

INSTRUCTIONS FOR OPENING A CASE WITH  
WASHOE COUNTY DISTRICT ATTORNEY  
FAMILY SUPPORT DIVISION  
775 789-7100

If you are currently receiving a cash grant from Nevada State Welfare, you cannot open this case.

The enclosed paperwork must be filled out, in ink, completely and neatly to open a case with our office (penciled applications will not be accepted.)

You may mail the application to Washoe County D.A. Family Support Division, PO BOX 30083, Reno, NV 89520-3083 or drop it off at One California, 2<sup>nd</sup> floor, Reno, Nevada between the hours of 8 a.m. and 5 p.m.

There is no fee required to open a case.

Please make sure you have the following:

\_\_\_\_\_ **SIGN AND DATE EACH PAGE WHERE REQUESTED**

\_\_\_\_\_ Your completed application (check to make sure all questions are answered). Your signature must be notarized on pages 6a and 10 of the General Testimony and on page 3 of the Affidavit in Support of Establishing Paternity (if applicable). **Do not sign until you are in the presence of a notary public.**

\_\_\_\_\_ Three (3) **certified** copies of all orders of support, modifications, or change of custody.

NOTE: Not providing a certified copy could cause a delay in the processing of this case.

\_\_\_\_\_ Copy of the child(ren)'s birth certificate.

\_\_\_\_\_ If there is no order for support or legal document naming the absent parent as the father, **YOU MUST** complete the Affidavit in Support of Establishing Paternity.

\_\_\_\_\_ If you are the non-custodian requesting to open a case you must complete the Obligor's Request and Authorization for Services. Your signature must be notarized.

**WASHOE COUNTY FSD  
NOTARY HOURS  
8:30 AM TO 11:30 AM  
1:30 PM TO 4:30 PM  
BRING PICTURE ID**

\*\*\*\*\*

Your payment information is available 24 hours a day 7 days a week at  
(775) 684-7200

REV. 06/05

## GLOSSARY

Caretaker – Person that is not the mother or the father of the minor child/ren, but has physical and/or legal custody and will be receiving the child support.

Custodian - Person who has physical and/or legal custody of the minor child/ren and will be receiving the child support.

Non-Custodian – Person who is responsible for paying the child support.

Obligee – Person who will be receiving the child support.

Obligor – Person who will be paying the child support.

Petitioner – Person who is opening the case (filling out the application).

Respondent – Person who will answer petitioner's application for services.

**FOR OFFICIAL USE ONLY**

**DATE STAMP**

DATE APPLICATION REQUESTED \_\_\_\_\_

DATE APPLICATION PROVIDED \_\_\_\_\_

DATE APPLICATION RECEIVED \_\_\_\_\_

**NEVADA STATE WELFARE DIVISION  
APPLICATION FOR CHILD SUPPORT SERVICES**

CASE NUMBER: \_\_\_\_\_

PLEASE CAREFULLY READ THE FOLLOWING INFORMATION.

**Child Support Enforcement (CSE) Program Services:**

- Locate all noncustodial parents and/or sources of income and/or assets;
- Establish paternity (determine who is the father of the child(ren));
- Establish financial and medical support;
- Enforce financial and medical support;
- Review and adjust existing child support orders; and
- Collect and distribute financial and medical support payments.

The CSE program:

- must provide all the above services to all individuals, unless the individual is a Medicaid recipient and the Medicaid recipient notifies the CSE program in writing they only want medical support services;
- has sole discretion in determining which legal remedies are used to provide the above services and cannot guarantee success;
- may request assistance of another state and, thereby, be subject to the laws of that state. It may take ninety (90) days, or more, after the other state receives the request for services before any information is available;
- **does not** provide services involving custody, visitation or unpaid medical bills. However, these services may be available through a private attorney;
- will close your cases upon written request from you or when your case meets closure rules established by federal and state regulation.

**Important Information You Should Know:**

The CSE program:

- represents the State of Nevada when providing services and no attorney-client privilege exists;
- is authorized to endorse and cash checks, money orders and/or other forms of payment made payable to you for support payments;
- child support payments will be made as a direct deposit into your bank account, or by a Nevada Debit Card. A Nevada Debit Card will be issued to you unless you request payments by direct deposit. For more information regarding direct deposit, please call toll free to the Child Support Customer Service Unit at (800) 993-0900 or check the Child Support Enforcement State Collections and Disbursement Unit (SCaDU) website at <http://welfare.state.nv.us/child/scadu.htm> to print a Direct Deposit Authorization Agreement.
- may collect past-due support by intercepting an IRS tax refund or other federal payment. If a tax intercept occurs, the CSE program has the authority to hold a joint tax refund for a period of six (6) months before distributing the funds. No interest is paid on the held funds. Funds collected from tax intercept are applied first to pay off any past-due support assigned to the State of Nevada. A nonrefundable fee is deducted by the federal government for any tax or federal payments intercepted by the CSE program.

By accepting cash or medical assistance for yourself or the child in your custody, you have made an assignment to the Welfare Division of all rights to support from any person. Any unpaid support assigned to the State of Nevada may be enforced and collected until paid in full.

