**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** (*if ever disputed or litigated, otherwise delete*)

**Custody Arrangements**

**Procedural History**

**II.**

**CHILD CUSTODY**

**Name and Date of Birth of the Minor Child:**

**Child Custody Issues that have been Resolved:**

**Proposed Custody/Visitation Order:** (*explain the custody order that is sought, and address every factor in NRS 125C.0035(4), including (5) and (6) if there has been domestic violence*)

**III.**

**CHILD SUPPORT**

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

\_\_\_\_\_\_ asks that this Court award child support in the amount of $\_\_\_\_\_\_ per month. This amount is in compliance with NAC 425. (*add any requested adjustments under NAC 425.150*).

In addition, \_\_\_\_\_\_ should pay an additional and separate $\_\_\_\_\_\_ as an equal share of child care expenses, pursuant to NAC 425.130.

Medical support shall be provided by \_\_\_\_\_\_ in compliance with NAC 425.135.

**IV.**

**SPOUSAL SUPPORT**

Not applicable (*or address every factor in NRS 125.150(9) in requesting spousal support. Include an amount and duration*).

**V.**

**PROPERTY AND DEBT ISSUES**

Property: not applicable (*or provide a list of property with a proposed distribution that is equal, or explain why an unequal division should be ordered*).

Debts: not applicable (*or provide a list of debts with a proposed distribution that is equal, or explain why an unequal division should be ordered*).

**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 and/or exchanged with the opposing party.

**IX.**

**STATEMENT OF UNUSUAL LEGAL OR FACTUAL ISSUES**

None (*or describe anything unusual that will be presented*).

**X.**

**LENGTH OF TRIAL**

Already scheduled for three (3) hours.

DATED this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_.

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