

**CLARK COUNTY FAMILY LAW
SELF-HELP CENTER
SURVEY**

8/1/05

Please help us help you. If you complete this brief survey, we will be able to better determine your needs and how to serve you better.

Date _____ Zip Code _____

How many times have you visited the Center? First visit 2 3 4 5 or more

What is the general description of your legal actions: (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Divorce without children | <input type="checkbox"/> Order for protection against domestic violence |
| <input type="checkbox"/> Annulment | <input type="checkbox"/> Guardianship of a child | <input type="checkbox"/> Paternity |
| <input type="checkbox"/> Child support | <input type="checkbox"/> Guardianship of an adult | <input type="checkbox"/> Visitation |
| <input type="checkbox"/> Custody | <input type="checkbox"/> Modification of child support | |
| <input type="checkbox"/> Divorce with children | <input type="checkbox"/> Name change | |
| <input type="checkbox"/> Other: _____ | | |

Are you starting or responding to a legal action?

- Starting Responding
 Other: _____

What services are you seeking from the Self-Help Center? (Check all that apply)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Information about forms/procedures | <input type="checkbox"/> Information about other legal and community resources | <input type="checkbox"/> Listing of attorneys willing to accept family law cases | <input type="checkbox"/> Classes or clinics about family court procedures |
| <input type="checkbox"/> Assistance with completion of forms | | | <input type="checkbox"/> Notary services |
| <input type="checkbox"/> Other: _____ | | | |

How did you hear about the Self-Help Center? (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Judge, court employee, or court program | <input type="checkbox"/> Law Library | <input type="checkbox"/> Lawyer referral service |
| <input type="checkbox"/> Legal services provider | <input type="checkbox"/> Attorney | <input type="checkbox"/> Walk-in |
| <input type="checkbox"/> Social services provider | <input type="checkbox"/> District Attorney's Office | <input type="checkbox"/> Family member or friend |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Bar Association | <input type="checkbox"/> Website |

Are you aware that our forms are available on the internet? Yes No

Do you already have your documents? Yes No

If yes, where did you get your documents?

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Self-Help Center Office | <input type="checkbox"/> Attorney | <input type="checkbox"/> Office supply store |
| <input type="checkbox"/> Self-Help Center Website | <input type="checkbox"/> Law Library | |
| <input type="checkbox"/> Other website | <input type="checkbox"/> Paralegal | |
| <input type="checkbox"/> Other: _____ | | |

Have you consulted an attorney regarding your case? Yes No

If no, why did you not hire an attorney? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Cost | <input type="checkbox"/> Could not find an attorney who spoke my language |
| <input type="checkbox"/> Prefer to self-represent | <input type="checkbox"/> I do not know any attorneys |
| <input type="checkbox"/> Case refused by an attorney | |
| <input type="checkbox"/> Other: _____ | |

Have you consulted a paralegal regarding your case? Yes No

If no, why did you not hire a paralegal? (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Cost | <input type="checkbox"/> Could not find a paralegal who spoke my language | <input type="checkbox"/> I do not know any paralegals |
| <input type="checkbox"/> Case refused by a paralegal | | |
| <input type="checkbox"/> Other: _____ | | |

Please complete other side...

Please tell us a little about yourself...

Age Under 18 18 - 30 31 - 40 41 - 50 51 - 59 60 or older

Sex Male Female

Race: (Check the one that primarily applies)

- White American-Indian Asian
 African-American Hispanic
 Other: _____

What language is spoken in your home?

- English Spanish
 Other: _____

How many children under the age of 18 live in your home? 0 1 - 2 3 - 4 5 or more

Your gross monthly income is:

- Below \$500 \$1000 - \$1,999 \$3,000 - \$3,999 \$5,000 or more
 \$500 - \$999 \$2,000 - \$2,999 \$4,000 - \$4,999

Are you currently receiving public assistance? Yes No

If yes, what type of assistance are you receiving?

- SSI TANF Medicare Medicaid Food stamps
 Other: _____

What is your highest level of education?

- No high school High school graduate Post graduate work
 Some high school Some college
 GED certificate College graduate

Do you feel more able to represent yourself than before you visited the Self-Help Center? Yes No

Were you treated courteously at the Self-Help Center? Yes No

How would you evaluate the services offered by the Center?

	very helpful	Somewhat helpful	Not helpful	Did not use
Customer Assistance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
References:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forms Packets / Instructions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notarizations / Typewriters:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Area:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us how we can improve our services or any other comments. _____

Thank You for Your Feedback!