If you receive cash assistance, support payments are kept by the State of Nevada to pay off any past-due support assigned to the state. When you are off cash assistance, support payments are sent to you until you request case closure in writing. However, any unpaid support assigned to the State of Nevada may be enforced and collected until paid in full.

All support payments are sent to and processed by the CSE program and distributed according to federal and state regulations.

In accordance with federal law and U.S. Department of Health and Human Services (HHS) policy, the Welfare Division is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TDD).

### **Responsibilities:**

You are responsible for:

- providing all available information requested by the CSE program. This may include certified copies of a divorce decree and/or all existing support orders, copies of the children's birth certificates, and a photograph of the noncustodial parent;
- participating in genetic testing to establish paternity. If the genetic test proves the person named is not the father, you may be required to pay the cost of the genetic test;
- reporting when any of the following changes happen;
  1. Name change, new address or telephone number for home or work;
  2. A private attorney or collection agency is hired;
  3. Another child support or paternity legal action is filed;
  4. Filing for divorce;
  5. Receive support payments directly from the noncustodial parent;
  6. New address, telephone number, employment or health insurance for the noncustodial parent;
  7. Child(ren) no longer live with you;
  8. Child(ren) still in high school **after** age 18;
  9. Child(ren) become disabled **before** age 18;
  10. Child(ren) come to live with you or birth of another child;
  11. A child marries, is adopted, joins the armed forces or is declared an adult by court order.
- requesting a review and adjustment of the existing support order once every three years or if there is a significant change in circumstances;
- turning in support payments you receive directly from the noncustodial parent when you are receiving cash assistance;
- repayment of support amounts received in error, including support payments from an IRS tax refund which are adjusted by the IRS. If you fail to enter into a repayment agreement with the CSE program, the outstanding balance may be reported to a credit reporting agency and money collected on your behalf by the CSE program may be withheld for repayment. Additionally, legal action may be initiated against you.

### **Application Instructions:**

You must answer all questions. Please PRINT OR TYPE answers in black or blue ink. Check Yes, No, Unknown or write N/A (not applicable) in any space which does not apply. Use a separate sheet of paper if you need more room for any answer or if you have additional information regarding the noncustodial parent which is not covered by the questions on this form. (**Attach copies of all support court orders.**)

**Services could be delayed if your application is not complete.**

**COMPLETE THE FOLLOWING ABOUT YOU, THE CUSTODIAN (CST), OF THE CHILD(REN):**

Name ( Last, First, Middle)		Other Last Names Used	
Resident Address (City, State & Zip Code)			How long lived in Nevada?
Mailing Address (If different than above)			
Home Phone No. ( )		Work Phone No. ( )	
Cell Phone No. ( )		E-Mail Address:	
Social Security No.	Birth Date	Birth Place	<input type="checkbox"/> Male <input type="checkbox"/> Female
Height ft	Weight lbs	Hair Color: Eye Color:	Race:
Employer Name & Address (City, State, & Zip Code)			Job Title
Are you: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Living with a boyfriend or girlfriend			
What is <b>your</b> relationship to the children? (Mother, father, grandparent, etc.) Date children began living with you (month/year)?			

**MEDICAL/HEALTH INSURANCE INFORMATION:**

Do you and the children have satisfactory medical/health insurance (not Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly cost?	
Is medical/health insurance available with your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly cost?	<b>Please attach a copy of your medical/health insurance card.</b>

**PUBLIC ASSISTANCE (WELFARE) INFORMATION:**

Did you apply for public assistance? When? (Month/Year)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, where? (City, State)
Have you or the children received public assistance in the past? If Yes, where? (City, State)	<input type="checkbox"/> Yes <input type="checkbox"/> No	What year(s)?

**CHILDREN INFORMATION:**

Child's Name (Last, First, Middle)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnancy began in what state?
Social Security No.	Birth Place: Birth Date:	Race	How long has child lived in Nevada?
Child's Parents: <input type="checkbox"/> Never married <input type="checkbox"/> Lived together <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
Date mother stopped living with child:		Date father stopped living with child:	
Date Parents Married: City, State:		Date Parents Divorced: City, State:	
Mother's Name:		Father's Name: On birth record? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**CHILDREN INFORMATION Continued:**

Child's Name (Last, First, Middle)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnancy began in what state?
Social Security No.	Birth Place: Birth Date:	Race	How long has child lived in Nevada?
Child's Parents: <input type="checkbox"/> Never married <input type="checkbox"/> Lived together <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
Date mother stopped living with child:		Date father stopped living with child:	
Date Parents Married: City, State:		Date Parents Divorced: City, State:	
Mother's Name:		Father's Name: On birth record? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Child's Name (Last, First, Middle)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnancy began in what state?
Social Security No.	Birth Place: Birth Date:	Race	How long has child lived in Nevada?
Child's Parents: <input type="checkbox"/> Never married <input type="checkbox"/> Lived together <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
Date mother stopped living with child:		Date father stopped living with child:	
Date Parents Married: City, State:		Date Parents Divorced: City, State:	
Mother's Name:		Father's Name: On birth record? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Child's Name (Last, First, Middle)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnancy began in what state?
Social Security No.	Birth Place: Birth Date:	Race	How long has child lived in Nevada?
Child's Parents: <input type="checkbox"/> Never married <input type="checkbox"/> Lived together <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
Date mother stopped living with child:		Date father stopped living with child:	
Date Parents Married: City, State:		Date Parents Divorced: City, State:	
Mother's Name:		Father's Name: On birth record? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Child's Name (Last, First, Middle)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnancy began in what state?
Social Security No.	Birth Place: Birth Date:	Race	How long has child lived in Nevada?
Child's Parents: <input type="checkbox"/> Never married <input type="checkbox"/> Lived together <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
Date mother stopped living with child:		Date father stopped living with child:	
Date Parents Married: City, State:		Date Parents Divorced: City, State:	
Mother's Name:		Father's Name: On birth record? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**COMPLETE THE FOLLOWING ABOUT THE NONCUSTODIAL PARENT (NCP) (parent who is absent from the children)**

