

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.

5 Case No. _____

6 Dept. No. _____

6 _____,
7 Defendant/Respondent.

8 Name: _____

8 Social Security #: _____

9 Date of Birth: _____

9 Interpreter Needed? YES NO

10 Language: _____

8 Name: _____

8 Social Security #: _____

9 Date of Birth: _____

9 Interpreter Needed? YES NO

10 Language: _____

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

12 Residential Address: _____

12 Residential Address: _____

13 City, State, Zip: _____

13 City, State, Zip: _____

14 Mailing Address: _____

14 Mailing Address: _____

15 City, State, Zip: _____

15 City, State, Zip: _____

15 Telephone #: _____

15 Telephone #: _____

16 Are you employed? YES NO

16 Are you employed? YES NO

16 Name of Employer: _____

16 Name of Employer: _____

17 Business Address: _____

17 Business Address: _____

18 City, State, Zip: _____

18 City, State, Zip: _____

19 Telephone #: _____

19 Telephone #: _____

20 Driver's License #: _____

20 Driver's License #: _____

20 Ethnicity: White (Not Hispanic)

20 Ethnicity: White (Not Hispanic)

21 African-American Hispanic

21 African-American Hispanic

21 Asian or Pacific Islander

21 Asian or Pacific Islander

22 Native American/Alaskan Native Other

22 Native American/Alaskan Native Other

23 **CHILDREN INVOLVED IN THIS CASE**

23 Name: _____ SSN: _____ DOB: _____

24 Name: _____ SSN: _____ DOB: _____

25 Name: _____ SSN: _____ DOB: _____

25 Name: _____ SSN: _____ DOB: _____

26 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)

28 Services? Yes No