

Joe Lombardo  
Governor

Laura Rich  
Director



**DEPARTMENT OF  
HUMAN SERVICES**  
DIVISION OF SOCIAL SERVICES  
*Helping people. It's who we are and what we do.*



Robert H. Thompson  
Administrator

**FOR OFFICIAL USE ONLY**

**DATE STAMP**

DATE APPLICATION REQUESTED \_\_\_\_\_

DATE APPLICATION PROVIDED \_\_\_\_\_

DATE APPLICATION RECEIVED \_\_\_\_\_

**APPLICATION FOR CHILD SUPPORT SERVICES**

CASE NUMBER: \_\_\_\_\_

PLEASE CAREFULLY READ THE FOLLOWING INFORMATION.

**Child Support Enforcement (CSE) Program Services:**

- Locate all noncustodial parents and/or sources of income and/or assets;
- Establish paternity (determine who is the father of the child(ren));
- Establish financial and medical support;
- Enforce financial and medical support;
- Review and adjust existing child support orders;
- Collect and distribute financial and medical support payments.

The CSE program:

- must provide all the above services to all individuals, unless the individual is a Medicaid recipient and the Medicaid recipient notifies the CSE program in writing they only want medical support services;
- has sole discretion in determining which legal remedies are used to provide the above services and cannot guarantee success;
- may request assistance of another state and, thereby, be subject to the laws of that state. It may take ninety (90) days, or more, after the other state receives the request for services before any information is available;
- **does not** provide services involving custody, visitation or unpaid medical bills. However, these services may be available through a private attorney;
- will close your cases upon written request from you or when your case meets closure rules established by federal and state regulation.

**Important Information You Should Know:**

The CSE program:

- will impose a \$35 annual fee effective October 1, 2019 in each case where an individual has never received TANF cash assistance and for whom the State has collected at least \$550 of child support.
- represents the State of Nevada when providing services and no attorney-client privilege exists;
- is authorized to endorse and cash checks, money orders and/or other forms of payment made payable to you for support payments;
- child support payments will be made as a direct deposit into your bank account, or by a Nevada Debit Card. A Nevada Debit Card will be issued to you unless you request payments by direct deposit. For more information regarding direct deposit, please call toll free to the Child Support Customer Service Unit at (800) 992-0900 or check the Child Support Enforcement State Collections and Disbursement Unit (SCaDU) website at [https://dwss.nv.gov/uploadedFiles/dwssnv.gov/content/Home/Features/Forms/1116-MEC\\_Direct%20Deposit%20Info%20English.pdf](https://dwss.nv.gov/uploadedFiles/dwssnv.gov/content/Home/Features/Forms/1116-MEC_Direct%20Deposit%20Info%20English.pdf) to print a Direct Deposit Authorization Agreement.
- may collect past-due support by intercepting an IRS tax refund or other federal payment. If a tax intercept occurs, the CSE program has the authority to hold a joint tax refund for a period of six (6) months before distributing the funds. No interest is paid on the held funds. Funds collected from tax intercept are applied first to pay off any past-due support assigned to the State of Nevada. A nonrefundable fee is deducted by the federal government for any tax or federal payments intercepted by the CSE program.

By accepting cash or medical assistance for yourself or the child in your custody, you have made an assignment to the Division of Social Services of all rights to support from any person. Any unpaid support assigned to the State of Nevada may be enforced and collected until paid in full.

If you receive cash assistance, support payments are kept by the State of Nevada to pay off any past-due support assigned to the state. When you are off cash assistance, support payments are sent to you until you request case closure in writing. However, any unpaid support assigned to the State of Nevada may be enforced and collected until paid in full.

All support payments are sent to and processed by the CSE program and distributed according to federal and state regulations.

The CSE program is required by Title 42 of the United States Code, federal regulations, and state laws that established the CSE program to obtain the social security numbers (SSN) for those individuals receiving child support services. The SSN is needed to properly establish and enforce child support obligations based on program services and comply with reporting requirements contained in the federal and state laws and regulations previously mentioned. Any individual who fails to disclose this information may be denied child support services. The CSE program will use these SSNs only for the purpose of providing services outlined in the federal law, federal regulations, state laws, and state regulations that govern the CSE program.