Name (Last, First, Middle)		Other Names Used:	
Resident Address (City, State & Zip Code)		<input type="checkbox"/> Current Address <input type="checkbox"/> Last Known Address <input type="checkbox"/> Relative's Address	
Mailing Address (If different than above)		<input type="checkbox"/> Current Address <input type="checkbox"/> Last Known Address <input type="checkbox"/> Relative's Address	
Home Phone No. ( )		Work Phone No. ( )	
Cell Phone No. ( )		E-Mail Address:	
Social Security No.	Birth Date	Birth Place	<input type="checkbox"/> Male <input type="checkbox"/> Female
Height ft in	Weight lbs	Hair Color: Eye Color:	Race:
Describe any scars, birthmarks or tattoos:			
Is the parent: <input type="checkbox"/> Mother <input type="checkbox"/> Father Is the parent: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Living with a boyfriend or girlfriend			
Has the parent been in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where? (City, State) When?			
Support Order? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, from what City, State?			<b>Attach a copy</b>
Last support payment date: <input type="checkbox"/> direct to you <input type="checkbox"/> from another child support office; City, State:			

**EMPLOYMENT/INCOME INFORMATION:**

Employer Name & Address (City, State) <input type="checkbox"/> Current Employer <input type="checkbox"/> Former Employer	Type of work:
Union Member <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what union? Union Address (City, State) and phone no.:	Local #:
Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what branch? <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Reserves	
Other Income: <input type="checkbox"/> Unemployment <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement <input type="checkbox"/> Self-employed	

**MEDICAL/HEALTH INSURANCE INFORMATION:**

Does the parent have medical/health insurance for the children? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are the children covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name & address of insurance company (City, State)			
Policy No.	Group No.		

**RESOURCE INFORMATION:**

Vehicles (car, boat, trailer, RV, etc.)? Make:	Model:	Year:	License #:	State:
Property Owned (home, land, buildings, etc.)? Address/Location (City, State):				
Bank Accounts (Checking, Savings, CD, IRA, Retirement, etc.)? Location (Bank name, City, State)				

**PAYMENT HISTORY FOR NONCUSTODIAL PARENT (NCP)** (starting with most recent month)

NCP's Name: \_\_\_\_\_

YEAR: \_\_\_\_\_

YEAR: \_\_\_\_\_

YEAR: \_\_\_\_\_

Month	Amount Due	Amount Paid	Month	Amount Due	Amount Paid	Month	Amount Due	Amount Paid
Jan			Jan			Jan		
Feb			Feb			Feb		
Mar			Mar			Mar		
Apr			Apr			Apr		
May			May			May		
June			June			June		
July			July			July		
Aug			Aug			Aug		
Sept			Sept			Sept		
Oct			Oct			Oct		
Nov			Nov			Nov		
Dec			Dec			Dec		
<b>TOTAL</b>			<b>TOTAL</b>			<b>TOTAL</b>		

YEAR: \_\_\_\_\_

YEAR: \_\_\_\_\_

YEAR: \_\_\_\_\_

Month	Amount Due	Amount Paid	Month	Amount Due	Amount Paid	Month	Amount Due	Amount Paid
Jan			Jan			Jan		
Feb			Feb			Feb		
Mar			Mar			Mar		
Apr			Apr			Apr		
May			May			May		
June			June			June		
July			July			July		
Aug			Aug			Aug		
Sept			Sept			Sept		
Oct			Oct			Oct		
Nov			Nov			Nov		
Dec			Dec			Dec		
<b>TOTAL</b>			<b>TOTAL</b>			<b>TOTAL</b>		

\_\_\_\_\_  
Name of Applicant (please print)

\_\_\_\_\_ County, Nevada SIGNED AND SWORN TO BEFORE ME

\_\_\_\_\_  
Signature of Applicant

ON \_\_\_\_\_ BY \_\_\_\_\_  
Date Name of person who signed and swore

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary



**GENERAL QUESTIONNAIRE MUST BE COMPLETED, DATED AND SIGNED BEFORE WE CAN PROCESS YOUR CASE.**

**GENERAL QUESTIONNAIRE**

Please answer the following questions based upon your own personal knowledge. If you do not know the answer to a question, please indicate "I don't know." Please provide as much detail as possible in your answers.

