

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,

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

6 vs.

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

7 \_\_\_\_\_,  
8 Defendant/Respondent.

8 Name: \_\_\_\_\_

Name: \_\_\_\_\_

9 Social Security #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

10 Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

12 Residential Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_

13 Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

14 City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

15 Telephone #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

16 Are you employed? YES [ ] NO [ ]

Are you employed? YES [ ] NO [ ]

17 Name of Employer: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

18 Business Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

19 City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

20 Telephone #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

21 Driver's License #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

22 Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

23 Ethnicity: [ ] White (Not Hispanic)

Ethnicity: [ ] White (Not Hispanic)

[ ] African-American [ ] Hispanic

[ ] African-American [ ] Hispanic

[ ] Asian or Pacific Islander

[ ] Asian or Pacific Islander

[ ] Native American/Alaskan Native [ ] Other

[ ] Native American/Alaskan Native [ ] Other

24 **CHILDREN INVOLVED IN THIS CASE**

25 Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Court Personnel Only: [ ] Custodial Parent [ ] Non-Custodial Parent

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