INSTRUCTIONS FOR REPLY TO COUNTERCLAIM FOR ANNULMENT

* * * IMPORTANT DISCLOSURE * * *

THIS INFORMATION IS PROVIDED AS A COURTESY ONLY. CLARK COUNTY, THE EIGHTH JUDICIAL DISTRICT COURT, THE SELF-HELP CENTER AND THEIR EMPLOYEES SHALL NOT BE LIABLE FOR ERRORS CONTAINED HEREIN OR FOR DIRECT, INDIRECT, SPECIAL OR CONSEQUENTIAL DAMAGES IN CONNECTION WITH THE FURNISHING OF THIS MATERIAL.

MANY FAMILY LAW MATTERS INVOLVE COMPLEX AND VALUABLE LEGAL RIGHTS. THESE FORMS AND INSTRUCTIONS ARE BASIC, GENERAL FORMS, AND MAY NOT FIT ALL SITUATIONS. SOME RIGHTS CANNOT BE ADEQUATELY PROTECTED WITHOUT THE ASSISTANCE OF AN ATTORNEY. YOU SHOULD CONSULT WITH AN ATTORNEY BEFORE YOU ATTEMPT TO USE SELF-HELP.

* * * * *

I. EXPLANATION OF REPLY TO COUNTERCLAIM

A Reply is a document that you may use if you want to respond to a Counterclaim that has been filed by the Defendant. It tells the Court what parts of the Counterclaim you agree with and what parts of the Counterclaim that you do not agree with.

A. You have 20 days from the date the Counterclaim was served to file and serve your Reply. If you do not file and serve the Reply within 20 days, a default may be taken against you. If this happens, the Defendant may get everything he/she asked for in the Counterclaim.

B. You can use this Reply to Counterclaim if:

- You are going to respond to Defendant's Counterclaim for Annulment against you.
- C. This package should contain the following documents:
- Instructions for Reply to Counterclaim for Annulment;
 - Reply to Counterclaim;
 - Certificate of Mailing;
 - Customer survey;
 - Affirmation.

II. STEP 1: PREPARE YOUR PAPERWORK

NOTE: WHEN FILLING OUT ANY FORM, YOU MUST USE BLACK INK. PRINT CLEARLY. THE CLERK'S OFFICE WILL NOT FILE YOUR DOCUMENT IF THE HANDWRITING IS HARD TO READ.

A. THE CAPTION:

1. The "caption" is the portion of your document which assists the Court in identifying your particular case. It is the part of the page that has the word "Plaintiff" under a line and the word "Defendant" under another line. Generally, this caption will remain the same throughout the entire case and will be on every document filed in this action. If you are filing a Reply to Counterclaim, you will be the Plaintiff and you will be the Plaintiff for the entire case, even if Defendant files a motion or some other document. In this package, the caption is on the: (a) Reply to Counterclaim, (b) Certificate of Mailing and (c) Affirmation.

B. THE REPLY TO COUNTERCLAIM:

1. Insert your name, address and phone number on the first page, upper left-hand corner. Insert your name on the line over the word "Plaintiff" in the

caption. Insert your spouse's name on the line over the word "Defendant" in the caption.

2. Insert the case number on the line after the words "CASE NO." on your documents. You can find the case number by looking at other documents that have been filed in your case. The case number will start with a "D".
3. Insert the department letter on the line after the words "DEPT. NO." You can find the department letter by looking at other documents that have been filed in your case.
4. The Reply uses a fill-in-the-blank format. The form will tell you what information you need to put into the blank. If the Reply tells you to check an item, check the box next to the item that applies to you (i.e., check the box next to either "him" or "her" if the Reply has "him/her").
5. The Reply must be "verified". In other words, you will need to sign the Reply in front of a Notary Public. The Self-Help Center has a Notary available to help you. The Reply will also have to be "acknowledged" by the Notary. The Notary will know what to do. **Do not make any copies until the document is notarized.**

C. THE CERTIFICATE OF MAILING:

NOTE: COMPLETE THIS FORM AFTER THE REPLY HAS BEEN SERVED. PART OF THIS DOCUMENT WILL HAVE TO BE COMPLETED BY SOMEONE ELSE. (PLEASE SEE THIS SECTION AND SECTION IV, BELOW.)