1. Has the non-custodial parent ever resided in this state?
  - a. If yes, when the last time he/she resided in Nevada?
  - b. Where did he/she reside?
  - c. How long did he/she reside in Nevada?
  - d. When he/she resided in Nevada, was he/she employed?
  - e. When he/she resided in Nevada, did he/she provide support for the child(ren)?
    - (1) Purchase clothing?
    - (2) Purchase toys?
    - (3) Purchase food?
    - (4) Pay money as child support?
  - f. When he resided in Nevada, did he ever pay for any prenatal expenses? (Doctor visits, hospital bills)
2. Has the non-custodial parent ever resided with the minor child(ren) in this state?
  - a. If yes, when was the last time he/she resided with the child(ren) in Nevada? (Month/Year)

b. How long did he/she reside with the child(ren) in Nevada?

c. Where did he/she reside with the child(ren)?

3. Does the child live in Nevada as a result of the acts of the non-custodial parent?

a. If yes, please explain in detail.

**If you are requesting the establishment of paternity, please answer the following questions:**

4. Did you and the non-custodial parent ever engage in sexual intercourse in this State during the period of conception of the child(ren)?

a. If yes, when did you engage in sexual intercourse in Nevada? (please give specific dates)

b. Where did you engage in sexual intercourse?

c. Are there any other possible places of conception outside this state?

**NOTICE:** Yours and the minor child's residential address and social security numbers must be included in the Petition which will be sent to the Responding Jurisdiction and/or filed with the Court and made a public document, UNLESS, a tribunal orders that the information not be disclosed. For a tribunal to order that the information not be disclosed, you must demonstrate that your or the minor child's health, safety, or liberty would be unreasonably put at risk by the disclosure of the information. IF YOU FEEL THAT YOU MEET ANY OF THESE CRITERIA, PLEASE FILL OUT THE CLAIM OF RISK FOR NONDISCLOSURE FORM.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date

WASHOE COUNTY DISTRICT ATTORNEY  
FAMILY SUPPORT DIVISION

**NOTICE**

Pursuant to NRS 130.207 (Uniform Interstate Family Support Act), this office gives notice to all known parties that Washoe County will identify the controlling order which must be recognized.

You must supply a certified copy of every child support order which applies to the child(ren) for whom you're seeking support. Please attach your order(s) to the completed and signed Statement of Prior Order(s) (attached to this letter). The determination of controlling order will be made and that order will be enforced.

A copy of the Order Determining the Controlling Order will be filed with each tribunal which issued or registered an earlier order of child support.

## STATEMENT OF SUPPORT ORDER(S)

Custodian	Noncustodian
Child _____	DOB _____
Child _____	DOB _____
Child _____	DOB _____
Child _____	DOB _____

1. \_\_\_ I have no child support order(s) involving the above parties **(No further information is required except you must sign and date this form).**
2. \_\_\_ I have the following child support order(s) involving the above parties.

STATE that issued the order:	NUMBER on order:	DATE on order:	STATE that registered the order:
A) _____	_____	_____	_____
B) _____	_____	_____	_____
C) _____	_____	_____	_____
D) _____	_____	_____	_____

I have attached certified copies of these order(s).

I truthfully state that to the best of my knowledge the above is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FORM MUST BE COMPLETED, DATED AND SIGNED BEFORE WE CAN PROCESS YOUR CASE.**



**D. Information about Current Spouse or Partner of Child(ren)'s Mother**

1. Name of Current Spouse or Partner (First, Mid, Last)	2. Is Current Spouse/Partner Employed? [ ] Yes [ ] No [ ] Unknown
3. Name and Address of Spouse's/Partner's Employer	4. Spouse's/Partner's Estimated Gross Monthly Earnings \$

**E. Is the child(ren)'s mother responsible for dependents other than those listed in Section V (pages 4 & 5)?**

[ ] Yes [ ] No [ ] Unknown (If yes, provide information below.)

1.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
2.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
3.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:

**II. Personal Information About Child(ren)'s Father**

[ ] See Section X

A.1. Father is: [ ] Obligee [ ] Obligor	2. [ ] Nondisclosure Finding Attached	
3. Full Name (First, Mid, Last) Nickname, Alias		
4. Home Address [ ] Confirmed _____(date)	5. Social Security Number	6. Date of Birth
	7. Home Phone ( )	8. Work Phone ( )
9. Employer Name & Address [ ] Confirmed _____(date)	10(a). Occupation, Trade or Profession  10(b). Highest Level Of Education Attained	
11. Estimated Gross Monthly Earnings \$	12. Other Monthly Income (& source) \$	
13. Real or Personal Property (type & location)		

**B. Physical Description of Child(ren)'s Father (Attach photo if available.)**

1. Race	2. Height	3. Weight	4. Hair Color	5. Eye Color
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**C. Present Marital Status of Child(ren)'s Father**

1. <input type="checkbox"/> Married	2. <input type="checkbox"/> Single	3. <input type="checkbox"/> Living with Non-Marital Partner
4. <input type="checkbox"/> Divorced	5. <input type="checkbox"/> Legally Separated	6. <input type="checkbox"/> Separated
		7. <input type="checkbox"/> Unknown

**D. Information about Current Spouse or Partner of Child(ren)'s Father**

1. Name of Current Spouse or Partner (First, Mid, Last)	2. Is Current Spouse/Partner Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3. Name and Address of Spouse's/Partner's Employer	4. Spouse's/Partner's Estimated Gross Monthly Earnings \$

**E. Is the child(ren)'s father responsible for dependents other than those listed in Section V (pages 4 & 5)?**

Yes  No  Unknown (If yes, provide information below.)

