JUSTICE COURT, HENDERSON TOWNSHIP
CLARK COUNTY, NEVADA

ADVERSE PARTY INFORMATION WORKSHEET- HARM TO MINORS

(If any information is unknown, please indicate "unknown")

*SHADED FIELDS ARE MANDATORY. If HEIGHT AND WEIGHT ARE UNKNOWN, PLEASE ESTIMATE

Defendant's Name:_____ Other Name(s) Used_____

Address:_____

City:_____ State:_____ Zip Code:_____

Home Phone:_(____)_____ Alternate Phone:(_____)_____

Date of Birth:_____ or Estimated Age if birth date unknown _____

Social Security Number:_____ Sex: M__ F__ Race:_____

Height:_____ Weight_____ Hair Color:_____ Eye Color:_____

Drivers License No. and State Issued _____ Birth place:_____

Identifying Scars, Marks, Tattoos; Description and Location:_____

To your knowledge, is Defendant a convicted sex offender? Yes No
If Yes, In Which State(s)?_____

What is the Defendant's relationship to the victim (i.e., friend, stranger, neighbor, relative, etc.)?_____

Occupation:_____ Work Days and Shift Worked:_____

Employer Name:_____

Employer Address:_____

City:_____ State:_____ Zip Code:_____ Business Phone:(____)_____

Are you aware of any relevant court proceedings involving this person? Yes__ No__

If yes, please explain:_____

Court Use Only

Case No._____	**Id No.**_____
DR No._____	

CONFIDENTIAL