns. She still has some loyal thoughts and feelings about her husband. However, when she meets with this carefully selected attorney, she soon learns that her husband is thinking of custody. Her major protectivism begins to replace sound thinking, her positive emotions torn by the belief that she will lose her children. The drama intensifies. The attorney begins asking questions about her husband's sexual behavior. Is he normal? Does he have a history of homosexuality? Does he abuse drugs? Did he masturbate? What kind of magazines did he look at? Did he ever make comments regarding their daughter's precociousness? Did he spend inordinate amounts of time bathing his daughter, touching her in forbidden places? Was she concerned about his propensity to engage in sexual behavior? What did she really know about his sexuality, his current friends, his deep, dark fantasies? Alice begins to wonder who she was married to, what he was like, what he was really thinking. She remembers a few times when he brought home some marital aids, a vibrator.

As questions and suggestions and innuendoes continue to pile up, the bewildered wife begins to question the morals, psychological inadequacies, and other related deficits in her ex-husband. This same man promised to love her for the rest of her life. Now he has abandoned the relationship because of his diverse interests with another woman. What is she to believe?

On the other side of the continuum, the emancipated father is struggling with his own issues. He was disappointed with their sexuality. Their relationship was plagued with economic problems. He never really cared for his in-laws. They seemed to perceive him as an immature young man. Now, he is struggling with his inadequacies as a single parent. He had not learned the basic elements of nurturing, hygienics, health care, diaper changing, bathing, etc. while living with his wife. Instead, he expected her to perform these tasks. Now, within the confines of his own duplex, he would have to care for his daughter. Where would she sleep? What toys did she need? When would she go to bed?

These are some of the practical questions that arose. When he placed Desenex on her chafed labia, there was no sexual

intent. She cried, he winced. More Desenex was applied. She again cried, and he again winced. The irritation did not go away. In his apartment, he did not have a bathtub, only a shower. Whereas his wife knew a bath would soothe the swelling and potential yeast infection, her uninformed ex-husband was not aware. When his daughter returned home that night, she complained

Obviously, understanding of child sexual abuse remains in its infancy. Although some well-intentioned, yet uninformed, individuals purport to have the answers to all of our questions, there is a dire need for research regarding allegations of child sexual abuse . . .

of "owies" on her bottom, and how Daddy hurt her. Her dad was soon awaiting trial regarding allegations of child sexual abuse.

The mother, being protective, contacted CPS. Although she did not want to believe abuse had occurred, she was certainly troubled by the pediatrician who told her the redness was at least consistent with child sexual abuse. The investigating officer suspected the father. The child clearly stated that Daddy had touched her "owie", had caused her pain while in the bathroom. She also told the police that she had slept with her Daddy, that she felt on occasions a bulge pressing against her. In the heat of the night, these simple statements led to the allegations, indictment, and prosecution of sexual abuse.

Although the father was acquitted during a jury trial, the harm had already been done. A civil trial followed where other evidence was permitted. Polygraph results, hearsay evidence and other damaging theoretical treatises were aired. The father hasn't seen his daughter in eighteen months. She has learned through the system that he is a troubled individual who purposely hurt his little girl for his own lustful gratification. All is well. The daughter is secure. The mother is happy. And the perpetrator no longer has access to his daughter.

What can we learn through this illustration? Within this emotionally laden social structure, past hostilities, prejudices, and biases are interwoven into a complex social

dilemma. Grandparents can lie about the health and welfare of their grandchildren. They can accuse both their biological child and/or in-law inherited through marriage of all sorts of inequities. They may even be in a financial position to buy the finest legal opinions regarding the health and welfare of their grandchildren. The vulnerable, estranged spouse is having an array of ambivalent reactions toward the deserter, who now wants regular and, at times frequent, interactions with his son or daughter.

This hostile and confusing situation is complicated by the many inflammatory and ill-founded statements from the array of untrained "professionals" invariably populating the social arena. The medical examiner says "The finding may be consistent with sexual abuse." A crisis telephone counselor tells a mother she is absolutely certain that the husband is going to sexually rape his daughter because of his subscription to *Penthouse* magazine. A counselor advises a woman that her husband is definitely a sexual abuser after talking with her for fifteen minutes. The counselor reaches this conclusion because the woman's ex-husband loves to play softball with his daughters and their friends—and he stutters. A Resident in an Emergency Room with limited training and experience tells a mother that the inflamed labia is consistent with sex abuse. The histrionic babysitter

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tells the mother that her child's masturbation is a sign of sexual abuse and that her husband has recently propositioned her.

The psychology of the attorney combating in this arena must also be considered. He must win at all costs. He continuously searches for allegations of child sexual abuse while interviewing his clients. And, at all costs, he wins. All of these complexities can lead to false allegations, family destruction, and long-term parenting issues.