1.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
2.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
3.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:

**III. Personal Information About Caretaker Other than Parent**

See Section X

1. Caretaker's Relation to Child is: <input type="checkbox"/> Has legal custody/guardianship of child	2. <input type="checkbox"/> Nondisclosure Finding Attached		
3. Full Name (First, Mid, Last) Nickname, alias, maiden name, former married name, etc.			
4. Home Address <input type="checkbox"/> Confirmed _____(date)	5. Social Security Number	6. Date of Birth	7. Sex
	8. Home Phone ( )	9. Work Phone ( )	
10. Employer Name & Address <input type="checkbox"/> Confirmed _____(date)	11(a). Occupation, Trade or Profession		
	11(b). Highest Level Of Education Attained		
12. Estimated Gross Monthly Earnings \$	13. Other Monthly Income (& source) \$		
14. Date Child(ren) Began Residing With Caretaker			

**IV. Legal Relationship of Parents**

See Section X

1.  Never married to each other    2.  Married on \_\_\_\_\_ in \_\_\_\_\_  
Date County/State
3.  Married by common law for the period \_\_\_\_\_ in \_\_\_\_\_  
Dates County/State
4.  Separated on \_\_\_\_\_    5.  Divorced on \_\_\_\_\_ in \_\_\_\_\_  
Date Date County/State
6.  Legally separated on \_\_\_\_\_ in \_\_\_\_\_  
Date County/State
7.  Divorce pending in \_\_\_\_\_    8.  Support Order Entered on \_\_\_\_\_  
County/State Date
9.  No support order    10.  Other \_\_\_\_\_
11. Tribunal & Location (Divorce, Legal Separation, Support Order): \_\_\_\_\_

**V. Dependent Child(ren) in this Action**

See Section X

A. List obligor's (named on page 1 of this form) child(ren) only.

Nondisclosure Finding Attached

1. a. Full Legal Name (First, Mid, Last)		f. Paternity Established? <input type="checkbox"/> Yes (check how) <input type="checkbox"/> No <input type="checkbox"/> By order <input type="checkbox"/> By voluntary acknowledgment <input type="checkbox"/> By adoption <input type="checkbox"/> By conclusive marital presumption <input type="checkbox"/> Other:
b. Address		
c. Social Security Number		g. Support Order Established? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Sex	e. Date of Birth	h. Living with Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. a. Full Legal Name (First, Mid, Last)		f. Paternity Established? <input type="checkbox"/> Yes (check how) <input type="checkbox"/> No <input type="checkbox"/> By order <input type="checkbox"/> By voluntary acknowledgment <input type="checkbox"/> By adoption <input type="checkbox"/> By conclusive marital presumption <input type="checkbox"/> Other:
b. Address		
c. Social Security Number		g. Support Order Established? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Sex	e. Date of Birth	h. Living with Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No

3. a. Full Legal Name (First, Mid, Last)		f. Paternity Established? <input type="checkbox"/> Yes (check how) <input type="checkbox"/> No <input type="checkbox"/> By order <input type="checkbox"/> By voluntary acknowledgment <input type="checkbox"/> By adoption <input type="checkbox"/> By conclusive marital presumption <input type="checkbox"/> Other:
b. Address		
c. Social Security Number		g. Support Order Established? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Sex	e. Date of Birth	h. Living with Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No

4. a. Full Legal Name (First, Mid, Last)		f. Paternity Established? <input type="checkbox"/> Yes (check how) <input type="checkbox"/> No <input type="checkbox"/> By order <input type="checkbox"/> By voluntary acknowledgment <input type="checkbox"/> By adoption <input type="checkbox"/> By conclusive marital presumption <input type="checkbox"/> Other:
b. Address		
c. Social Security Number		g. Support Order Established? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Sex	e. Date of Birth	h. Living with Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No

B. The child(ren) began residing in \_\_\_\_\_ State \_\_\_\_\_ on \_\_\_\_\_ Month/Year \_\_\_\_\_.

**VI. Medical Insurance**

See Section X

- 1. Is obligor required by a child support order to provide medical insurance for the child(ren)?  Yes  No
- 2. Is obligor required by a child support order to provide medical insurance for the obligee?  Yes  No
- 3. Medical coverage for dependent child(ren) listed in Section V and/or the obligee is provided by:

	For dependent child(ren)	For obligee	
Obligee	<input type="checkbox"/>	<input type="checkbox"/>	Obligee's Insurance Company:
Obligor	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number:
State Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	Obligor's Insurance Company:
Obligee's Employer	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number:
Obligor's Employer	<input type="checkbox"/>	<input type="checkbox"/>	Other Insurance Company:
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number:
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	
No Coverage	<input type="checkbox"/>	<input type="checkbox"/>	

4. The monthly cost paid by the obligee for medical insurance for the obligor's child(ren) only is: \$ \_\_\_\_\_  
 (If medical insurance is provided by the obligee or obligee's employer, skip to number 6).

