BARBARA K. CEGAVSKE
Secretary of State

SCOTT W. ANDERSON
Chief Deputy Secretary of State

STATE OF NEVADA

OFFICE OF THE
SECRETARY OF STATE

DIANA J. FOLEY
Securities Administrator
Securities Division

GAIL J. ANDERSON
Deputy Secretary
for Southern Nevada

CHILD SUPPORT STATEMENT (42 U.S.C. § 666)

Print this form

Applicants: Please initial the appropriate response below

_____ I am not subject to a court order for the support of a child or children.

_____ I am subject to a court order for the support of one or more children, and I am in compliance with the order or I am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

_____ I am subject to a court order for the support of one or more children, and I am **not** in compliance with the order or I am **not** in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Failure to initial one of the above three choices will result in the denial of the application.

Applicant's Social Security Number: _____

The applicant hereby signs this statement under penalty of perjury.

Last Name	First Name	Middle Name

_____
Signature of Applicant

_____
Date

LAS VEGAS OFFICE
2250 Las Vegas Blvd. North, Suite 400
North Las Vegas, NV 89030
Telephone: (702) 486-2440
Fax: (702) 486-2452