Amid this confusion of facts and misinformation, how can the truth be found? In

some cases, there are a number of sensible and realistic correlational events that clarify the situation. For example, after the trauma, the child truly shows a number of symptoms consistent with post traumatic stress. When confronted, the perpetrator reveals his or her inadequacies, and admits to the inappropriate behavior. However, in other cases, the allegations do not appear to fit the crime. There are internal inconsistencies. The child continues to change his or her story. There appear to be other players between the acts. Other significant influences have ulterior motives.

Think of the anger, for example, that parents may have toward an unfaithful spouse. In one such setting, the parents were upset because their daughter did not continue her education. She became pregnant before marriage. They felt he ruined her life. She tolerated his immaturities. Now, he has left her for another woman, and threatened her with a custody fight. Subconsciously, these parents are already upset and preoccupied with their unfaithful, immature, and inadequate son-in-law. Now they must find a way to ensure that he will not cause any further harm. There certainly is a way to finalize this grudge. Convince people that he is sexually perverted and has abused their only granddaughter.

Unfortunately, therapists also become caught in Charlotte's web. We must remember that most mental health care providers have never taken a course in analyzing physical evidence. Nor, do they have an understanding of underlying family dynamics that impact a person's willingness to fabricate. They don't understand the differences between interviewing and interrogation. Taught that health care providers are basically honest and ethical, they may approach life in a naive fashion. In the majority of all therapeutic evaluations completed, the therapist never has the full picture. During a custody evaluation, it is not uncommon for one therapist to see Mrs. L where another therapist sees Mr. L.

In cases of allegations of child sexual abuse, the court rarely orders the mother to be examined, or the grandmother to be evaluated to see whether or not she is psychologically fit. In other cases, the defense attorney is not allowed to see all of the reports and previous work-ups that have

Parents need to look at the long-term impact of their behavior. By denying visitation and/ or other forms of social contact, what long-term impact will these obstacles have upon the health and welfare of children when they graduate from high school, when they marry, and when they try to raise their own children?

been completed. Some parents will take their child for many evaluations until they find a therapist who says, "Your child has been sexually abused. It happened this way, and I can guarantee you that the perpetrator is your ex-son-in-law."

Little children don't remember all the dates, times, places, and other people they have met with. Can the therapist clearly establish time, date, and place without knowing where the alleged perpetrator was at that time, date, and place? Therapists involved in evaluations are often given misleading information or distorted perceptions of reality.

Attorneys may be at a similar disadvantage. In criminal cases, defense attorneys are at a real disadvantage due to discovery laws and policies established in local jurisdictions. In many cases, defense attorneys are not allowed to interview the youthful victim, or another physical examination is not tolerated, or the attorneys do not have a clear picture of what occurred from the initial allegation to the most recent indictment. These historical factors are of grave importance. A number of important questions must be raised, such as what conversations, interactions, and/or other significant environmental events occurred prior to disclosure? For example, had anyone recently attended a preventative education program on sex abuse? Had the child been abused by another perpetrator? Did anyone in the family have a vendetta against the alleged perpetrator? Do the circumstantial factors in the case truly match the allegations at hand?

The information above makes it clear that numerous factors contribute to false allegations of child sexual abuse—from interviewer error to medical misinforma-

tion to mass hysteria. All of this misinformation can have disastrous effects for all parties involved. In one such case, for example, where allegations were distorted, the father eventually committed suicide. How will his ex-wife live with that guilt? How will the child feel when, as a adolescent, he or she learns the real story behind her father's untimely death? What will she then think about her mother and grandmother? Or will these two cunning people try to keep the real reason for her dad's death a secret? Another lie upon another lie.

What are some of the remedies? Practitioners, health care providers, and others should not suggest any form of sexual, physical, and/or emotional abuse unless there is a sound reason to believe that abuse may have occurred. Physicians should never give their patients the impression that the physical symptoms were consistent with sexual abuse when, in fact, they are consistent with eighteen other medical entities. Counselors and therapists need to stop exaggerating their skills. Our views are not infallible. They are colored by biases, prejudices, the subconscious, and our need to be accepted.

Parents need to look at the long-term impact of their behavior. By denying visitation and/ or other forms of social contact, what long-term impact will these obstacles have upon the health and welfare of children when they graduate from high school, when they marry, and when they try to raise their own children? Custody rules based on lies and distortions can only lead to long-term damaging effects. We are basically telling our children that through lies and manipulation, we obtain power and control.

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Obviously, understanding of child sexual abuse remains in its infancy. Although some well-intentioned, yet uninformed, individuals purport to have the answers to all of our questions, there is a dire need for research regarding allegations of child sexual abuse—from factors that precipitate the allegations, basic interviewing flaws on the part of police, social workers and mental health professionals, and social and emotional factors that distort investigation and understanding of the facts, to medical misinformation. As yet, we do not have infallible methods for verification of reports of child sexual abuse, especially when the alleged victim is quite young, a witness was not present, physical evidence is lacking, or another explanation is plausible.

