



OFFICE OF THE DISTRICT ATTORNEY  
CHILD SUPPORT ENFORCEMENT DIVISION  
DOUGLAS COUNTY

Mark B. Jackson  
District Attorney

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Child Support Coordinator  
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Please take a moment to provide this office with the following insurance coverage information for your child(ren) as it is necessary to complete our NOMADS tracking screens:

Insurance Company, Name, Address, City, State and ZIP, and Telephone Number (including area code):

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Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Whether it is employer provided or private: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Whether is it primary or secondary: \_\_\_\_\_

Thank you for your prompt attention in this matter. For your convenience, this form may be used to fill out and return with the information. **PLEASE BRING ALL MEDICAL INSURANCE CARDS TO GROUP INTAKE.**