

IN THE JUSTICE COURT OF VIRGINIA TOWNSHIP
IN AND FOR THE COUNTY OF STOREY, STATE OF NEVADA

Applicant *(Print your name above.)*

vs.

Adverse Party *(Print the name of the person you want protection from above.)*

Case No. _____

UCCJEA DECLARATION

This document will be sealed and kept confidential if requested in Section 9.

Please write or print clearly. Use black or dark blue ink.

1. Children.

Child 1: _____
(First) (Middle) (Last) DOB

Address

City, State, Zip Code

When did the child start living here? *(Date)* _____

Who does the child live with? Me Someone else *(Name):* _____

Child 2: _____
(First) (Middle) (Last) DOB

Address

City, State, Zip Code

When did the child start living here? *(Date)* _____

Who does the child live with? Me Someone else *(Name):* _____

Child 3: _____
(First) (Middle) (Last) DOB

Address

City, State, Zip Code

When did the child start living here? *(Date)* _____

Who does the child live with? Me Someone else *(Name):* _____

2. **Nevada Residence.** How long have the children lived in Nevada? (Check one.)

- The children have lived in Nevada for the past six months, or since birth.
- The children have NOT lived in Nevada for the past six months.

3. **Past Residences.** List the other places the children have lived in the last 5 years.
Do not include where the children are living now.

	Who the Child Lived With	City & State Where The Child Lived	Dates Child Lived There (mo/yr - mo/yr)	
<i>Example→</i>	<i>Sue Jones (mom)</i>	<i>Las Vegas, NV</i>	<i>5/18</i>	<i>– 9/18</i>
Past Residence:			-	
Past Residence:			-	
Past Residence:			-	

If the children lived with anyone other than the parents in the last 5 years, write their names and current addresses here: _____

4. **Department of Family Services (“DFS”) Child Protective Services (“CPS”).** Has DFS/CPS been involved with your family? (Check one.)

- No
- Yes. When: _____ Caseworker’s Name: _____

5. **Current Custody Case.** Is there a custody order? (Check one.)

- No
- Yes. There is a current custody order concerning the child. The order is from case (case number) _____. It was issued in (county) _____ County in the State of _____.

6. **Your participation in other cases concerning the child.** Have you participated in a case concerning the child as a party, witness, or in some other capacity? (Check one.)

- No.
- Yes. I have participated in the following cases concerning the child: (List the state, court name, the case number and the date of the child custody order if any.)

7. **Your knowledge of other cases that you did not participate in.** Do you know of any other case concerning the child that could affect this case, such as other custody cases, protection order cases, or adoptions/terminations? (Check one.)

No.

Yes. The following cases that could affect this case:(*List the state, the court name, the parties involved, the case number, and the type of case.*)

8. **Persons other than you or the other party who can claim custody/visitation.** Is there anyone other than you or the adverse party who has custody of the child or who can claim a right to custody or visitation with the child? (Check one.)

No.

Yes. The following people have custody or can claim custody/visitation of the child. (*List names and addresses of anyone who claims custody/visitation rights*):

9. **Confidentiality.** Would your health/safety/liberty or the child's health/safety/liberty be in danger if the information in this document is released to the adverse party?

(Check one.)

Yes. This document should be sealed pursuant to NRS 125A.385(5). **Note: The Court may release this information to the other party after a hearing if the court orders the disclosure.**

No. This document may be provided to the adverse party.

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

DATED _____, 20_____.

Submitted by: (*Your signature*) _____

Print your name: _____