

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

## 2. Information about Petitioner

Name: \_\_\_\_\_  
*First Middle Last*

Any other names used: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

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*

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. List Petitioner's natural and adopted children under 18:

Child's name	Date of birth	Social Security No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

List Respondent's natural and adopted children under 18:

Child's name	Date of birth	Social Security No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

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. Any Cases Involving Violence or Abuse

List any protective order, domestic violence or child abuse case 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