Your Name: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
In Proper Person

In The First Judicial District Court of the State of Nevada
In and for Carson City

_____, Plaintiff, vs. _____, Defendant.	Case No.: _____ 1B Dept. No.: _____ **OBJECTION TO MASTER'S FINDINGS AND RECOMMENDATIONS**

IMPORTANT: THIS DOCUMENT MUST BE FILED 10 (TEN) DAYS FROM RECEIPT OF THE MASTER'S FINDINGS AND RECOMMENDATIONS AND SERVED UPON THE OTHER PARTY AND THE DIVISION OF WELFARE AND SUPPORTIVE SERVICES. FAILURE TO TIMELY FILE AND SERVE WILL RESULT IN FINAL JUDGMENT BEING ORDERED BY DISTRICT COURT.

TO: _____, and his/her attorney of record,
(Other Party's Name)
_____;
(or if this is a child support case, the Attorney General's Name)

Notice is hereby given that _____, who is the
(Your Name)
_____ in this action, does hereby request a review of the
(Plaintiff, Defendant, Obligee or Obligor)

Master's Findings and Recommendations entered on _____
(Date recommendation was entered)
by Master _____.
(Name of Master who signed the Recommendations)

Review of the Master's Findings and Recommendations is requested for the following reasons:

State very specifically why you object to the Master's Findings and Recommendation.

(If more space is needed to explain your position or make your argument, you may attach more sheets, but be sure to write only on one side of the paper.)

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

Date: _____

_____
(Signature)