

IN THE SUPREME COURT OF THE STATE OF NEVADA

IN THE MATTER OF RULES OF
PROCEDURE TO GOVERN
PROCEEDINGS IN THE FAMILY
COURTS.

ADKT No. 388

FILED

DEC 28 2007

JANETTE M. BLOOM
CLERK OF SUPREME COURT
BY *J. Smith*
CHIEF DEPUTY CLERK

ORDER ADOPTING FINANCIAL DISCLOSURE FORM

WHEREAS, on August 24, 2005, the Nevada Supreme Court ordered that a committee be created for the purposes of developing rules of procedure to govern proceedings in family court and making recommendations on other issues related to proceedings in family court and designated the Honorable A. William Maupin, Chief Justice, as chair of the committee; and

WHEREAS, on November 28, 2007, the committee submitted recommendations that this court approve a Financial Disclosure Form for use under a proposed new Rule 16.2(a)(1) of the Nevada Rules of Civil Procedure in all proceedings in the Family Divisions of the Second and Eighth Judicial District Courts and in all domestic relations cases in the judicial districts without a family division; and


WHEREAS, this court considered the committee's recommendations at a public hearing on December 3, 2007; and


WHEREAS, in an order entered on this date, this court has adopted a new Rule 16.2 of the Nevada Rules of Civil Procedure, as recommended by the committee; and

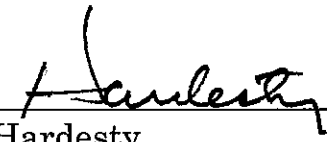
WHEREAS, it appears to this court that the Financial Disclosure Form should be approved for use under new Rule 16.2(a)(1) of the Nevada Rules of Civil Procedure, accordingly,

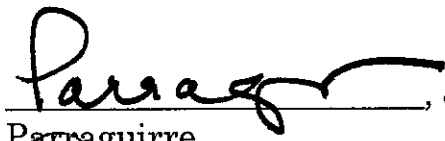
IT IS HEREBY ORDERED that effective July 1, 2008, in all proceedings in the Family Divisions of the Second and Eighth Judicial District Courts and in all domestic relations cases in the judicial districts without a family division, the courts of the State of Nevada shall utilize the Financial Disclosure Form developed by the committee for purposes of Rule 16.2(a)(1) of the Nevada Rules of Civil Procedure, as adopted on this date. A copy of the Financial Disclosure Form is attached to this order as Exhibit A.

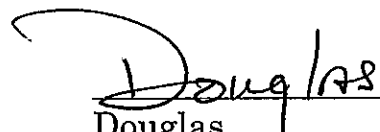
Dated this 28th day of December, 2007.

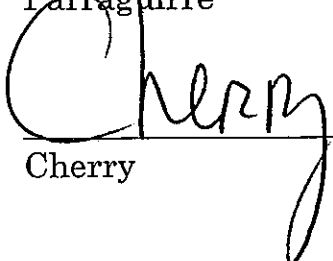

_____, C.J.
Maupin

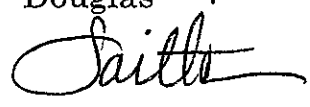

_____, J.
Gibbons


_____, J.
Hardesty


_____, J.
Parraguirre


_____, J.
Douglas


_____, J.
Cherry


_____, J.
Saitta

cc: Kimberly Farmer, Executive Director, State Bar of Nevada
All District Court Judges
All District Court Clerks
Committee Members
Administrative Office of the Courts

CODE: _____

Nevada Bar No. _____

Attorney for _____

IN THE FAMILY DIVISION
OF THE _____ JUDICIAL DISTRICT COURT
IN AND FOR THE COUNTY OF _____, STATE OF NEVADA

Plaintiff or Petitioner

Case No. _____

Defendant or Respondent

Dept. No. _____

FINANCIAL DISCLOSURE FORM

Financial Statement of: _____

First name Middle Last name

Occupation: _____

Employed by: _____ From: _____ To: _____

Previously Employed by: _____ From: _____ To: _____

Age & Date of Birth: _____

Level of Education: _____

Level of Disability, If Any: _____

Marriage Date, If Applicable: _____

Present Home Address: _____

How many adults (over 18) live with you? _____

How much do you receive from each of them each month? _____

I have paid my attorney a retainer of \$ _____; and his/her hourly rate is \$ _____

I am the _____ Plaintiff/Petitioner _____ Defendant/Respondent in the above action. I swear under penalty of perjury, that the contents of this Financial 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 _____ Signature _____

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 12; if paid every two weeks, multiply by 26 and divide by 12)

NOTE: ATTACH COPIES OF YOUR THREE MOST RECENT PAY STUBS.

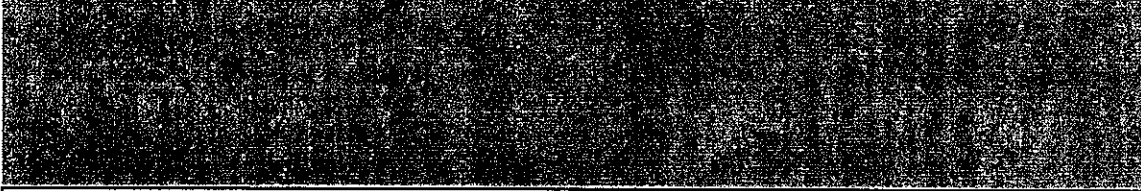


1	Average Gross Monthly Income from Employment (all employment income including salary \$ _____ + bonuses \$ _____ + overtime \$ _____ + commissions \$ _____ + tips \$ _____ + other \$ _____) =	
2	Average Monthly Paycheck Deduction-Income Taxes	
3	Average Monthly Paycheck Deduction-Social Security	
4	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	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 \$ _____ =	
13	Investment Income (Dividends, interest and capital gains)	
14	Rental Income (Enter the Amount of Depreciation Claimed in Computing Rental Income Here: \$ _____)	
15	Retirement Income Including Defined-Benefit Distributions, 401(k) Distributions, 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 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. \$ _____ + 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 \$ _____ + gas and oil \$ _____ + repairs and maintenance, tires \$ _____ + insurance \$ _____ + license/registration; \$ _____ + parking \$ _____ + public transportation \$ _____ + other \$ _____ =		
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 \$ _____ + fraternal \$ _____ + 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. _____

<i>INCOME/EXPENSE SUMMARY SCHEDULE</i>	
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)	

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)			
		TOTAL	COMMUNITY	SEPARATE	
Note: In general, Separate Property is defined as that acquired before marriage, or after marriage by gift or inheritance				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 a value of \$500 or greater.					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35	Subtotal				

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
CASH VALUE OF LIFE INSURANCE: Provide information on any loans against the cash surrender value of a life insurance policy.					
36					
37					
38	Subtotal				
RETIREMENT ACCOUNTS: Provide the name of the account, account number, an administrator. Provide any information on loans against retirement assets.					
39					
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					
59	Subtotal				
60	TOTAL DEBT (add lines 50 and 59)				
61	NET WORTH (TOTAL ASSETS, line 44 MINUS TOTAL DEBT, line 60)				

Case No. _____

Dept. No. _____

BUSINESS INCOME/EXPENSE SCHEDULE <i>(Skip this schedule if you are not self-employed or do not own a business.)</i>		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)	