

Family Law Case Information Sheet

Case Number (Clerk fills in case #):

Exempt from Public Disclosure

Fill out this form to start a Family Law case.
The information you give us is **private**.

1. Describe your case: Divorce Custody Paternity Guardianship Adoption Protective Order
 Other _____

2. Information about Petitioner

Name: _____
First Middle Last

Any other names used: _____

Address: _____
Street City State Zip

Mailing Address: _____

Phone numbers: _____
Home Work Cell

Employer's name: _____

Social Security Number: _____ Date of Birth: _____ Sex: Male Female

Is English your first language? Yes No *If no, what language?* _____

Do you speak, read and write English? Yes No

3. Information about Respondent

Name: _____
First Middle Last

Any other names used: _____

Address: _____
Street City State Zip

Mailing Address: _____

Phone numbers: _____
Home Work Cell

Employer's name: _____

Social Security Number: _____ Date of Birth: _____ Sex: Male Female

Is English your first language? Yes No *If no, what language?* _____

Do you speak, read and write English? Yes No

4. Children under 18 in this case (List your children and the children of the person in)

Child's name	Date of birth	Social Security No.	Whose child?
1. _____	_____	_____	<input type="checkbox"/> Mine <input type="checkbox"/> Ours <input type="checkbox"/> Other*
2. _____	_____	_____	<input type="checkbox"/> Mine <input type="checkbox"/> Ours <input type="checkbox"/> Other*
3. _____	_____	_____	<input type="checkbox"/> Mine <input type="checkbox"/> Ours <input type="checkbox"/> Other*
4. _____	_____	_____	<input type="checkbox"/> Mine <input type="checkbox"/> Ours <input type="checkbox"/> Other*

* If Other, whose? (If there is more than one other parent, list name and specify relationship): _____

Who do the children live with now? (name and relationship): _____

5. Other Cases Involving Children

List any child support, custody, adoption, or guardianship order for any child listed on this form:

Case Number	Date of Order (or date requested)	County / State	For which children?	Type of case
1.				<input type="checkbox"/> Support <input type="checkbox"/> Custody <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship
2.				<input type="checkbox"/> Support <input type="checkbox"/> Custody <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship
3.				<input type="checkbox"/> Support <input type="checkbox"/> Custody <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship
4.				<input type="checkbox"/> Support <input type="checkbox"/> Custody <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship

6. Other Cases Involving Violence or Abuse

List any protective order, domestic violence or child abuse cases involving any adult or child listed on this form:

Case Number	Who was the Order against?	Who did the Order protect?	Date of Order (or date requested)	County / State	Type of case
1.					<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Child Abuse <input type="checkbox"/> No Contact Order
2.					<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Child Abuse <input type="checkbox"/> No Contact Order
3.					<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Child Abuse <input type="checkbox"/> No Contact Order
4.					<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Child Abuse <input type="checkbox"/> No Contact Order