

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: _____

Name: _____

Social Security #: _____

Date of Birth: _____

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

12 Residential Address:

13 _____

Residential Address:

14 Mailing Address:

15 _____

Mailing Address:

16 City, State, Zip: _____

City, State, Zip: _____

17 Telephone #: _____

Telephone #: _____

18 Are you employed? YES [] NO []

Are you employed? YES [] NO []

19 Name of Employer:

Name of Employer:

20 Business Address:

21 _____

Business Address:

22 City, State, Zip: _____

City, State, Zip: _____

23 Telephone #: _____

Telephone #: _____

24 Driver's License #: _____

Driver's License #: _____

25 Date of Birth: _____

Date of Birth: _____

26 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

27 **CHILDREN INVOLVED IN THIS CASE**

28 Name: _____ SSN: _____ DOB: _____

Name: _____ SSN: _____ DOB: _____

Name: _____ SSN: _____ DOB: _____

Name: _____ SSN: _____ DOB: _____

Name: _____ SSN: _____ DOB: _____

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

29 Does this case involve family violence: [] Yes [] No

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

31 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.**