

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 vs.  
8  
9 \_\_\_\_\_,  
10 Defendant/Respondent.

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

Dept. No. \_\_\_\_\_

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

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

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: \_\_\_\_\_

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

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

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**