

IN THE FAMILY DIVISION
OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF WASHOE

Plaintiff/Petitioner,
vs.

Defendant/Respondent.

Name: _____
Social Security #: _____
Date of Birth: _____
Interpreter Needed? Yes No
Language: _____

CONFIDENTIAL
FAMILY COURT INFORMATION SHEET

Case No. _____
Dept. No. _____

Name: _____
Social Security #: _____
Date of Birth: _____
Interpreter Needed? Yes No
Language: _____

IF THIS CASE INVOLVES CHILDREN, PLEASE COMPLETE THE FOLLOWING:

Residential Address: _____

City, State, Zip: _____
Telephone #: _____
Are you employed? Yes No
Name of Employer: _____
Business Address: _____

City, State, Zip: _____
Telephone #: _____
Driver's License #: _____
Ethnicity White (Not Hispanic)
 African-American Hispanic
 Asian or Pacific Islander
 Native American/Alaskan Native
 Other

Residential Address: _____

City, State, Zip: _____
Telephone #: _____
Are you employed? Yes No
Name of Employer: _____
Business Address: _____

City, State, Zip: _____
Telephone #: _____
Driver's License #: _____
Ethnicity White (Not Hispanic)
 African-American Hispanic
 Asian or Pacific Islander
 Native American/Alaskan Native
 Other

CHILDREN INVOLVED IN THIS CASE

Name: _____ SSN: _____ DOB: _____
Name: _____ SSN: _____ DOB: _____
Name: _____ SSN: _____ DOB: _____
Name: _____ SSN: _____ DOB: _____

If there are more than 4 children, list their names on a separate sheet of paper & attach.

Does this case involve family violence: Yes No

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

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