FILING CODE: CSPI

NEVADA STATE DIVISION OF WELFARE AND SUPPORTIVE SERVICES
CHILD SUPPORT ENFORCEMENT

IN THE FAMILY DIVISION
OF THE 8th JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF CLARK

CONFIDENTIAL FAMILY COURT INFORMATION SHEET

_____ Case No. _____
Plaintiff/Petitioner
vs.

_____ Dept. No. _____
Defendant/Respondent

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: _____	☐ M ☐ F
Name: _____	SSN: _____	DOB: _____	☐ M ☐ F
Name: _____	SSN: _____	DOB: _____	☐ M ☐ F
Name: _____	SSN: _____	DOB: _____	☐ M ☐ F
Name: _____	SSN: _____	DOB: _____	☐ M ☐ 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

/s/ _____ _____ /s/ _____ _____
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.