Clear Form

DONNA'S HOUSE CENTRAL
A Court Connected Program Operated by Family First Services
601 N. Pecos Rd, Bldg B, Las Vegas, NV 89101
Phone: 702-455-4229 • Email: DHC@CLARKCOUNTYCOURTS.US

CASE NUMBER: _____

Name: _____ Date of Birth: _____

Cell Phone: _____ Home Phone: _____

E-mail Address: _____

Name of Minor Child(ren) in this case

	First	Middle	Last	Date of Birth	Child resides with whom?
1.					
2.					
3.					
4.					
5.					
6.					

Your relationship to the child(ren):_____ (i.e., mother, father, grandmother, uncle, etc.)

Child(ren)'s Special Needs: (e.g., disabilities, etc.)

Emergency Contact Person(s):

Name: _____ Phone: _____ Email: _____

Relationship to child:

_____

# of Household Members: _____

Income: _____ ☐ Monthly ☐ Annual

Public Assistance: ☐ Yes ☐ No

_____ /S/_____

Date Signature

To email a copy of this document to Donna's House Central **Email Form**

FOR INTERNAL USE ONLY:

Copy of Driver's License /Government Issued ID: ☐

Income/Public Assistance Verified: ☐

# of Household Members: ☐

Payment Responsibility Based on Court Order: Yes ☐ No ☐

☐ Visitation ☐ Exchange Calculated Amount Due per Sliding Scale: _____