

**JOINT PETITION
TERMINATION OF DOMESTIC PARTNERSHIP
No Children**

REQUIREMENTS

MUST ANSWER "YES" TO ALL OF THE FOLLOWING TO CONTINUE WITH TERMINATING A DOMESTIC PARTNERSHIP.

- ✓ Do you and your partner agree that you're incompatible and wish to terminate a domestic partnership?
- ✓ Was the domestic partnership entered into more than 5 years ago?
- ✓ Does the partner that lives in Nevada plan to continue living in Nevada indefinitely.
- ✓ Do you and your partner agree on the division of any and all debts/community assets, alimony and (if you have any minor children), child custody, visitation, who will pay child support, and who will provide health insurance?
- ✓ Do you and your partner agree to sign and notarize all court documents?

FIRST PARTNER INFORMATION

Full Legal Name

Phone Number

Complete Address

Date of Birth

Email Address

SS#

Mailing Address of First Partner, if different from above

Driver's License No.

State

Employer

Employer's Address

Employer's Phone Number

SECOND PARTNER INFORMATION

Full Legal Name

Phone Number

Complete Address

Date of Birth

Email Address

SS#

Mailing Address of Second Partner, if different from above

Driver's License No.

State

Employer

Employer's Address

Employer's Phone Number

Who has been a resident of the State of Nevada for at least six weeks prior to filing this petition *and* intends to make Nevada his/her home for an indefinite period of time?

First Partner

Second Partner

Date of Marriage

City and State of Marriage

Choose One:

Neither partner is pregnant

A partner is pregnant

Which partner is pregnant?

First Partner

Second Partner

Is the other partner the parent of the unborn child?

Yes

No

When is the due date of the unborn child?

FORMER NAME(S)

Does the First Partner wish to return to a former name?

Yes

No

If Yes, insert full name First Partner wishes to return to.

Does the Second Partner wish to return to a former name?

Yes

No

If Yes, insert full name Second Partner wishes to return to.

RESIDENT WITNESS INFORMATION (*a resident witness is a third party that is over the age of 18 that sees the Nevada partner at least 3-4 times a week and will sign an affidavit for the court verifying that the Nevada partner lives in the State of Nevada*).

Name:

Address:

Date Resident Witness moved to Nevada:

Date Resident Witness met the Resident Partner in Nevada:

What is the relationship between the Resident Witness and the Resident Partner? (ex. co-worker, friend, relative, etc.)

COMMUNITY ASSETS TO DIVIDE (if applicable)

It is a good idea to include the last 4 digits of account numbers, VIN numbers, and parcel numbers for real estate.

List the asset(s) the First Partner will retain/keep.

| Asset | Last 4 digits of acct# |
|--------------|-------------------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| 11. | |
| 12. | |

List the asset(s) the Second Partner will retain/keep.

| Asset | Last 4 digits of acct# |
|--------------|-------------------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| 11. | |
| 12. | |

(use additional notes/instructions section to add more assets)

COMMUNITY DEBTS TO DIVIDE (if applicable)

It is a good idea to include the last 4 digits of account numbers, VIN numbers, and parcel numbers for real estate.

List the debt(s) the First Partner will be financially responsible for.

| Name of Creditor | Last 4 digits of acct# |
|------------------|------------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| 11. | |
| 12. | |

List the debt(s) the Second Partner will be financially responsible for.

| Name of Creditor | Last 4 digits of acct# |
|------------------|------------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| 11. | |
| 12. | |

(use additional notes/instructions section to add more debts)

ALIMONY (Spousal Support) *(choose one option)*

Each of the Petitioners hereby give up any and all right to spousal support (alimony) or any other monetary claim each may have against the other for support or maintenance.

Wife shall receive spousal support in the amount of \$ _____, per _____ week or _____ month, due and payable on the _____ day of the _____ week or _____ month for a period of _____ weeks or _____ months. The support shall begin on _____, and end _____.

Husband shall receive spousal support in the amount of \$ _____, per _____ week or _____ month, due and payable on the _____ day of the _____ week or _____ month for a period of _____ weeks or _____ months. The support shall begin on _____, and end _____.

Additional notes/instructions: