

PREFERRED DOCUMENT SERVICES
DIVORCE

DIVORCE TYPE (Choose one):

JOINT PETITION (both parties agree and are willing to sign documents)

COMPLAINT WITH SERVICE (parties **DO NOT AGREE** - one party being served with divorce paperwork – **MUST** have a good address for party being served)

COMPLAINT WITH PUBLICATION (parties **DO NOT AGREE** - one parties whereabouts are currently **UNKNOWN** – **DO NOT** have a good address for other party)

HUSBAND or **WIFE**

First Name: _____ Middle Name or Initial: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (Cell) :(____) _____ Home: :(____) _____

Social Security Number: _____ - _____ - _____

Drivers License Number: _____ State: _____

Date of Birth: ____/____/____ Started Living in NV. Mo / Yr. ____/____

Employed: **YES** **NO**

Employer Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____

Ethnicity: White (Not Hispanic) Black (Not Hispanic) Hispanic (Hispanic Surname) Asian or Pacific Islander American Indian/Alaskan Native Other

Dated _____

CUSTOMER SIGNATURE: _____

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HUSBAND or **WIFE**

First Name: _____ Middle Name or Initial: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (Cell) :(____) _____ Home: :(____) _____

Social Security Number: _____ - _____ - _____

Drivers License Number: _____ State: _____

Date of Birth: ____/____/____ Started Living in NV. Mo /Yr ____/____

Employed: **YES** or **NO**

Employer Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____

Ethnicity: White (Not Hispanic) Black (Not Hispanic) Hispanic (Hispanic Surname) Asian or Pacific Islander American Indian/Alaskan Native Other

ADDITIONAL INFORMATION:

Date of Marriage: ____/____/____ City Married In: _____

County Married In: _____ State Married In: _____

Date of Separation (if applicable); ____/____/____

REASON FOR DIVORCE: (Check One)

You and your spouse are incompatible in marriage and there is no hope for reconciliation or You and your spouse have lived separate and apart for more than one year and there is no hope for reconciliation.

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RESIDENT WITNESS INFORMATION (someone who can sign an affidavit that says they know you, see you and know you reside in Nevada):

Resident Witness Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

When Resident Witness started living in Nevada: Month: _____ Year: _____

When Resident Witness first met you in Nevada: Month: _____ Year: _____

Times you see each other per week: _____ times per week.(should be 4 or more)

Relationship to Resident Witness: Friend Neighbor Relative Co-Worker

ASSETS:

Choose **one** of the following: All community assets and property have been previously divided and each is to keep the property and assets they have in their possession. There are no community assets and property to be divided. The community assets and property should be divided as follows.

Husband will keep the following: (for cars, list year, make model and Vin # - for pension, retirement plans or 401k plans, list complete name of plan and last for digits of plan number – for bank accounts, list name of bank and last four digits of account number)

Dated _____

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Wife will keep the following: (for cars, list year, make model and Vin # - for pension, retirement plans or 401k plans, list complete name of plan and last for digits of plan number – for bank accounts, list name of bank and last four digits of account number)

Do you own in any Real estate (house, condo, land, etc) ? **YES** or **NO**
If you do, who will be receiving the real estate? **HUSBAND** **WIFE**

Any additional agreements of Husband and Wife regarding real estate:

DEBTS:

Choose one of the following: All community debts have been previously divided and each is to keep the debts he/she has acquired in his/her name. There are no community debts to be divided. The community debts should be divided as follows.

Husband will pay the following debts: (for car loans, list year, make model and name of loan company and last four digits of loan number. For other loans and credit cards, list name of company and last four digits of account number.)

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Wife will pay the following debts: (for car loans, list year, make model and name of loan company and last four digits of loan number. For other loans and credit cards, list name of company and last four digits of account number.)

SPOUSAL SUPPORT (ALIMONY):

Will Wife be paying Alimony to Husband YES NO

Will Husband be paying Alimony to Wife YES NO

IF YES, amount of Alimony \$ _____ per month, beginning
_____/_____/_____ and ending ____/____/_____.

WIFE'S FORMER /MAIDEN NAME: (Choose one) (After 9/11 a formal name change is an ordeal that can cost about \$ 600.00 to do at a later date, so if you think you 'might' want to go back to your maiden or former name in the future, we can place language in the decree that says you wish to return to you former name and obtain a certified copy of the decree. The additional cost is \$ 40.00.

Wife **INTENDS** to keep her current last name Wife **NEVER CHANGED HER NAME** and therefore does not request restoration of her former name Wife **DOES** wish to be able to use the divorce decree to return to her **former or maiden** name of:
First Name _____ Middle Name _____ Last Name _____.

Dated _____

CUSTOMER SIGNATURE: _____

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PREGNANCY:

Is wife pregnant at this time YES NO

If yes, the unborn child expected birth date is (Mo./ Yr) _____ / _____

Is Husband the Father of the unborn child? YES NO. If no, Paternity for this unborn child may need to be established prior to obtaining your divorce.

Are the results of a Paternity Test available: YES NO

NOTE: The Court may require evidence with regard to parentage of this unborn child and without such evidence, the Court may not grant the divorce. If this occurs the Court may require that you file a formal Paternity Action. If you choose to go forward with this service please ask us for the Paternity workbook. There will be an additional fee to prepare the Paternity documents.

