

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,

5 vs.

6 _____,
7 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: _____

Residential Address: _____

13 City, State, Zip: _____

City, State, Zip: _____

14 Mailing Address: _____

Mailing Address: _____

15 City, State, Zip: _____

City, State, Zip: _____

Telephone #: _____

Telephone #: _____

16 Are you employed? YES NO

Are you employed? YES NO

Name of Employer: _____

Name of Employer: _____

17 Business Address: _____

Business Address: _____

18 City, State, Zip: _____

City, State, Zip: _____

19 Telephone #: _____

Telephone #: _____

Driver's License #: _____

Driver's License #: _____

20 Ethnicity: White (Not Hispanic)

Ethnicity: White (Not Hispanic)

African-American Hispanic

African-American Hispanic

21 Asian or Pacific Islander

Asian or Pacific Islander

22 Native American/Alaskan Native Other

Native American/Alaskan Native Other

23 **CHILDREN INVOLVED IN THIS CASE**

24 Name: _____ SSN: _____ DOB: _____

Name: _____ SSN: _____ DOB: _____

Name: _____ SSN: _____ DOB: _____

25 Name: _____ SSN: _____ DOB: _____

Name: _____ SSN: _____ DOB: _____

26 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