5. Obligee can purchase needed medical insurance at a monthly cost of: \$ \_\_\_\_\_

6. Were the children ever covered by medical insurance provided by the obligor/obligee, or his/her current employer?  
 Yes  No  Unknown

7. Do any of the obligor's children have special needs or extraordinary medical expenses not covered by insurance?  
 Yes  No

(If "Yes", please indicate the child involved and the type of special needs/extraordinary medical expenses and the related costs. Attach proof.)

8. Is the obligee asking to be reimbursed for medical coverage by obligor?  Yes  No  Unknown

**VII. Support Order and Payment Information**

See Section X

1. Does a support order exist? (If "No", skip to page 7.)  Yes  No
2. Did child(ren) reside with the obligor at anytime during the period for which support is sought, except during periods of visitation specified by a tribunal's order?  Yes  No If "Yes", Identify Period of Residency:  
 From: \_\_\_\_\_ Thru: \_\_\_\_\_
3. If a modification is being requested, indicate the basis for the request below:  
 The earnings of the obligor have substantially increased or decreased.  
 The earnings of the obligee have substantially increased or decreased.  
 The needs of a party or of the child(ren) have substantially increased or decreased.  
 Other, Explain \_\_\_\_\_
4. Describe all current support orders (include all pertinent orders and modifications). NOTE: if more than three (3) orders exist, attach complete description as below for each.

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$ _____ as of _____ (date)		Total Arrears \$ _____ as of _____ (date)		
Tribunal's Name & Address				

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$ _____ as of _____ (date)		Total Arrears \$ _____ as of _____ (date)		
Tribunal's Name & Address				

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$ _____ as of _____ (date)		Total Arrears \$ _____ as of _____ (date)		
Tribunal's Name & Address				

5. Unpaid Medical Cost Reimbursement (attach documentation) \$ \_\_\_\_\_ as of \_\_\_\_\_ Date

6. Other Unpaid Costs and Fees \$ \_\_\_\_\_ as of \_\_\_\_\_ Date

Explain: \_\_\_\_\_

7. Direct Payments to Oblige:  Affidavit from Oblige Attached  No Direct Payments Received

8. Obligor's support payment history:

- Certified copy of tribunal/agency payment history is attached. (Skip to page 7).  Payment history provided on page 6a.  N.A.; responding State does not require. (Skip to page 7).

From (Year) to (Year):	Agency Which Prepared Audit/Payment History:
------------------------	--

**INSTRUCTIONS FOR PAYMENT HISTORY (Page 6a of the General Testimony)**

**PAGE 6A MUST BE FILLED OUT AND SIGNED AND NOTORIZED BEFORE THE APPLICATION CAN BE PROCESSED.**

**NOTE:** Effective July 1, 2002, when there is no child support order the Child Support Enforcement Program will only seek to recover past due support, on behalf of the applicant, from the original IV-D application date, not to exceed the four (4) year statute of limitations.

1. If there is no order for child support, you **MUST** indicate in the Amount Paid column whether you have received any payments in the month you have signed this application. You **MUST** sign the bottom of page 6a and have it notarized.
2. If there is an order for child support you **MUST** list the amount of the child support in the Amount Due column and the month and year the non-custodial parent became delinquent and every month thereafter through the date you are applying for services. You **MUST** also list all payments received for the same time period in the Amount Paid column.

**PAGE 6A MUST BE SIGNED IN THE PRESENCE OF A NOTARY BEFORE THIS APPLICATION CAN BE PROCESSED.**





VIII. TANF / Foster Care/Medical Assistance Status

[ ] See Section X

[If no TANF/Foster Care/Medical Assistance benefits were paid, skip to Section IX.]

1. Period during which TANF/Foster Care was paid:

From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ by: \_\_\_\_\_
First month year Last month year State

2. Total amount of TANF/Foster Care paid: \$ \_\_\_\_\_ as of \_\_\_\_\_ Date

3. Medical assistance related to prenatal, postnatal, or general expenses was paid in the amount of \$ \_\_\_\_\_
by: \_\_\_\_\_ Agency or Person

IX. Financial Information

[ ] See Section X

Information required varies based on responding State's guidelines. Updates may be required.

A. Monthly Income from All Sources:

1. Is the petitioner employed? [ ] Yes; occupation: \_\_\_\_\_ [ ] No; income source: \_\_\_\_\_

Table with 4 columns: Description, Petitioner, Current Spouse/Partner, Obligor's Dependent(s). Rows include Public Assistance (SSI, Family, Other), Base pay salary, wages, Overtime, commissions, tips, bonuses, parttime, Unemployment compensation, Worker's compensation, Social Security Disability, Social Security Retirement, Dividends and interest, Trust/Annuity Income, Pensions, retirement, Child support, Spousal support/alimony, All other sources.

Explain "other sources": \_\_\_\_\_

3. Total Gross Monthly (lines "2a" through "2m") \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Table with 4 columns: Description, Petitioner, Current Spouse/Partner, Obligor's Dependent(s). Rows include Deductions From Gross: a) Federal Income Tax, b) State Income Tax, c) Local Tax, d) F.I.C.A.