In accordance with federal law and U.S. Department of Health and Human Services (HHS) policy, the Division of Welfare and Supportive Services is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (800) 368-1019 (voice) or (800) 537-7697(TDD).

### **Responsibilities:**

You are responsible for:

- providing all available information requested by the CSE program. This may include certified copies of a divorce decree and/or all existing support orders, copies of the children's birth certificates, and a photograph of the noncustodial parent;
- participating in genetic testing to establish paternity. If the genetic test proves the person named is not the father, you may be required to pay the cost of the genetic test;
- reporting when any of the following changes happen;
  1. Name change, new address or telephone number for home or work;
  2. A private attorney or collection agency is hired;
  3. Another child support or paternity legal action is filed;
  4. Filing for divorce;
  5. Receive support payments directly from the noncustodial parent;
  6. New address, telephone number, employment or health insurance for the noncustodial parent;
  7. Child(ren) no longer live with you;
  8. Child(ren) still in high school **after** age 18;
  9. Child(ren) become disabled **before** age 18;
  10. Child(ren) come to live with you or birth of another child;
  11. A child marries, is adopted, joins the armed forces or is declared an adult by court order.
- requesting a review and adjustment of the existing support order once every three years or if there is a significant change in circumstances;
- turning in support payments you receive directly from the noncustodial parent when you are receiving cash assistance;
- repayment of support amounts received in error, including support payments from an IRS tax refund which are adjusted by the IRS. If you fail to enter into a repayment agreement with the CSE program, the outstanding balance may be reported to a credit reporting agency and money collected on your behalf by the CSE program may be withheld for repayment. Additionally, legal action may be initiated against you.

### **Application Instructions:**

You must answer all questions. Please PRINT OR TYPE answers in black or blue ink. Check Yes, No, Unknown or write N/A (not applicable) in any space which does not apply. Use a separate sheet of paper if you need more room for any answer or if you have additional information regarding the noncustodial parent which is not covered by the questions on this form. **(Attach copies of all support court orders.) The application must be signed on pages 6 and 7. Services could be delayed if your application is not complete and signed.**

**COMPLETE THE FOLLOWING ABOUT YOU, THE CUSTODIAN (CST), OF THE CHILD(REN):**

Name ( Last, First, Middle)		Other Last Names Used	
Residential Address (Street Address, City, State & Zip Code)		Date applicant started living in Nevada?	
Mailing Address (If different than above)			
Home Phone No.		Work Phone No.	
Cell Phone No.		E-Mail Address:	
Social Security No.	Birth Date	Birth Place	<input type="checkbox"/> Male <input type="checkbox"/> Female
Height                  ft                  in	Weight                                  lbs	Hair Color: Eye Color:	Race:
Employer Name & Address (City, State, & Zip Code)			Job Title
Are you: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Living with a boyfriend or girlfriend			
What is <b>your</b> relationship to the children? (Mother, father, grandparent, etc.) Date children began living with you (month/year)?			

**MEDICAL/HEALTH INSURANCE INFORMATION:**

Do you and the children have satisfactory medical/health insurance (not Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No    Monthly cost?	
Is medical/health insurance available with your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No    Monthly cost?	<b>Please attach a copy of your medical/health insurance card.</b>

**PUBLIC ASSISTANCE (DIVISION OF SOCIAL SERVICES) INFORMATION:**

Did you apply for TANF cash assistance? <input type="checkbox"/> No    Yes    If Yes, where? (City, State) When? (Month/Year)
Have you or the children received TANF cash assistance in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where? (City, State)                                  What year(s)?

**CHILDREN INFORMATION:**

Child's Name (Last, First, Middle)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnancy began in what state?
Social Security No.	Birth Place: Birth Date:	Race	Date child started living in Nevada?
Child's Parents: <input type="checkbox"/> Never married <input type="checkbox"/> Lived together <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
Date mother stopped living with child:		Date father stopped living with child:	
Date Parents Married: City, State:		Date Parents Divorced: City, State:	
Mother's Name:		Father's Name: On birth record? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**CHILDREN INFORMATION Continued:**

