**PMEM**

ATTORNEY INFORMATION

Attorneys for Plaintiff/Defendant

*In Conjunction with Legal Aid Center of Southern Nevada Pro Bono Project*

DISTRICT COURT

CLARK COUNTY, NEVADA

PLAINTIFF NAME, )

 )

 Plaintiff, ) Case No.: CASE NO.

 )

vs. ) Dept. No: DEPT. NO.

 )

DEFENDANT NAME, )

 ) Date of Trial: DATE.

 Defendant. ) Time of Trial: TIME.

 )

**PRE-TRIAL MEMORANDUM**

**I.**

**STATEMENT OF ESSENTIAL FACTS**

**Factual History and Background**

**Paternity**

**Custody Arrangements**

**Procedural History**

**II.**

**CHILD CUSTODY**

A. Name and Date of Birth of the Minor Child:

 B. Child Custody Issues that have been Resolved:

**III.**

**CHILD SUPPORT**

Both parties are presently employed. \_\_\_\_\_\_ is employed at \_\_\_\_\_\_ as a \_\_\_\_\_\_. She earns \_\_\_\_\_\_ per month. As per his Financial Disclosure Statement, \_\_\_\_\_\_ is employed at \_\_\_\_\_\_ as a chef and earning \_\_\_\_\_\_ per month.

 \_\_\_\_\_\_ asks that this Court award her child support in the amount of 18% of the non-custodial parent’s gross monthly income in the amount of $\_\_\_\_\_\_ per month. This amount is in compliance with NRS 125B.070.

**IV.**

**SPOUSAL SUPPORT**

 Not applicable.

///

///

///

**V.**

**PROPERTY AND DEBT ISSUES**

Property: not applicable.

Debts: not applicable.

**VI.**

**ATTORNEY’S FEES**

 Defendant’s case was taken for Pro Bono Placement with the Legal Aid Center of Southern Nevada, Inc. and was placed with a private attorney through the Pro Bono Project. \_\_\_\_\_\_ is not paying for such service. If she is the prevailing party, she requests attorney’s fees in an amount to be submitted at the time of trial.

**VII.**

**LIST OF WITNESSES**

 A. \_\_\_\_\_\_, Plaintiff.

B. \_\_\_\_\_\_, Defendant.

C.

D.

E.

F. Any rebuttal witnesses.

**VIII.**

**LIST OF EXHBITS**

All pleadings and other documents previously filed in this case.

///

///

///

**IX.**

**STATEMENT OF UNUSUAL LEGAL OR FACTUAL ISSUES**

None.

**X.**

**LENGTH OF TRIAL**

 Already scheduled for three (3) hours.

DATED this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 2013.

 By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ATTORNEY INFORMATION

 Attorneys for Plaintiff/Defendant

 *In Conjunction with Legal Aid Center of Southern Nevada Pro Bono Project*

**CERTIFICATE OF MAILING**

 I hereby certify that I am an employee of LAW FIRM, and that on the DAY day of MONTH, YEAR, I deposited a true and correct copy of the DOCUMENT NAME, in the United States Mail at Las Vegas, Nevada, enclosed in a sealed envelope, first class mail, postage prepaid, addressed as follows:

ATTORNEY NAME, Esq.

ATTORNEY ADDRESS

Las Vegas, NV ZIP CODE

(Attorney for PLAINTIFF OR DEFENDANT)

 By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 An Employee of LAW FIRM