	<u>Petitioner</u>	<u>Current Spouse/Partner</u>	<u>Obligor's Dependent(s)</u>
5. Adjusted Net Monthly (lines "3" minus lines "4a through 4d")	\$ _____	\$ _____	\$ _____
6. Other Deductions			
a) Savings	\$ _____	\$ _____	\$ _____
b) Loan Repayment	\$ _____	\$ _____	\$ _____
c) Mandatory Retirement	\$ _____	\$ _____	\$ _____
d) Non-mandatory Retirement	\$ _____	\$ _____	\$ _____
e) Medical Insurance	\$ _____	\$ _____	\$ _____
f) Union Dues	\$ _____	\$ _____	\$ _____
g) Other (specify)	\$ _____	\$ _____	\$ _____
7. Net Monthly Income (line 5 minus lines "6a through 6g")	\$ _____	\$ _____	\$ _____
8. Gross Income Prior Year	\$ _____	\$ _____	\$ _____

Attach three most recent paystubs from each current employer for all parties shown.

**B. Monthly Expenses**

	<u>Petitioner</u>	<u>Obligor's Dependents</u>
1) Rent/Mortgage	\$ _____	\$ _____
2) Homeowners/Renters Insurance	\$ _____	\$ _____
3) Home Maintenance & Repair	\$ _____	\$ _____
4) Heat	\$ _____	\$ _____
5) Electricity/Gas	\$ _____	\$ _____
6) Telephone	\$ _____	\$ _____
7) Water/Sewer	\$ _____	\$ _____
8) Food	\$ _____	\$ _____
9) Laundry/Cleaning	\$ _____	\$ _____
10) Clothing	\$ _____	\$ _____
11) Life Insurance	\$ _____	\$ _____
12) Medical Insurance	\$ _____	\$ _____
13) Uninsured Extraordinary Medical (attach documentation)	\$ _____	\$ _____
14) Other Uninsured Health-Related Expenses	\$ _____	\$ _____
15) Auto Payment	\$ _____	\$ _____
16) Auto Insurance	\$ _____	\$ _____
17) Auto Expenses	\$ _____	\$ _____
18) Other Transportation	\$ _____	\$ _____
19) Child Care	\$ _____	\$ _____
Provider: _____ Frequency _____ Per _____		
20) Support Payments, actual amount paid	\$ _____	\$ _____
21) Internet service	\$ _____	\$ _____
22) Other; Explain	\$ _____	\$ _____
<b>Total Monthly Expenses (lines 1 through 22)</b>	<b>\$ _____</b>	<b>\$ _____</b>

**C. Assets:**

1) Real Estate

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Owner(s) \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_

\$ \_\_\_\_\_ Assessed Value      minus      \$ \_\_\_\_\_ Mortgage(s)      =      \$ \_\_\_\_\_

2) IRA, Keogh, Pension, Profit Sharing, Other Retirement Plans

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ Institution or Plan Name and Account No. \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ Institution or Plan Name and Account No. \_\_\_\_\_

3) Tax Deferred Annuity Plan(s)

\$ \_\_\_\_\_

4) Life Insurance: Present Cash Value

\$ \_\_\_\_\_

5) Savings & Checking Accounts, Money Market Accounts, & CDs

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ Institution Name and Account Number \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ Institution Name and Account Number \_\_\_\_\_

6) Automobiles/Vehicles

\_\_\_\_\_ \$ \_\_\_\_\_ minus \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Make                      Model                      Year                      Estimated Value                      Loan Balance

\_\_\_\_\_ \$ \_\_\_\_\_ minus \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Make                      Model                      Year                      Estimated Value                      Loan Balance

\_\_\_\_\_ \$ \_\_\_\_\_ minus \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Make                      Model                      Year                      Estimated Value                      Loan Balance

7) Other (e.g., Personal Property, Securities, etc). Describe: \_\_\_\_\_ \$ \_\_\_\_\_

Total Assets (lines 1 through 7) \$ \_\_\_\_\_

**X. Other Pertinent Information**

(Attach additional sheets if necessary).

**XI. Verification**

Attached are the required number of copies of all support orders for the case.

Also attached and incorporated by reference are:

Copy of the certified child support payment records.

Copies of three most recent paystubs from current employer.

Copies of bills for prenatal, postnatal and general health care of mother and child.

Assignment or subrogation of support rights.

"Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue.

Copy of child(ren)'s birth certificate(s).

Acknowledgment of parentage.

Documentation of legal custody/guardianship of child(ren).

Documentation that children are in foster care.

Other: \_\_\_\_\_

All of the information and facts contained in this General Testimony are true and correct to my/our best knowledge and belief.

Date	Petitioner (Name/Title)	Signature
------	-------------------------	-----------

Date	Agency Representative (Name/Title)	Signature
------	------------------------------------	-----------

Sworn to and Signed Before me This Date County/State	Notary Public, Tribunal/Agency Official and Title	Commission Expires
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**SECTION II (TO BE COMPLETED BY MOTHER ONLY)**

1. I had sexual intercourse with another man (other than the man I am naming as the child's natural father) during the time 30 days before or 30 days after the child was conceived.  Yes  No.  
(If Yes, complete the following).

