

FIL-AM MULTI SERVICES INTERNATIONAL

150 N. Center St., Suite 301
Reno, Nevada 89501

DIVORCE INFORMATION FORM

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 #: _____ State: _____

NONCUSTODIAL PARENT

D/M & Place: _____

Name: _____
(First) (Middle) (Last)
Residential Address: _____ Apt. #: _____
Mailing Address: _____ Apt. #: _____
City: _____ State: _____ ZIP: _____ Telephone Number () _____
Social Security Number: _____ Date of Birth: _____
Driver's License #: _____ State: _____

CHILD(REN) INVOLVED IN THIS CASE:

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

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

Does this case involve domestic violence against you and/or the child(ren)?

YES NO

Have you requested child support enforcement services from the district attorney's office (IV-D Services)?

YES NO

.....STATE OF NEVADA requires a third party to sign an affidavit that plaintiff have been a resident of this State for a period of not less than 6 WEEKS.....

NAME OF WITNESS: _____

ADDRESS OF WITNESS: _____

DATE WITNESS MOVED TO NEVADA: _____

RELATIONSHIP TO PLAINTIFF: _____

HOW LONG HAVE YOU BOTH (plaintiff & witness) RESIDED IN NEVADA AT THE SAME PERIOD OF TIME ? _____ YEAR _____ MONTH

I, the undersigned, am the person initiating this divorce proceeding and declare that I am and have been a legal resident of the State of Nevada for a period of no less than SIX 6 WEEKS, as required by the Nevada Revised Statutes, and have been duly and physically present in this State since (date) _____

SIGNATURE: _____ DATE: _____