It is clear, however, that the initial interviewing and interrogation that occurs during the first critical phase of disclosure must be carefully evaluated. Recently, we have developed a time line assessment in order to carefully investigate the types of interactions occurring between parents, child, health care providers, relatives, and other significant individuals involved in the case. In some situations, the police report and other collateral information does not provide an analysis of important factors that can influence a case.

For example, the reports do not specify how many times a child has been interviewed by counselors, social workers, and others; what sorts of questions were asked at home, what the conversation was like between the parent and child prior to the examination, whether the parent was with

the child in the room, or was communicating with the child through nonverbal communication such as frowns, scowls, smiles, etc., whether there may have been another unrevealed perpetrator, whether the investigating principals in the case provided misleading information or contaminated the study by making comments such as "I know your husband is the perpetrator", "Yes, in fact, your child has been sexually abused. It's very important that you go home and get the truth."

We are seeing now that some therapists are providing transcripts of their conversation with children. However, the transcripts give no indication of what occurred before and after their conversation. Was the child selectively reinforced for saying, "Daddy touched me here" or "Yes, that happened" or "I know this is true." Finally, has anyone examined the developmental level of the alleged victim. Do they truly understand the verbal statements that are being made during the interrogation? All of these are important variables to be examined by those working in this troubled area.

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Restrictions on Relocation of the Minor Child Modified by New Jersey Opinion

Since the advent of joint custody legislation and shared custody decrees, relocation of the child out of state has become an immediate and complicated problem. The solution must balance the custodial parent's desire to move the child from the state with the necessary restructuring of the visitation for the non-custodial parent. A review nationally discloses that where all jurisdictions use the best interests of the child as the touchstone, the focus has not been uniform.

Minnesota's ¹ approach favors relocation, unless shown by the non-custodial parent that such a move would not be in the child's best interest. In New York, ² relocation is denied unless the custodial parent can prove exceptional or compelling circumstances affecting the welfare of the child. In Michigan, ³ relocation is approved if there is a legitimate reason for the move. The majority view follows a middle-of-the-road approach. Some jurisdictions are moving towards less stringent standards for relocation. New Jersey is an example.

Since 1984, in the New Jersey case of *Cooper v. Cooper*, ⁴ a two-phased approach was approved. First, the custodial parent must prove an advantage for the move, whether the move will maintain or improve the quality of life of both the custodial parent and the minor child, and show that the custodial parent's motive is not to defeat or frustrate the non-custodial parent's visitation rights. If this burden is met, then the court must next determine whether a realistic visitation schedule can be established. In this regard, the burden of proof shifts to the non-custodial parent to show that the proposed visitation schedule is unreasonable and by its terms will not foster a continuing relationship with the child.

A recent New Jersey Supreme Court opinion in *Holder v. Polansky*, ⁵ has eased the restrictions established in *Cooper*. Now

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it is no longer necessary for the custodial parent to prove that the relocation will maintain or improve the general quality of life for both the parent and the child, and that the departing parent's motives are pure. The *Holder* decision focused on giving the custodial parent the same freedom of movement as the non-custodial parent. Short of an adverse effect on the non-custodial parent's visitation rights or other aspects of a child's best interests, the custodial parent should enjoy the same freedom of movement as the non-custodial parent. A sincere, good-faith reason for the move will suffice. No longer does the custodial parent have to show a "real advantage" for the move.

The court determined that "the emphasis, however, should not be on whether the children or the custodial parent will benefit from the move, but on whether the children will suffer from it." No longer is mere

disruption of the non-custodial parent's visitation schedule sufficient to deny relocation. Ed.

Notes

- ¹ *Auge v. Auge*, 334 N.w.2D 393 (1983)
- ² *Weiss v. Weiss*, 418 N.E. 2d 377 (N.Y. Ct. App. 1981)
- ³ *Dick v. Dick*, Mich.App. (1986); 12 F.L.R. 1286
- ⁴ 99 N.J. 42
- ⁵ 111 N.J. 344 (1988)

Alimony Arrearages are Income in the Year Received, not Attributed

A recent tax court case held that alimony payments are taxable in the year received, whether they amount to regular periodic

payments or lump sum arrearages. In *Coleman v. Commission*, TCM 1988-442 (9-15-88), the wife obtained a judgment against her ex-husband for several years of past due alimony. When the payor paid the arrearage in full, the wife recalculated her income for the prior years in which she had not received support, rather than including the lump sum payment as income for the year received. The IRS objected to her approach, and the tax court agreed with the IRS.

The court held that alimony is taxable in the year received, even if it is represented by a lump sum payment to cure prior years' arrearages. The court distinguished *Gale v. Commissioner*, 13 TC 661 (1949) where the issue was whether the payments for past years were taxable as periodic alimony payments, not when the income was to be reported. Ed.

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