

NEVADA STATE DIVISION OF WELFARE AND SUPPORTIVE SERVICES

☐ WITH CHILD SUPPORT

CHILD SUPPORT ENFORCEMENT

☐ WITHOUT CHILD SUPPORT

CASE NO. _____
DEPT. NO. _____

**IN THE _____ JUDICIAL DISTRICT COURT
OF THE STATE OF NEVADA
IN AND FOR _____**

_____)
_____)
vs. _____)
_____)

**COURT ORDER
INFORMATION SHEET**

☐ CUSTODIAN

Name: _____
(First) (Middle) (Last)

Residential Address: _____ Apt. #: _____
Mailing Address: _____ Apt. #: _____
City: _____ State: _____ ZIP: _____ Telephone Number (_____) _____
Social Security Number: _____ - _____ - _____ Date of Birth: _____
Driver's License No.: _____ State: _____
Are you employed? ☐ YES ☐ NO Domestic Violence? ☐ YES ☐ NO *(Check "YES" if this person's identifying information should be kept confidential.)*
Name of Employer: _____
Business Address: _____
City: _____ State: _____ ZIP: _____ Employer Telephone No. (_____) _____

☐ NONCUSTODIAL PARENT

Name: _____
(First) (Middle) (Last)

Residential Address: _____ Apt. #: _____
Mailing Address: _____ Apt. #: _____
City: _____ State: _____ ZIP: _____ Telephone Number (_____) _____
Social Security Number: _____ - _____ - _____ Date of Birth: _____
Driver's License No.: _____ State: _____
Are you employed? ☐ YES ☐ NO Domestic Violence? ☐ YES ☐ NO *(Check "YES" if this person's identifying information should be kept confidential.)*
Name of Employer: _____
Business Address: _____
City: _____ State: _____ ZIP: _____ Employer Telephone No. (_____) _____

CHILD(REN) INVOLVED IN THIS CASE: *(Place an X by each child's name under DV if identifying information should be kept confidential.)*

Name: _____	SSN _____/_____/_____	DOB _____/_____/_____	DV _____
Name: _____	SSN _____/_____/_____	DOB _____/_____/_____	DV _____
Name: _____	SSN _____/_____/_____	DOB _____/_____/_____	DV _____
Name: _____	SSN _____/_____/_____	DOB _____/_____/_____	DV _____
Name: _____	SSN _____/_____/_____	DOB _____/_____/_____	DV _____

If more than 5 children's names are applicable, please list their names on a separate sheet of paper and attach.

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.