COURT CODE: _____

☐ DISTRIC ☐ JUSTICE COURT IN THE TOWNSI C		
Applicant (<i>print your name above</i>), vs.	CASE NO.: DEPT:	
Adverse Party (print the name of the person you want protection from above).		

UCCJEA DECLARATION

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

1. Children.

Child 1:				
	First	Middle	Last	DOB
	Address	City, State, Zip G	Code	
		ild start living here? (<i>date</i>)		
W	ho does the ch	ild live with? \Box Me \Box So	meone else (<i>name</i>)	
Child 2:		Middle		
	First	Middle	Last	DOB
	Address	City, State, Zip G	Code	
		ild start living here? (<i>date</i>) _ ild live with? □ Me □ So		
Thild 3:				
	First	Middle	Last	DOB
	Address	City, State, Zip G	Code	
W	hen did the ch	ild start living here? (<i>date</i>)		
		ild live with? \Box Me \Box So		

Uniform Child Custody Jurisdiction Enforcement Act Declaration (DV Protection Order)

- 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)
$Examples \rightarrow$	Sue Jones (mom)	Las Vegas, NV	i.e., 5/18-9/18
Past Residence:			
Past Residence:			
Past Residence:			

If the children lived with anyone <u>other than the parents</u> 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? (\boxtimes *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, the 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? (\square 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? (\boxtimes *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.*
 - \Box No. This document may be provided to the adverse party.
- 10. This document does not contain the personal information of any person as defined by NRS 603A.040.

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

DATED_____, 20___.

Submitted By: (your signature)

(print your name)

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