

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. _____

7 _____,
8 Defendant/Respondent.

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: _____

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: _____

16 Telephone #: _____

16 Telephone #: _____

17 Are you employed? YES NO

17 Are you employed? YES NO

18 Name of Employer: _____

18 Name of Employer: _____

19 Business Address: _____

19 Business Address: _____

20 City, State, Zip: _____

20 City, State, Zip: _____

21 Telephone #: _____

21 Telephone #: _____

22 Driver's License #: _____

22 Driver's License #: _____

23 Ethnicity: White (Not Hispanic)

23 Ethnicity: White (Not Hispanic)

24 African-American Hispanic

24 African-American Hispanic

25 Asian or Pacific Islander

25 Asian or Pacific Islander

26 Native American/Alaskan Native Other

26 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: _____

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

30 Does this case involve family violence: Yes No

31 Are you requesting Child Support Enforcement Services from the District Attorney's Office (IV-D)

32 Services? Yes No