

# 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  Modification  Protective Order  
 Other \_\_\_\_\_

2. Information about Petitioner/Plaintiff, or in any action brought by the Department of Health and Welfare, information as to the mother of the child/ren.

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/Defendant, or in any action brought by the Department of Health and Welfare, information as to the father of the child/ren.

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"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both
2. _____	_____	_____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both
3. _____	_____	_____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both
4. _____	_____	_____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both
5. _____	_____	_____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both
6. _____	_____	_____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both
7. _____	_____	_____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both

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