Child's Name (Last, First, Middle)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnancy began in what state?
Social Security No.	Birth Place: Birth Date:	Race	Date child started living in Nevada?
Child's Parents: <input type="checkbox"/> Never married <input type="checkbox"/> Lived together <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
Date mother stopped living with child:		Date father stopped living with child:	
Date Parents Married: City, State:		Date Parents Divorced: City, State:	
Mother's Name:		Father's Name: On birth record? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Child's Name (Last, First, Middle)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnancy began in what state?
Social Security No.	Birth Place: Birth Date:	Race	Date child started living in Nevada?
Child's Parents: <input type="checkbox"/> Never married <input type="checkbox"/> Lived together <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
Date mother stopped living with child:		Date father stopped living with child:	
Date Parents Married: City, State:		Date Parents Divorced: City, State:	
Mother's Name:		Father's Name: On birth record? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Child's Name (Last, First, Middle)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnancy began in what state?
Social Security No.	Birth Place: Birth Date:	Race	Date child started living in Nevada?
Child's Parents: <input type="checkbox"/> Never married <input type="checkbox"/> Lived together <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
Date mother stopped living with child:		Date father stopped living with child:	
Date Parents Married: City, State:		Date Parents Divorced: City, State:	
Mother's Name:		Father's Name: On birth record? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Child's Name (Last, First, Middle)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnancy began in what state?
Social Security No.	Birth Place: Birth Date:	Race	Date child started living in Nevada?
Child's Parents: <input type="checkbox"/> Never married <input type="checkbox"/> Lived together <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
Date mother stopped living with child:		Date father stopped living with child:	
Date Parents Married: City, State:		Date Parents Divorced: City, State:	
Mother's Name:		Father's Name: On birth record? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**COMPLETE THE FOLLOWING ABOUT THE NONCUSTODIAL PARENT (NCP)** (parent who is absent from the children)

Name (Last, First, Middle)		Other Names Used:	
Residential Address (Street Address, City, State & Zip Code)		<input type="checkbox"/> Current Address <input type="checkbox"/> Last Known Address <input type="checkbox"/> Relative's Address	
Mailing Address (If different than above)		<input type="checkbox"/> Current Address <input type="checkbox"/> Last Known Address <input type="checkbox"/> Relative's Address	
Home Phone No.		Work Phone No.	
Cell Phone No.		E-Mail Address	
Social Security No.	Birth Date	Birth Place City, State	<input type="checkbox"/> Male <input type="checkbox"/> Female
Height                      ft                      in	Weight                                      lbs	Hair Color Eye Color	Race
Describe any scars, birthmarks or tattoos:			
Is the parent: <input type="checkbox"/> Mother <input type="checkbox"/> Father   Is the parent: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Living with a boyfriend or girlfriend			
Has the parent been in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, where? (City, State)                                      When?			
At any time was the mother married to this non-custodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Marriage                                      Date of Divorce	
Was the mother married to someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are there other possible fathers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Existing Child Support Order? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, from what City, State? <b>Attach a copy</b>			
Last support payment date: <input type="checkbox"/> direct to you <input type="checkbox"/> from another child support office;   City, State:			

**EMPLOYMENT/INCOME INFORMATION:**

Employer Name & Address (City, State) <input type="checkbox"/> Current Employer <input type="checkbox"/> Former Employer	Type of work:
Union Member <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, what union? Union Address (City, State) and phone no.:	Local #:
Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, what branch? <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Reserves	
Other Income: <input type="checkbox"/> Unemployment <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement <input type="checkbox"/> Self-employed	

**MEDICAL/HEALTH INSURANCE INFORMATION:**

Does the parent have medical/health insurance for the children? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are the children covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name & address of insurance company (City, State)			
Policy No.		Group No.	

**RESOURCE INFORMATION:**

Vehicles (car, boat, trailer, RV, etc.)? Make: Model: Year: License #: State:
Property Owned (home, land, buildings, etc.)? Address/Location (City, State):
Bank Accounts (Checking, Savings, CD, IRA, Retirement, etc.)? Location (Bank name, City, State)

