

CSPI

**District Court**  
**Family Division, Clark County, Nevada**

\_\_\_\_\_) )  
Plaintiff/Petitioner )  
VS. ) Case No. \_\_\_\_\_ )  
\_\_\_\_\_) )  
Defendant/Respondent ) Department No. \_\_\_\_\_ )  
\_\_\_\_\_) )

File Stamp

**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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Name: \_\_\_\_\_ SSN: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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