

NEVADA STATE DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
CHILD SUPPORT ENFORCEMENT

IN THE FAMILY DIVISION  
OF THE \_\_\_\_\_ JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
IN AND FOR THE COUNTY OF \_\_\_\_\_

CONFIDENTIAL FAMILY COURT INFORMATION SHEET

\_\_\_\_\_  
Plaintiff/Petitioner  
vs.  
\_\_\_\_\_  
Defendant/Respondent

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

**Mother/Wife Information**

Custodial Parent  Non-Custodial Parent

Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_  
Ethnicity:  White (Non Hispanic)  Hispanic  
 African-American  Asian or Pacific Islander  
 Native American/Alaskan Native  Other

Are you employed?  YES  NO

Name of Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

**Father/Husband Information**

Custodial Parent  Non-Custodial Parent

Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_  
Ethnicity:  White (Non Hispanic)  Hispanic  
 African-American  Asian or Pacific Islander  
 Native American/Alaskan Native  Other

Are you employed?  YES  NO

Name of Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

**CHILDREN OF THE PARTIES**

			Gender
Name: _____	SSN: _____	DOB: _____	<input type="checkbox"/> M <input type="checkbox"/> F
Name: _____	SSN: _____	DOB: _____	<input type="checkbox"/> M <input type="checkbox"/> F
Name: _____	SSN: _____	DOB: _____	<input type="checkbox"/> M <input type="checkbox"/> F
Name: _____	SSN: _____	DOB: _____	<input type="checkbox"/> M <input type="checkbox"/> F
Name: _____	SSN: _____	DOB: _____	<input type="checkbox"/> M <input type="checkbox"/> F

If there are more than five (5) children, list their information on a separate sheet of paper and attach.

Does this case involve Family Violence:  YES  NO

\_\_\_\_\_  
Signature Date Signature Date

The information captured on this form will be forwarded to the Federal Case Registry as required by federal law. If you do not want your identifying information shared with other states because of domestic violence, please check YES to the question on domestic violence.

Nevada's Division of Welfare and Supportive Services (DWSS), Child Support Enforcement Program (CSEP) is required by Chapter 42 of the United States Codes, federal regulations and state laws to obtain the Social Security Numbers (SSNs) of participants in cases involving child support orders. The CSEP will use these SSNs only for the purposes outlined in the federal law, federal regulations, state laws and state regulations that govern the CSEP. Social Security Numbers will be maintained in a confidential manner.

Within ten (10) days after a Nevada court issues a child support order, each party listed in the order must file the following information with the court that issued the order and the Division of Welfare and Supportive Services:

1. Social Security Number;
2. Residential and mailing address;
3. Telephone number;
4. Driver's License number, and
5. Name, address and telephone number of employer.

Each party shall update the information filed with the court and the Division of Welfare and Supportive Services (DWSS) within ten (10) days after the information becomes inaccurate. Information directed to DWSS should be mailed to:

Nevada State Division of Welfare and Supportive Services  
Child Support Enforcement Program  
1470 College Parkway  
Carson City, Nevada 89706-7924

This requirement can be found in Nevada Revised Statutes 125B.055 and 125.230.