

1 IN THE FAMILY DIVISION
2 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
3 IN AND FOR THE COUNTY OF WASHOE

3 **CONFIDENTIAL**
4 **FAMILY COURT INFORMATION SHEET**

4 _____,
5 Plaintiff/Petitioner,
6
7 _____,
8 Defendant/Respondent.

Case No. _____

Dept. No. _____

8 Name: _____
9 Social Security #: _____
10 Date of Birth: _____
11 Interpreter Needed? YES NO
12 Language: _____

Name: _____
Social Security #: _____
Date of Birth: _____
Interpreter Needed? YES NO
Language: _____

11 **IF THIS CASE INVOLVES CHILDREN, PLEASE COMPLETE THE FOLLOWING:**

12 Residential Address: _____
13 City, State, Zip: _____
14 Mailing Address: _____
15 City, State, Zip: _____
16 Telephone #: _____
17 Are you employed? YES NO
18 Name of Employer: _____

Residential Address: _____
City, State, Zip: _____
Mailing Address: _____
City, State, Zip: _____
Telephone #: _____
Are you employed? YES NO
Name of Employer: _____

17 Business Address: _____
18 City, State, Zip: _____
19 Telephone #: _____
20 Driver's License #: _____
21 Ethnicity: White (Not Hispanic)
 African-American Hispanic
 Asian or Pacific Islander
22 Native American/Alaskan Native Other

Business Address: _____
City, State, Zip: _____
Telephone #: _____
Driver's License #: _____
Ethnicity: White (Not Hispanic)
 African-American Hispanic
 Asian or Pacific Islander
 Native American/Alaskan Native Other

23 **CHILDREN INVOLVED IN THIS CASE**

24 Name: _____ SSN: _____ DOB: _____
25 Name: _____ SSN: _____ DOB: _____
26 Name: _____ SSN: _____ DOB: _____
27 Name: _____ SSN: _____ DOB: _____
28 Name: _____ SSN: _____ DOB: _____

If there are more than five children, list their names on a separate sheet of paper and attach.

27 Does this case involve family violence: Yes No

28 Are you requesting Child Support Enforcement Services from the District Attorney's Office (IV-D) Services? Yes No

This document contains the social security number of a person as required by NRS 125.130, NRS 125.230, and NRS 125B.055