OFFICE OF THE DISTRICT ATTORNEY
Family Support Division
CHILD SUPPORT CENTER OF SOUTHERN NEVADA
1900 E. Flamingo Road · Las Vegas, NV 89119-5168
Fax: (702) 366-2410
(702) 671-9200

IMPORTANT: Please print legibly to avoid delay in processing.

CASE NO./SS#: _____ EFFECTIVE DATE: _____

NON-CUSTODIAL PARENT: _____ CUSTODIAL PARENT: _____

TYPE OF CHANGE: (CHECK THOSE BOXES THAT APPLY & COMPLETE THE APPROPRIATE SECTION(S)

☐ **NAME (Section 2)** ☐ **ADDRESS/PHONE (Section 2)** ☐ **NEW EMPLOYER (Section 3)**

☐ **DROP OFF INFO** ☐ **REQUEST FOR HEARING (Section 4, see reverse)** ☐ **OTHER (Section 5, see reverse)**

SECTION 2 ***Please include all information, including apartment number and zip code.**

NEW NAME/ADDRESS/PHONE/EMAIL FOR:

(CHOOSE ONE) ☐ **CUSTODIAL PARENT** ☐ **NON-CUSTODIAL PARENT**

NEW NAME: LAST _____ FIRST _____ MIDDLE _____

NEW ADDRESS: _____ APT# _____

CITY/STATE/ZIP CODE: _____ HOME PHONE: _____

EMAIL ADDRESS: _____ CELL PHONE: _____

EMERGENCY CONTACT NAME: _____

ADDRESS: _____ PHONE: _____

SECTION 3 ***Please do not abbreviate and include all known information.**

EMPLOYER INFORMATION FOR:

(CHOOSE ONE) ☐ **CUSTODIAL PARENT** ☐ **NON-CUSTODIAL PARENT**

EMPLOYER NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____ TELEPHONE: _____

EMAIL ADDRESS: _____

SECTIONS 4 & 5 ON REVERSE

SECTION 4 **REQUEST FOR HEARING**

I request a hearing regarding: ☐ **Duty of Support** ☐ **Arrearages** ☐ **Income Withholding** ☐ **Insurance**

☐ **My denial of paternity of: _____ Other: _____**

My reasons for asking for a hearing are as follows: _____

_____

_____

_____

_____

_____

SECTION 5

Other: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Print Name: _____ Signature: _____

Address:_____

Home Phone: _____ Cell Phone: _____ Date: _____

State of Nevada, County of Clark
Signed or attested before me on the _____ day of _____, 20_____

By _____

Rev. 2/2013