

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 \_\_\_\_\_

**COURT ORDER  
INFORMATION SHEET**

\_\_\_\_\_  
\_\_\_\_\_  
vs. \_\_\_\_\_  
\_\_\_\_\_

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.