**PAYMENT HISTORY FOR NONCUSTODIAL PARENT (NCP)** (starting with most recent month)

NCP's Name: \_\_\_\_\_

YEAR: \_\_\_\_\_

YEAR: \_\_\_\_\_

YEAR: \_\_\_\_\_

Month	Amount Due	Amount Paid	Month	Amount Due	Amount Paid	Month	Amount Due	Amount Paid
Jan			Jan			Jan		
Feb			Feb			Feb		
Mar			Mar			Mar		
Apr			Apr			Apr		
May			May			May		
June			June			June		
July			July			July		
Aug			Aug			Aug		
Sept			Sept			Sept		
Oct			Oct			Oct		
Nov			Nov			Nov		
Dec			Dec			Dec		
<b>TOTAL</b>			<b>TOTAL</b>			<b>TOTAL</b>		

YEAR: \_\_\_\_\_

YEAR: \_\_\_\_\_

YEAR: \_\_\_\_\_

Month	Amount Due	Amount Paid	Month	Amount Due	Amount Paid	Month	Amount Due	Amount Paid
Jan			Jan			Jan		
Feb			Feb			Feb		
Mar			Mar			Mar		
Apr			Apr			Apr		
May			May			May		
June			June			June		
July			July			July		
Aug			Aug			Aug		
Sept			Sept			Sept		
Oct			Oct			Oct		
Nov			Nov			Nov		
Dec			Dec			Dec		
<b>TOTAL</b>			<b>TOTAL</b>			<b>TOTAL</b>		

**DECLARATION**

I declare under penalty of perjury the information I have provided on this application is true and correct to the best of my knowledge and belief and the statements contained herein are made for the purposes stated herein including, but not limited to, obtaining assistance in paternity and order establishment, and the enforcement and distribution of child support. By signing this application, I acknowledge the responsibilities as listed and agree to the services the Child Support Enforcement Program provides.

\_\_\_\_\_  
Name of Applicant (please print)\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

## 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.

Explanation:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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







STATE OF NEVADA VOTER REGISTRATION APPLICATION

Application No.

USE BLACK OR BLUE INK ONLY – PLEASE PRINT CLEARLY

WARNING: GIVING FALSE INFORMATION IS A FELONY AND INCLUDES A CIVIL PENALTY OF UP TO \$20,000.

All fields are required unless marked Optional. If you do not provide all of the required information, your application to register to vote will not be complete.

