

District Court

Family Division, Clark County, Nevada

File Stamp

_____))
Plaintiff/Petitioner)
vs.) Case No. _____)
_____))
Defendant/Respondent) Department No. _____)
_____))

CHILD SUPPORT AND WELFARE PARTY IDENTIFICATION SHEET

CUSTODIAL PARENT NON-CUSTODIAL PARENT

Name: _____

Residential Address: _____ Apt. # _____

Mailing Address: _____ Apt. # _____

City: _____ St. _____ Zip _____ Telephone Number (____) _____ - _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Driver's License #: _____ State _____

Are you employed? Yes No

Name of Employer: _____

Business Address: _____

City: _____ St. _____ Zip _____

Telephone Number (____) _____ - _____

Ethnicity: White (Not Hispanic) Hispanic (Hispanic Surname) American Indian/Alaskan Native
 Black (Not Hispanic) Asian or Pacific Islander Other

CHILD(REN) INVOLVED IN THIS CASE

Name: _____ SSN: ____/____/____ DOB ____/____/____

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If more than 5 children qualify, list their names on a separate sheet of paper and attach.

Does this case involve family violence? Yes No

Are you requesting IV-D services? Yes No