Dated _____

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STOP!!!!

**NOTE: STOP HERE IF YOU DO NOT HAVE
CHILDREN TOGETHER OR YOUR CHILDREN
ARE OVER THE AGE OF 18.**

**IF YOU DO HAVE CHILDREN TOGETHER THAT
ARE UNDER THE AGE OF 18, COMPLETE THE
FOLLOWING PAGES OF THE WORKBOOK.**

Dated _____

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CHILD CUSTODY (Dictionary definition of **Legal Custody** - joint legal custody means that both you and the other party have a say in major life decisions related to the child: religion, healthcare and education. (Dictionary definition of **Primary Physical Custody** - Primary physical custody is a term that is often used to denote the parent with whom a child spends or lives the majority of time with)

CHOOSE ONE for Legal Custody and one for Physical Custody:

Legal Custody of child or children: HUSBANDWIFE JOINT

Primary Physical Custody of child or children: HUSBANDWIFE

CHILD SUPPORT (The court will very often refuse to grant a divorce with no child support. The court doesn't care if you, as adults get a divorce. The court does want to protect the children, so they generally want to see child support. The following are the Nevada guidelines: **one child, 18 % of gross wages of the non custodial parent two children, 25 % of gross wages of the non custodial parent 3 children, 29 % of gross wages of the non custodial parent 4 children 31% of gross wages of the non custodial parent.** **The court will want to see copies of pay stubs or an affidavit to prove gross wages)**

Who is paying for child support Father Mother

Total Amount of child support for all children involved \$_____ per month. **Note (Court usually requests parent paying child support to submit 2-3 recent pay stubs or an affidavit if the non custodial parent is paid cash or is not working or does not have pay stubs)**

VISITATION WITH THE CHILD(REN)BY THE NON CUSTODIAL PARENT (The court requires a 'specific'(with times and dates) visitation schedule and will not accept 'he or she can see the kids whenever they want'. We prepare and include a standard and specific visitation schedule that the court accepts so you don't have to make one up. The court does not enforce visitation schedules unless one of the parents requests that they do. Please choose if you wish to use 'our' visitation schedule or draft one for yourselves that fits your needs.

Accept and include our visitation schedule Draft your own schedule and have us include it.

Dated _____

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TAX EXEMPTION

Who is claiming the child(ren) as tax exemption Father in all years Mother in all years
 Mother in Odd years and Father in Even years Father in Odd years and Mother in Even years
 Other arrangement – Provide details _____

LIFE INSURANCE

Who will carry **Life Insurance** (if any) and make the children beneficiaries? Father
 Mother or Neither

HEALTH INSURANCE

Who will carry Health insurance for the children Father or Mother or Neither

RESIDENCY OF CHILD(REN) FOR LAST 5 YEARS

Child No. 1 residency for the last 5 years

Child's Name First Name: _____ Middle Name or Initial: _____

Last Name: _____

Date of Birth _____/_____/_____ Age _____ Sex: Male Female

Place of Birth _____ State _____

Child's Social Security Number: : _____ - _____ - _____

Period of Residence	Address, City & State (where child lived for the last (5) years	Name and present address of person child lived with	Relationship to child
From: To: Present			
From: To:			

Dated _____

CUSTOMER SIGNATURE: _____

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Child No. 2 residency for the last 5 years

Child's Name First Name: _____ Middle Name or

Initial: _____ Last Name: _____

Date of Birth _____ / _____ / _____ Age _____ Sex: Male Female

Place of Birth _____ State _____

Child's Social Security Number: : _____ - _____ - _____

Period of Residence	Address, City & State (where child lived for the last (5) years	Name and present address of person child lived with	Relationship to child
From: To: Present			
From: To:			

Child No. 3 residency for the last 5 years

Child's Name First Name: _____ Middle Name or

Initial: _____ Last Name: _____

Date of Birth _____ / _____ / _____ Age _____ Sex: Male Female

Place of Birth _____ State _____

Child's Social Security Number: : _____ - _____ - _____

Period of Residence	Address, City & State (where child lived for the last (5) years	Name and present address of person child lived with	Relationship to child
From: To: Present			
From: To:			

Dated _____

CUSTOMER SIGNATURE: _____

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Child No. 4 residency for the last 5 years

Child's Name First Name: _____ Middle Name or
 Initial: _____ Last Name: _____
 Date of Birth _____/_____/_____ Age _____ Sex: Male Female
 Place of Birth _____ State _____
 Child's Social Security Number: : _____ - _____ - _____

Period of Residence	Address, City & State (where child lived for the last (5) years	Name and present address of person child lived with	Relationship to child
From: To: Present			
From: To:			

We normally file all **JOINT PETITIONS (where both parties agree and are willing to sign)** in **NYE** County because the filing fees are less than in Clark County; **COPE** classes are not required and processing documents with **NYE** County Court is faster.

We file all **COMPLAINTS (where parties DO NOT agree)** in **CLARK** County Courts and **COPE** classes (\$ 40.00 each) are required.

VENUE

Where would you like us to file your documents?

Nye County or Clark County

ADDITIONAL REQUESTS

Add and special items you desire in this section. Depending on the amount of extra items requested, there may be additional preparation charges:

Dated _____ CUSTOMER SIGNATURE: _____

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