1.	Are you a citizen of the United States? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><i>If you checked "No" to the above question, do not complete this form.</i></div> <div>Will you be at least 18 years of age on or before election day?<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div> <div>If you checked "No" to the above question but are at least 17 years of age, do you wish to preregister to vote?<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div> <div><i>If you checked "No" to both of the prior questions, do not complete this form.</i></div>					
2.	Last Name	First Name	Middle Name	Suffix		
3.	Nevada Residential Address – See Instructions on Back (No P.O. Box/Business Address)		Apt. #	City	State NV Zip Code	
4.	Mailing Address – If Different From Above (P.O. Box or Mail Service Address Acceptable)		Apt. #	City	State Zip Code	
5.	Birth Date (MM/DD/YYYY)		6.	Place of Birth (State or Country)	7.	Telephone Number (Optional)
8.	<div><input type="checkbox"/> I have a valid NV Driver’s License or ID Card and that number is: _____</div> <div><input type="checkbox"/> I have not been issued a NV Driver’s License or ID Card. The last 4 digits of my Social Security Number are: XXX – XX - ____ _</div> <div><input type="checkbox"/> I have not been issued a NV Driver’s License or ID Card, and I do not have a Social Security Number. If you select this option, you will be contacted by your County Election Department for more information once your application is received.</div> <div><i>Note: ID numbers provided above are confidential and not available for public inspection.</i></div>					
9.	If applicable, check one of the following: <div><input type="checkbox"/> Military Domestic (or military spouse or dependent) – Only check if you are on active duty and will be absent from your place of registration</div> <div><input type="checkbox"/> Military Overseas (or military spouse or dependent)</div> <div><input type="checkbox"/> U.S. Citizen Overseas</div>					
10.	Email Address (Optional) – Email Address is Confidential		11.	<input type="checkbox"/> CHECK THIS BOX TO RECEIVE A SAMPLE BALLOT IN LARGER TYPE		
12.	Party Registration – Check Only One Box <div><input type="checkbox"/> Democratic Party</div> <div><input type="checkbox"/> Independent American Party</div> <div><input type="checkbox"/> Libertarian Party of Nevada</div> <div><input type="checkbox"/> Nonpartisan (No Political Party)</div> <div><input type="checkbox"/> Republican Party</div> <div><input type="checkbox"/> Other Party – Write in below</div> <div>_____</div>		13.	I swear or affirm I am a U.S. citizen. I will be at least 18 years old by the date of the next election, or if I indicated in Box 1 above that I am preregistering to vote, I am at least 17 years old. I will have continuously resided in Nevada at least 30 days in my county and at least 10 days in my precinct before the next election at which I intend to vote. The residential address listed herein is my sole legal place of residence, and I claim no other place as my legal residence. If I am preregistering to vote, I understand and acknowledge that I will be deemed to have registered to vote as of the date of my 18th birthday unless my preregistration is canceled by any of the means or for any of the reasons for canceling voter registration pursuant to Chapter 293 of the Nevada Revised Statutes. I am not currently serving a term of imprisonment for a felony conviction. I declare under penalty of perjury that the foregoing is true and correct. <div><div>SIGNATURE OF APPLICANT (REQUIRED)</div><div></div><div>(MM / DD / YYYY)</div></div>		
14.	Your name and residential address where you were last registered to vote (Name Used, Address, State, etc.)					
15.	Important! If you are assisting a person to register to vote and you are not a Field Registrar appointed by a County Clerk / Registrar of Voters or an employee of a voter registration agency, you MUST complete the following. Your signature is required. Failure to do so may be a felony.					
	Full Name	Mailing Address	City/State/Zip Code	Signature		
OFFICIAL USE ONLY. DO NOT WRITE IN THE SHADED AREA BELOW.						
DATE STAMP		<div><input type="checkbox"/> AGENCY</div> <div><input type="checkbox"/> FIELD REGISTRAR</div> <div><input type="checkbox"/> MAIL</div> <div><input type="checkbox"/> IN PERSON</div> <div><input type="checkbox"/> OTHER</div>	<div>CANCELLED</div> <div>INACTIVE</div> <div>PRECINCT</div>	APPLICATION NO.		
				RECEIVED BY:		
✂ Detach Here ✂		✂ Detach Here ✂		✂ Detach Here ✂		
NAME OF PERSON RETAINING THIS APPLICATION (Agency Stamp or Name of Agent, Election Official or Person Retaining Application)		ELECTION OFFICIAL OR AGENCY (Contact Information, Address, Telephone, Fax)		VOTER APPLICATION RECEIPT (Please Retain Receipt)  Your voter registration information has been transmitted to your County Election Office for processing. Within 10 days after receiving your information, your County Election Office will mail your Nevada Voter Registration Card or a notice that additional information is required to complete your registration.  APPLICATION NO.		

INSTRUCTIONS

**Box 1 – PREREGISTRATION:** Every citizen of the United States who is 17 years of age or older but less than 18 years of age and has continuously resided in this state for 30 days or longer may preregister to vote by any of the means available for a person to register to vote pursuant to Nevada law. If a person preregisters to vote, he or she shall be deemed to be a registered voter on his or her 18<sup>th</sup> birthday unless the person’s preregistration has been cancelled or he or she does not satisfy the voter eligibility requirements.

**Box 2 – NAME:** Required. Please write your name exactly as it appears on your Nevada Driver’s License, ID Card, or Social Security Card.

**Box 3 – ADDRESS WHERE YOU LIVE:** Required. Your home address is the street address assigned to the location at which you actually reside. If you reside at a location that has not been assigned a street address, a description of the location at which you actually reside must be provided. A P.O. Box or business address cannot be listed as a home address.

**Box 4 – ADDRESS WHERE YOU RECEIVE MAIL:** Optional. Include your mailing address if it is different than your physical address. Include P.O. Boxes and Mail Service Addresses, if applicable.

**Box 8 – IDENTIFICATION:** Required. Include your Nevada Driver’s License or Nevada Identification Card number. If you do not have a driver’s license or identification card issued by a Nevada DMV, include the last four digits of your Social Security Number. If you do not have a Nevada Driver’s License or Social Security Number, you will be contacted by your County Election Department for more information once your application is received.

**Box 9 – MILITARY:** Required, if applicable. Mark the applicable box.

**Box 12 – POLITICAL PARTY AFFILIATION:** Required. Mark your choice of a qualified political party, “Nonpartisan” or “Other.” If you mark “Other,” you may print the name of an unlisted political party. If you register with a minor political party or as a nonpartisan, you will receive a nonpartisan ballot for the Primary Election.

