



OFFICIAL RECORD  
AMY ELMER, RECORDER

1 Case No. \_\_\_\_\_

2  
3 Dept. No. \_\_\_\_\_

4  
5 **IN THE SEVENTH JUDICIAL DISTRICT COURT OF THE STATE OF**  
6 **NEVADA, IN AND FOR THE COUNTY OF LINCOLN**

7 \*\*\*\*\*

8 **AFFIDAVIT OF FINANCIAL CONDITION;**  
9 **REQUEST FOR LEGAL AID**

10 **AFFIDAVIT IN SUPPORT OF MOTION**  
11 **TO PROCEED IN FORMA PAUPERIS**

12 STATE OF NEVADA )  
13 : ss.  
14 County of White Pine )

15 Shana M. Loveday, being first duly sworn, under the penalty of perjury,  
16 deposes and gives the following information relative to his/her financial condition and  
17 personal history, to-wit:

18 **PERSONAL HISTORY**

19 I am 50 years of age. My date of birth is                     ; phone number I can be  
20 reached at: 775-962-1099; mailing address PO Box 296, Alamo NV 89001.

21 I am seeking legal counsel because: Lincoln County DA is appealing a decision of district court in proceedings against my juvenile son. or

22 [ ] I am being sued by \_\_\_\_\_ or

23 [ ] I want to sue \_\_\_\_\_ for \_\_\_\_\_.

24 **RESIDENCE**

25 List where you have lived for the past 3 years. (Address, City, State)

1 Current Address: 734 Bluff Street, Alamo NV 89001 From 2008 To Present

2 Prior Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

3 Prior Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

4 Prior Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

5  
6 **EMPLOYMENT - INCOME**

7 I currently work  Full Time;  Part Time; or am  Unemployed

8 If unemployed, how long since you last worked? \_\_\_\_\_

9 My employer is (name, address, and telephone number): Caliente Youth Center, 500 Youth Center  
10 Drive, Caliente, NV 89008 775-726-8200, and I have worked there since: 2015

11 I am paid \$ 27 dollars per hour, and work approximately 40 hours per week.

12 My gross is \$ 2227.00 per  Weekly;  Bi-weekly; or  Monthly.

13 My net take home pay is \$ 1868.00 per  Weekly;  Bi-weekly; or  Monthly.

14 I receive \$ \_\_\_\_\_ per \_\_\_\_\_, which is for other income.  
15 (List source of other income, i.e. rent, social security, disability, retirement, welfare, child  
16 support, spousal support etc.)  
17 \_\_\_\_\_

18 I am disabled  Yes  No. Nature of disability: \_\_\_\_\_

19 **CASH ASSETS**

20 I have \$ 1000.00 cash on hand. I have these bank accounts:

<u>Name of Bank</u>	<u>Type of Account</u>	<u>Average Balance</u>
<u>Pahrnagat Valley Fed Credit Union</u>	<u>Savings</u>	<u>\$1500.00</u>
<u>Pahrnagat Valley Fed Credit Union</u>	<u>Checking</u>	<u>\$500.00</u>

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

**REAL PROPERTY**

(List all that you have an interest in.)

<u>Address</u>	<u>Description</u> (Home, Farm, Vacant, Etc.)	<u>Estimated Value</u>	<u>What is Owed?</u>
N/A		\$	\$
		\$	\$

**OTHER ASSETS**

List any other assets and estimated value not listed above (in excess of \$250.00)

N/A

**PERSONAL PROPERTY**

I own the following personal property (list all items worth more than \$250.00 such as vehicles, guns, tools, computers, furniture, 4-wheelers, etc.)