1. The Certificate of Mailing is a document to show the Court that the other party received a copy of the document you have just filed. Someone who is not related to you by blood or marriage and who is over 18 years old will need to complete part of this document. This other person is called a "third party". (See Section IV, below.)

2. Insert your name, address, and phone number on the first page, upper left-hand corner.
3. Insert your name on the line above the word "Plaintiff" in the caption and your spouse's name on the line above the word "Defendant" in the caption.
4. Insert the case number on the line after the words "CASE NO." You can find the case number by looking at other documents that have been filed in your case.
5. Insert the department letter on the line after the words "DEPT. NO." You can find the department letter by looking at other documents that have been filed in your case.
6. The Certificate of Mailing uses a fill-in-the-blank format and will tell you what information you need to put into the blank.
 - a. The third party will need to fill in the date that he/she mailed the documents to the other side.
 - b. The third party will need to sign the Certificate of Mailing before a Notary Public. The Self-Help Center has a Notary available. **Do not make any copies until the document is notarized.**

D. THE AFFIRMATION:

NOTE: You will need to file an Affirmation each time you file documents. You may want to make a few copies of the form before completing it.

1. Beginning January 1, 2007, most documents should not contain parties' Social Security Numbers. If certain documents are required to have this information, the Clerk's Office and/or the Court must take steps to ensure that the information is kept in a confidential manner. The Affirmation lets the Clerk's Office and the Court know whether the documents you file contain Social Security Numbers.

2. Insert your name, address, and phone number on the first page, upper left-hand corner. The form uses a "fill-in-the-blank" format. Write the information requested on each line in the caption.
3. If you or the other party has already filed paperwork, fill in the "Case No." and "Dept. No." lines to the right of the caption. You can find this information by looking at other documents that have been filed in the in the case, leave the lines blank. The Clerk's Office will give you a case number and department number when you file the paperwork.
4. Check the boxes next to the documents you are filing. If you are filing document that is not listed, check the "other" box and state the name of the document on the line next to the box.
5. Sign and date the form.

III. STEP 2: FILE THE REPLY TO COUNTERCLAIM

- A. Make three copies of the Reply to Counterclaim and one copy of the Affirmation.
- B. You need to use a two-hole punch on the top of the original documents. You will also stamp or write "original" on the documents. The Self-Help Center has a two-hole punch and a stamp that you can use.
- C. Take the originals and copies of the Reply and the Affirmation to the filing counter at the Clerk's Office (located on the first floor of the courthouse). The Clerk will file the original documents. The Clerk will stamp your copies of the Reply and return them to you. These are called "file-stamped" copies.

IV. STEP 3: SERVE THE REPLY TO COUNTERCLAIM

- A. In general, you must give the other party a copy of any document that you file with the Court. If that party is represented by an attorney, you must give the documents to the attorney instead of the other party. The way of giving the documents to the other party (or

the attorney) is called "service of process" or "service".

1. Any document that is "served" must be delivered by someone who is not related to you by blood or marriage and who is over 18 years old. This person is called a "third party". Any third party can serve the documents.
- B. There are several ways of serving the other party. This packet contains a "Certificate of Mailing". This is the most common method of serving a Reply.
1. If the other party does not have an attorney, the third party should mail the documents to the other party's last known address (the address you put in the Certificate of Mailing).
 2. If the other party has an attorney, the third party can mail the documents to the attorney at the attorney's business address.

V. STEP 4: FILE THE CERTIFICATE OF MAILING

- A. After the third party has mailed the Reply to Counterclaim to the other side (or that side's attorney) he/she should complete their portion of the Certificate of Mailing and you should complete an Affirmation. (See II, above)
- B. Make one copy of the Certificate of Mailing and one copy of the Affirmation.
- C. You need to use a two-hole punch on the top of the original Certificate of Mailing and also stamp or write "original" on the original of that document. The Self-Help Center has a two-hole punch and a stamp that you can use.
- D. Go to the filing counter at the Clerk's Office. The Clerk will file the original documents and will return the file-stamped copies to you. Keep one copy of these documents for your records.

