JOINT PETITION DIVORCE/SEPARATE MAINTENANCE No Children

REQUIREMENTS

MUST ANSWER "YES" TO ALL OF THE FOLLOWING TO CONTINUE WITH A JOINT PETITION DIVORCE/SEPARATE MAINTENANCE.

- ✓ Do you and your spouse agree that you're incompatible and no longer want to be married OR wish to be legally separated?
- ✓ Have you or your spouse lived in Nevada for the past six weeks.
- ✓ Does the spouse that lives in Nevada plan to continue living in Nevada indefinitely.
- ✓ Do you and your spouse 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 spouse agree to sign and notarize all court documents?

FIRST SPOUSE INFORMATION Phone Number Full Legal Name **Complete Address** Date of Birth Email Address SS# Mailing Address of First Spouse, if different from above Driver's License No. State Employer Employer's Address Employer's Phone Number SECOND SPOUSE INFORMATION Phone Number **Full Legal Name** Date of Birth **Complete Address** Email Address SS# Mailing Address of Second Spouse, if different from above Driver's License No. State Employer Employer's Address Employer's Phone Number Divorce/Separate Maintenance Interview - No Children RESET

-1-

Who has been a resident of the State of Nevada for at least six weeks prior to filing this petition <i>and</i> intends to make Nevada his/her home for an indefinite period of time?						
	First Spouse	Second Spouse				
Date of Marriage		City and State of Marriage				
Choose One: Neither spouse is pregnant A spouse is pregnant Which spouse is pregnant? Is the other spouse the parent of the When is the due date of the unborn of			Second Spou Yes	ise No		
FORMER NAME(S)Does the First Spouse wish to return to a former name?YesNoIf Yes, insert full name First Spouse wishes to return to.YesNo			No			
Does the Second Spouse wish to return to a former name? If Yes, insert full name Second Spouse wishes to return to.			Yes	No		

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

Name:

Address:

Date Resident Witness moved to Nevada:

Date Resident Witness met the Resident Spouse in Nevada:

What is the relationship between the Resident Witness and the Resident Spouse? (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 Spouse 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 Spouse 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)	
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Divorce/Separate Maintenance Interview - No Children

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 Spouse 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 Spouse will be financially responsible for.	
Name of Creditor	Last 4 digits of acct#
1.	
2.	
3.	

Last 4 digits of acct#

RESET

-4-

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 \$, perweek ormonth, dueand payable on theday of theweek ormonth for a period ofweeks ormonths.The support shall begin on, and end.

Husband shall receive spousal support in the amount of \$, per week or month, dueand 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: