DOMESTIC OR FAMILY VIOLENCE STATEMENT

I believe the release of my and/or the child(ren)'s address and/or other identifying information would unreasonably put me and/or the child(ren)'s health, safety, or liberty at risk.

☐ NO

☐ YES. Explain fully and attach filed copies of all relevant court orders and other documentation.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(If additional space is needed, continue on a separate sheet of paper.)

Disclosure of Information:

Any information contained in this application can be used in other cases in which you are involved, such as a change in child custody where you become a noncustodial parent. Information contained in CSE program cases is not given to anyone not directly involved in the administration of the program.

If the CSE program requests assistance of another state, the Uniform Interstate Family Support Act of 1996 (UIFSA) requires personal identifying information be provided to that state about you and the children in your custody, such as resident address. Nevada law provides protection for you and the children in your custody if there is serious risk of family violence or child abduction. A court can order personal identifying information not be given if the health, safety or liberty of you or the children in your custody would be at risk.

Declaration:

I declare under penalty of perjury that the information I have provided on this statement is true and correct.

_____ _____

Name of Applicant (Please Print) Signature of Applicant Date