NEVADA STATE DIVISION OF WELFARE AND SUPPORTIVE SERVICES
CHILD SUPPORT ENFORCEMENT

IN THE FAMILY DIVISION
OF THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF CHURCHILL

CONFIDENTIAL FAMILY COURT INFORMATION SHEET

_____ Case No. _____
Plaintiff/Petitioner
vs.

_____ Dept. No. _____
Defendant/Respondent

Mother/Wife Information
☐ Custodial Parent ☐ Non-Custodial Parent

Name: _____
Social Security Number: _____
Date of Birth: _____
Residential Address: _____
_____
City, State, Zip: _____
Mailing Address: _____
_____
Telephone No.: _____
Driver's License No.: _____
Ethnicity: ☐ White (Non Hispanic) ☐ Hispanic
☐ African-American ☐ Asian or Pacific Islander
☐ Native American/Alaskan Native ☐ Other

Are you employed? ☐ YES ☐ NO
Name of Employer: _____
Business Address: _____
_____
City, State, Zip: _____
Telephone No.: _____

Father/Husband Information
☐ Custodial Parent ☐ Non-Custodial Parent

Name: _____
Social Security Number: _____
Date of Birth: _____
Residential Address: _____
_____
City, State, Zip: _____
Mailing Address: _____
_____
Telephone No.: _____
Driver's License No.: _____
Ethnicity: ☐ White (Non Hispanic) ☐ Hispanic
☐ African-American ☐ Asian or Pacific Islander
☐ Native American/Alaskan Native ☐ Other

Are you employed? ☐ YES ☐ NO
Name of Employer: _____
Business Address: _____
_____
City, State, Zip: _____
Telephone No.: _____

CHILDREN OF THE PARTIES

			Gender
Name: _____	SSN: _____	DOB: _____	☐ M ☐ F
Name: _____	SSN: _____	DOB: _____	☐ M ☐ F
Name: _____	SSN: _____	DOB: _____	☐ M ☐ F
Name: _____	SSN: _____	DOB: _____	☐ M ☐ F
Name: _____	SSN: _____	DOB: _____	☐ M ☐ F

If there are more than five (5) children, list their information on a separate sheet of paper and attach.

Does this case involve Family Violence: ☐ YES ☐ NO

_____ _____ _____ _____
Signature Date Signature Date