**Box 13 – DECLARATION:** Required. Sign and date. Voting Rights are immediately restored for all felony convictions upon release from prison.

**Box 14 – UPDATING INFORMATION:** Optional. You may include the last address where you were registered to vote. This helps the County Clerk/Registrar of Voters identify you as the applicant.

**Box 15 – ASSISTANCE:** Required, if applicable. If you are assisting a person to preregister or register to vote, you must complete Box 15. *FAILURE TO DO SO MAY BE A FELONY.*

**DEADLINES FOR SUBMITTING APPLICATION:**

- ❖ By Mail – Postmarked by the fourth Tuesday preceding the primary or general election.
- ❖ In-Person at your local County Clerk’s or Registrar of Voters Office – By the fourth Tuesday preceding the primary or general election.
- ❖ Online – By the Thursday preceding the primary or general election. Online Registration available at: [www.RegisterToVoteNV.gov](http://www.RegisterToVoteNV.gov)
- ❖ For Special / Recall Elections – Contact your County Clerk or Registrar of Voters.

**SAME-DAY VOTER REGISTRATION:** Eligible Nevada voters can register to vote or update existing voter registration information in person at the polling place either during early voting or on Election Day.

**INTERESTED IN BEING A POLL WORKER?** Please contact your local County Clerk or Registrar of Voters Office.

**NOTICE:** You are urged to return your application to the County Clerk or Registrar of Voters in person or by mail. If you choose to give your completed application to another person to return to the County Clerk or Registrar of Voters on your behalf, and the person fails to deliver the application to the County Clerk or Registrar of Voters, you will not be preregistered or registered to vote, as applicable. Please retain the duplicate copy or receipt from your application to preregister or register to vote.

COUNTY	ELECTION DEPARTMENT ADDRESS	COUNTY	ELECTION DEPARTMENT ADDRESS
Carson City Clerk (775) 887-2087	885 East Musser Street, Suite 1025, Carson City, NV 89701	Lincoln Clerk (775) 962-8077	181 North Main Street, Suite 201, Pioche, NV 89043 P.O. Box 90, Pioche, NV 89043
Churchill Clerk (775) 423-6028	155 North Taylor Street, Suite 110, Fallon, NV 89406	Lyon Clerk (775) 463-6501	27 South Main Street, Yerington, NV 89447
Clark Registrar (702) 455-8683	965 Trade Drive, Suite A, North Las Vegas, NV 89030 P.O. Box 3909, Las Vegas, NV 89127	Mineral Clerk (775) 945-2446	105 South A Street, Suite 1, Hawthorne, NV 89415 P.O. Box 1450, Hawthorne, NV 89415
Douglas Clerk (775) 782-9014	1616 8 <sup>th</sup> Street, 2 <sup>nd</sup> Floor, Minden, NV 89423 P.O. Box 218, Minden, NV 89423	Nye Clerk (775) 482-8127	101 Radar Road, Tonopah, NV 89049 P.O. Box 1031, Tonopah, NV 89049
Elko Clerk (775) 753-4600	550 Court Street, 3 <sup>rd</sup> Floor, Elko, NV 89801	Pershing Clerk (775) 273-2208	398 Main Street, Lovelock, NV 89419 P.O. Box 820, Lovelock, NV 89419
Esmeralda Clerk (775) 485-6309	233 Crook Avenue, Goldfield, NV 89013 P.O. Box 547, Goldfield, NV 89013	Storey Clerk (775) 847-0969	26 South B Street, Drawer D, Virginia City, NV 89440
Eureka Clerk (775) 237-5263	10 South Main Street, Eureka, NV 89316 P.O. Box 540, Eureka, NV 89316	Washoe Registrar (775) 328-3670	1001 E. 9th St., Reno, NV, 89512
Humboldt Clerk (775) 623-6343	50 West 5 <sup>th</sup> Street, #207, Winnemucca, NV 89445	White Pine Clerk (775) 293-6509	1786 Great Basin, Blvd., Suite 3, Ely, NV 89301
Lander Clerk (775) 635-5738	50 State Route 305, Battle Mountain, NV 89820		



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