**ACCC**

**ATTORNEY INFORMATION**

Nevada Bar No.:

**FIRM/LEGAL AID/OTHER**

ADDRESS

CITY, ZIP CODE

PHONE NUMBER

[EMAIL](mailto:snoyce@lacsn.org)

Attorney(s) for Defendant

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

**DISTRICT COURT**

**CLARK COUNTY, NEVADA**

NAME, )

)

Plaintiff, ) Case No.:

)

vs. ) Dept. No:

)

NAME, )

)

Defendant. )

)

**ANSWER AND COUNTERCLAIM FOR CUSTODY**

COMES NOW, Defendant, (*name*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, by and through his/her attorney, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Esq. of (*law firm, legal aid center, etc*.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and hereby files her Answer and Counterclaim to Plaintiff’s Complaint for Custody as follows:

**ANSWER**

1. Defendant admits the following allegations: (*write the paragraph numbers from the Complaint that you agree with*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. Defendant denies the following allegations: (*write the paragraph numbers from the Complaint you disagree with*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. Defendant is without sufficient knowledge to admit or deny the following allegations: (*write the paragraph numbers you are unsure about*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
4. Defendant denies every other allegation not responded to herein.

**COUNTERCLAIM**

Defendant, (*name*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as and for a Counterclaim for Custody against Plaintiff, (*name*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, alleges as follows:

1. That Defendant, for a period of more than six (6) weeks immediately preceding this

action, has been and now is an actual, bona fide resident of the State of Nevada, County of Clark and has been actually physically present and domiciled in Nevada for more than six (6) weeks prior to the filing of this action.

1. That Plaintiff is/is not a resident of the State of Nevada.
2. That there is/are (*number*) \_\_\_\_\_\_ minor child(ren) who are the issue of this

relationship and Defendant is/is not currently pregnant. The name and date of birth of the minor child(ren) are, to wit: (*name*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born (*date*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*add more lines if needed*).

That Nevada is/is not the habitual state of residence of the child(ren).

1. That Paternity of the minor child(ren), to wit: (*name*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born (*date*)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; (*add additional lines if needed*) is not at issue. Paternity has been established by (*how paternity was established*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**OR**

Paternity is disputed.

1. That no court has ever issued an order regarding the custody or visitation of the minor

child(ren).

1. **Choose One – Legal Custody**

That the Defendant is a fit and proper person to be awarded sole legal custody of the minor child(ren).

**OR**

That the parties are fit and proper persons to be awarded joint legal custody of

the minor child(ren).

1. **Choose One – Physical Custody**

That the Parties are fit and proper persons to be awarded joint physical custody of the minor child(ren).

**OR**

That the Defendant is a fit and proper person to be awarded primary physical custody of the minor child(ren).

**OR**

That the Defendant is a fit and proper person to be awarded sole physical custody of the minor child(ren). Due to Plaintiff’s history of domestic violence against Defendant and pursuant to NRS 125C.0035(5), it is not in the best interests of the child(ren) to award Plaintiff either joint or sole legal custody.

1. **Visitation**

That the Plaintiff, (*name*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, should be awarded the following visitation schedule with the minor child(ren): (*schedule*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. **Child Support**

Defendant’s gross monthly income is $\_\_\_\_\_\_\_\_\_\_. Plaintiff is employed and believed to be earning at least $\_\_\_\_\_\_\_\_\_\_\_ per month. Plaintiff should pay child support in the amount of $\_\_\_\_\_\_\_\_\_\_\_ per month. This amount is (*16% for one child; 22% for two children; 26% for three children; an additional 2% for each additional child*) *(If a parent makes less than $1595/mo. Or more than $6,000/mo., the calculation is different and should be figured out here:* <https://nvchildsupportguidelinescalculator.azurewebsites.net/getobligation.aspx>) of his gross monthly income and in compliance with NAC 425.

**OR**

Child support has already been set through the District Attorney, Family Support Division under case (*DA case number*) \_\_\_\_\_\_\_\_\_\_\_ and should continue as ordered in that case. The current order requires Plaintiff to pay $\_\_\_\_\_\_\_\_\_\_\_ per month in child support.

1. Pursuant to NAC 425, this amount should continue until the minor child(ren) reach(es) 18 years of age if no longer in high school, or if the child is still enrolled in high school, when the child reaches 19 year of age, or becomes emancipated or otherwise self-supporting.
2. That Defendant believes that there should be a wage assignment for child support

pursuant to NRS 31A.250, to attach any sums that may be earned by Plaintiff to satisfy the child support obligations.

1. That Plaintiff pay child support from (*date*) \_\_\_\_\_\_\_\_\_\_\_, the date the parties

separated through the present and continuing, pursuant to NRS 125B.050 and that this amount be reduced to judgment. Child support arrears are $\_\_\_\_\_\_\_ through the end of (*month, year*) \_\_\_\_\_\_\_\_\_\_. Pursuant to NRS 125B.050 and that this amount be reduced to judgment.

1. There are/are not child care costs in the amount of $\_\_\_\_\_\_\_\_ per month. This cost should be paid by Plaintiff/Defendant/Both parties.
2. There is/is not a cost for medical support for the child(ren) in the amount of $\_\_\_\_\_\_\_\_ per month. Plaintiff/Defendant/Both parties should pay the monthly premium. Any unreimbursed medical, dental, optical, orthodontic or other health related expenses incurred for the benefit of the minor child is to be divided equally between the parties. Either party incurring an out-of-pocket expense shall provide a copy of the invoice/receipt to the other party within thirty (30) days of incurring such expense. If the paid invoice/receipt is not tendered within the thirty (30) day period, the Court may consider it as a waiver of reimbursement by the incurring party. The other party will then have thirty (30) days within which to dispute the expenses or reimburse the incurring party for one-half of the out-of-pocket expenses. If not disputed or paid within the thirty (30) day period, the party may be subject to a finding of contempt and appropriate sanctions.
3. **Birth Certificate/Name Change**

That the child’s birth certificate should not be changed.

**OR**

That the child’s birth certificate should be changed to state that the father of the minor child is (*name of father*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**OR**

That the child’s name should be changed to (*write the complete first, middle, and last name the child should have*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ because (*explain why you want to change the child’s name*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

WHEREFORE, Defendant prays for a Judgment as follows:

1. That the Court deny the relief requested in the Complaint; and
2. That the Court grant the relief requested in this Counterclaim; and
3. For such other and further relief as the Court finds to be just and proper.

DATED this \_\_\_\_ day of (*month*) ­­­\_\_\_\_\_\_\_, 20­­­\_\_\_.

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

**ATTORNEY INFORMATION**

Nevada Bar No.:

**Law Firm/Legal Aid/Other**

ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

[EMAIL](mailto:snoyce@lacsn.org)

Attorney(s) for Defendant

**VERIFICATION**

Under penalty of perjury, I declare that I am the Defendant in the above-entitled action; that I have read the foregoing Answer and Counterclaim and know the contents thereof; that the pleading is true of my own knowledge, except for those matters therein contained stated upon information and belief, and that as to those matters, I believe them to be true.

**I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.**

DATED (*month*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*day*) \_\_\_\_\_,20\_\_\_\_.

Submitted By:(*Defendant*) ⏵\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_