REPLY TO COUNTERCLAIM FOR ANNULMENT

EXPLANATION OF REPLY TO COUNTERCLAIM

A Reply is a document that you may use if you want to respond to a Counterclaim that has been filed by the Defendant. It tells the Court what parts of the Counterclaim you agree with and what parts of the Counterclaim that you do not agree with.

YOU CAN USE THIS REPLY TO COUNTERCLAIM FOR ANNULMENT IF:

- # You are going to respond to Defendant's Counterclaim for Annulment against you.

1 RPLY
(Your name) _____
2
(Address) _____
3 _____
4
(Telephone) _____
5 In Proper Person

6 DISTRICT COURT

7
8 CLARK COUNTY, NEVADA

9
10 _____) CASE NO.: _____
11 Plaintiff,) DEPT. NO.: _____
12 vs.)
13 _____)
14 Defendant.)

15 **REPLY TO COUNTERCLAIM**

16 Plaintiff, _____, In Proper Person files this Reply to Counterclaim and admits,
17 alleges, and denies as follows:

18 1. Plaintiff admits the allegations contained in paragraph(s) (insert the paragraph number(s) from
19 the Counterclaim that you agree with) _____ of the Counterclaim.

20 2. Plaintiff denies the allegations contained in paragraph(s) (insert the paragraph number(s)
21 from the Counterclaim that you do not agree with) _____ of the Counterclaim.

22 3. After reasonable investigation, Plaintiff is without sufficient information to form a belief
23 as to the truth or falsity of the matters alleged in paragraph(s) (insert the paragraph number(s) that you
24 do not know to be true or false because you do not have enough information to say whether they are true
25

1 or false) _____ of the Counterclaim; the allegations are therefore denied
2 with proof demanded at trial.

3 **WHEREFORE**, Plaintiff prays for judgment as follows:

4 1. That the Counterclaim be dismissed with prejudice and that Defendant take nothing
5 therefrom;

6 2. For such other relief as the Court finds to be just and proper.

7 DATED this ____ day of (month) _____, (year) _____.

8
9 By:

10 (Your signature) _____

11 _____

12 _____

13 _____

14 _____

Plaintiff in Proper Person

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CERT

Name _____

Address _____

(Check one) Plaintiff/ Defendant In Proper Person

DISTRICT COURT
CLARK COUNTY, NEVADA

_____,
Plaintiff,
vs.
_____,
Defendant.

)
)
)
)
)

CASE NO.: _____

DEPT NO.: _____

CERTIFICATE OF MAILING

I HEREBY CERTIFY that service of the _____
was made on _____ pursuant to NRCP 5(b) by depositing a copy of same in
the United States Mail in Las Vegas, Nevada, postage prepaid, addressed as follows:

(Other party's address) _____
(Address) _____
(Address) _____

DATED this _____ day of _____, _____.

(Signature of person who mailed document) _____

(Name of person who mailed document) _____

SUBSCRIBED and SWORN to before
me this _____ day of
_____, _____.

NOTARY PUBLIC

New Policy at the Clerk's Office

Please....

bring a blank 10X13 envelope when you file your documents. The clerk will mail your documents to you after they are reviewed by the judge. The clerk's office will pay the postage.

1 AFRM
2 (Your name) _____
3 (Address) _____
4 _____
5 (Telephone) _____
6 In Proper Person

7 DISTRICT COURT
8 CLARK COUNTY, NEVADA

9 _____)
10 Plaintiff,) CASE NO.: _____
11 vs.) DEPT. NO.: _____
12 _____)
13 Defendant.)

14 **AFFIRMATION –ANSWER OR REPLY**
15 **Pursuant to NRS 239.030**

16 The undersigned does hereby affirm that the following documents do not contain the
17 social security number of any person: **(check the documents being filed at this time)**

- 18 Joint Preliminary Injunction Answer/Answer and Counterclaim
19 FMC Request and Order for Mediation Private Mediator Exemption
20 Certificate of Mailing Reply
21 Other _____

22 The undersigned does hereby affirm that the following documents contain the social
23 security number of a person as required by state or federal law or for the administration of a
24 public program or for an application for a federal or state grant: **(check the documents being
25 filed at this time)**

26 Other (name of document) _____

27 (your signature) _____ (date) _____
28