- a. The name(s) and address(es) of the other man/men:
  
- b. The other man/men are biologically related to the man I am naming as the child's natural father.  
 Yes  No. If Yes, explain the biological relationship (e.g., brother, cousin, uncle, etc.)
  
- c. I do not believe the other man/men is/are the father because:

2. I was married at the time of this child's birth.  Yes  No. (If Yes, complete the following)

- a. Husband's name (first, middle, last) and last known address:
  
- b. Explain why the husband is not the father of this child occurred within a year of the end of including divorce decree, blood test results and prior findings of nonpaternity, if any:

3. \_\_\_\_\_ is the father of this child. The following facts support my allegations of paternity:

Name (First, Middle, Last)

- |  |  |  |
|--|--|--|
| a. We lived together.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dates: _____ To _____                            |
| b. I have told welfare officials that he is the father of this child.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Location _____                                   |
| c. I told him that he was the father of the child.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| d. He is named as the father on the birth certificate.   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached |
| e. He signed an acknowledgment of paternity <b>before an acknowledgment became a legal finding of paternity under State law.</b>                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached |
| f. He admitted being the father of the child.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| g. He sent cards/letters regarding the pregnancy and/or about the child.   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Copies Attached         |
| h. He was present at the birth of the child.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| i. He visited the child at the hospital following birth.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| j. He offered to pay abortion expenses.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| k. He offered to pay medical expenses.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| l. He paid for birth related expenses.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| m. He claimed the child on tax returns.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Don't Know              |
| n. He has provided food, clothing, gifts or financial support for the child.   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV                    |
| o. He lived with the child.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV                    |
| p. He visited the child.   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV                    |
| q. The child resembles him. <input type="checkbox"/> Photo attached  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV                    |
| r. There are witnesses to my relationship with him.<br>(If Yes, list names and addresses and briefly describe relevant facts known by each under Section IV) | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

**SECTION III (TO BE COMPLETED BY FATHER ONLY)**

The following facts support my belief and statements that I am the father of this child:

- a. The mother and I lived together.  Yes  No Dates: \_\_\_\_\_ To \_\_\_\_\_  
Location \_\_\_\_\_
- b. The mother told me that I am the father of the child.  Yes  No
- c. I am named as the father on the birth certificate.  Yes  No  Certified Copy Attached
- d. I signed an acknowledgment of paternity **before an acknowledgment became a legal finding of paternity under State law.**  Yes  No  Certified Copy Attached
- e. I was present at the birth of the child.  Yes  No
- f. I visited the child at the hospital following birth.  Yes  No
- g. I offered to pay abortion expenses.  Yes  No
- h. I offered to pay medical expenses.  Yes  No
- i. I paid for birth related expenses.  Yes  No
- j. I claimed the child on tax returns.  Yes  No
- k. I have provided food, clothing, gifts or financial support for the child.  Yes  No If Yes, explain in Section IV
- l. I lived with the child.  Yes  No If Yes, explain in Section IV
- m. I visited the child.  Yes  No If Yes, explain in Section IV
- n. The child resembles me.  Photo attached  Yes  No If Yes, explain in Section IV
- o. There are witnesses to my relationship with the child's mother.  Yes  No  
(If Yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

**SECTION IV -- OTHER PERTINENT INFORMATION** (including detailed explanations for "Yes" responses in Section II or Section III above)

Continued On Attached Sheet(s), incorporated by reference.

All of the information and facts contained in this AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY are true and correct to my best knowledge and belief. I agree to submit myself and, if I am the custodian, my child to genetic testing as may be necessary to establish paternity.

\_\_\_\_\_  
Date Signature

\_\_\_\_\_  
Sworn to and Signed before me Notary Public/Official and Title  
this Date, County and State

\_\_\_\_\_  
Commission Expires



# Washoe County District Attorney

**RICHARD A. GAMMICK  
DISTRICT ATTORNEY**

## **OBLIGOR'S REQUEST AND AUTHORIZATION FOR SERVICES FROM THE WASHOE COUNTY DISTRICT ATTORNEY'S OFFICE-FAMILY SUPPORT DIVISION**

I, \_\_\_\_\_, hereby request the services of the Washoe County District Attorney, Family Support Division, to assist me in my efforts to establish paternity, and/or enforce my support order. I am applying for such child support services under the Child Support Enforcement Program of Title IV-D of the Social Security Act.

I understand and acknowledge that by making this request I am entitled to all services provided by the District Attorney's Office and am submitting myself to all enforcement and collection tools utilized by the this Office including but not limited to, contempt or driver's license suspension actions, IRS tax refund intercepts, garnishments, executions, liens, etc. See Federal Regulation 54FR32284, at 32302 August 4, 1989 "When an individual receives IV-D services, they may not dictate which services they receive."

I understand that once this case has been opened and the custodian has been notified, I may not close this case without the consent of said custodian.

I authorize the District Attorney's Office to issue a wage assignment to my employer immediately/ after missing one payment.

\_\_\_\_I agree to submit to genetic testing.

\_\_\_\_\_  
Obligor

STATE OF NEVADA     )  
  )  
COUNTY OF WASHOE    )

This Instrument was acknowledged before me on \_\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

**DO NOT SIGN UNTIL YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC.**