<u>ITEM</u>	<u>ESTIMATED VALUE</u>	<u>WHAT IS OWED ON IT?</u>
1996 Ford F250	\$1000.00	0
2012 Chevy Malibu	\$1800.00	0

**HOUSEHOLD INFORMATION**

LIST ALL PERSONS WHO RESIDE IN THE HOME:

<u>NAME</u>	<u>AGE</u>	<u>Estimated Take Home Pay from All Sources</u>
Bradley Loveday	50	\$5500.00 net monthly
Jonathon Dillingham	16	0
Richard Loveday	8	0

Do any of the above listed persons contribute to household expenses?  Yes  No

1 If yes, please list name: Bradley Loveday

2 Approximate Amount: \$5500.00 per month.

3 **MARITAL STATUS**

4 I am currently  Divorced  Separated  Married  Single

5  
6 If married, list spouses full name: Bradley Loveday. He/She currently  
7 resides at: 734 Bluff St. Alamo, NV, and has lived there since 2008.

8 He/She  IS  IS NOT employed.

9 If so, he/she is employed at Lincoln County School Dist.  FULL TIME  PART-TIME.

10 His/Her current take home pay is approximately \$ 5500.00 per month.

11  
12 He/She and I currently  DO  DO NOT have a pending matter in any court. If so,  
13 please state the name of the court and pending action/case number: \_\_\_\_\_

14 **\*Except in unusual cases, the court will not consider appointing an attorney in a**  
15 **divorce case and/or child custody case if your spouse or the father/mother of the**  
16 **child(ren) is employed and earns in excess of \$2,700.00 gross income per month until**  
17 **an application for attorney fees and costs is first heard by the court. You should**  
18 **consult an attorney. See NRS 125.040, NRS 125C.250.**

19 **CHILDREN**

20 My total number of children is: 4 (from all relationships)

21 Name Shaun Loveday age: 35 Resides with: on their own

22 Name Sara Stewart age: 31 Resides with: on their own

23 Name Jonathon Dillingham age: 16 Resides with: with me

24 Name Richard Loveday age: 8 Resides with: with me

25 I **PAY** child support for no child(ren), in the amount of \$ 0 per month.

26

1 I **RECEIVE** child support for no child(ren), in the amount of \$ 0 per month.

2 **PUBLIC ASSISTANCE**

3 I am receiving aid for myself/family in the amount of \$ 0 per N/A.

4 I became a recipient on N/A. OR I have applied for aid on N/A, and  
5 expect to begin receiving aid on or about N/A. My aid will discontinue as  
6 of \_\_\_\_\_, 20\_\_\_\_.

7  
8 **TOTAL MONTHLY HOUSEHOLD LIVING EXPENSES**

9 (Include in amount expenses paid for children)

10	1. Rent or house payment	\$ <u>1500.00</u>
11	1.a Home owners insurance (\$ _____); real property taxes (\$ _____) 12 if not included in house payment	\$ _____
13	2. Propane / Oil	\$ _____
14	3. Electricity	\$ <u>250.00</u>
15	4. Sewer/Water	\$ <u>80.00</u>
16	5. Cable/TV	\$ <u>150.00</u>
17	6. Telephone / Cell Phone	\$ <u>200.00</u>
18	7. Food	\$ <u>500.00</u>
19	8. Clothing	\$ <u>100.00</u>
20	9. Laundry and cleaning	\$ <u>200.00</u>
21	10. Medical/Dental	\$ _____
22	10(a) Medical/Dental insurance	\$ _____
23	(b) Unreimbursed medical expenses	\$ <u>200.00</u>
24	11. Life insurance	\$ <u>250.00</u>
25	12. Auto	
	-Gas and oil	\$ <u>400.00</u>
26	-Insurance	\$ <u>200.00</u>



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

At this time I cannot obtain financial aid from any family member or friend to pay for legal services.

**(DOCUMENT MUST BE NOTARIZED)**

I, Shana Loveday, hereby swear under penalty of perjury the information I have provided to the court on this documents is true and correct as of this date, and I have personally completed this form.

Dated this 24 day of October, 2019.

Shana Loveday  
Signature of Affiant

SUBSCRIBED AND SWORN to before me by Shana Loveday  
this 24 day of October, 2019.

Judith Jane Norton  
Notary Public

