

Domestic Relations Information Sheet

Date	Case ID No.
------	-------------

INFORMATION ON FATHER OF CHILD(REN) OR HUSBAND (Divorce Matters)					
FIRST NAME		MIDDLE INITIAL	LAST NAME		ALIAS IF ANY
MAILING ADDRESS			RESIDENTIAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)		
DATE OF BIRTH		SOCIAL SECURITY NO.		DPW NO	
HEIGHT	WEIGHT	RACE	HAIR	EYES	DISTINGUISHING FEATURES
PLACE OF EMPLOYMENT			MEDICAL INSURANCE CARRIER NAME, ADDRESS		
HOME PHONE		WORK PHONE	POLICY NO.		CHILDREN COVERED <input type="checkbox"/> Yes <input type="checkbox"/> No
OCCUPATION			ATTORNEY NAME AND ADDRESS		
SALARY \$ _____ per _____			ATTORNEY ID NO		ATTORNEY PHONE NO.

INFORMATION ON MOTHER OF CHILD(REN) OR WIFE (Divorce Matters)					
FIRST NAME		MIDDLE INITIAL	LAST NAME		ALIAS IF ANY
MAILING ADDRESS			RESIDENTIAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)		
DATE OF BIRTH		SOCIAL SECURITY NO.		DPW NO	
HEIGHT	WEIGHT	RACE	HAIR	EYES	DISTINGUISHING FEATURES
PLACE OF EMPLOYMENT			MEDICAL INSURANCE CARRIER NAME, ADDRESS		
HOME PHONE		WORK PHONE	POLICY NO.		CHILDREN COVERED <input type="checkbox"/> Yes <input type="checkbox"/> No
OCCUPATION			ATTORNEY NAME AND ADDRESS		
SALARY			ATTORNEY ID NO		ATTORNEY PHONE NO.
RECEIVING ASSISTANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DPW NO.	DISTRICT RECEIVING FROM	SEMI-MONTHLY GRANT AMOUNT	TOTAL NO. OF PEOPLE IN HOUSEHOLD	

PARTIES EVER MARRIED? <input type="checkbox"/> Yes <input type="checkbox"/> No	MARRIAGE DATE	PLACE	DATE OF SEPARATION	DATE OF DIVORCE	PLACE
---	---------------	-------	--------------------	-----------------	-------

INFORMATION ON CARETAKER OF CHILD(REN) OTHER THAN PARENT (IF ANY)

(First)	(Middle)	(Last)	RELATIONSHIP	DATE
ADDRESS			HOME PHONE NO.	WORK PHONE NO.
SOCIAL SECURITY NO.				

INFORMATION ON CHILD(REN)

NAME OF CHILD (First) (Middle Initial) (Last)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH
SOCIAL SECURITY NO.	PLACE OF BIRTH	ACTIVE CASE ASSISTANCE <input type="checkbox"/> Yes <input type="checkbox"/> No
FATHER LISTED ON BIRTH CERTIFICATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	BORN OUT OF WEDLOCK? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS PATERNITY ESTABLISHED <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE PATERNITY ESTABLISHED		

NAME OF CHILD (First) (Middle Initial) (Last)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH
SOCIAL SECURITY NO.	PLACE OF BIRTH	ACTIVE CASE ASSISTANCE <input type="checkbox"/> Yes <input type="checkbox"/> No
FATHER LISTED ON BIRTH CERTIFICATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	BORN OUT OF WEDLOCK? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS PATERNITY ESTABLISHED <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE PATERNITY ESTABLISHED		

NAME OF CHILD (First) (Middle Initial) (Last)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH
SOCIAL SECURITY NO.	PLACE OF BIRTH	ACTIVE CASE ASSISTANCE <input type="checkbox"/> Yes <input type="checkbox"/> No
FATHER LISTED ON BIRTH CERTIFICATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	BORN OUT OF WEDLOCK? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS PATERNITY ESTABLISHED <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE PATERNITY ESTABLISHED		

NAME OF CHILD (First) (Middle Initial) (Last)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH
SOCIAL SECURITY NO.	PLACE OF BIRTH	ACTIVE CASE ASSISTANCE <input type="checkbox"/> Yes <input type="checkbox"/> No
FATHER LISTED ON BIRTH CERTIFICATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	BORN OUT OF WEDLOCK? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS PATERNITY ESTABLISHED <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE PATERNITY ESTABLISHED		

NAME OF CHILD (First) (Middle Initial) (Last)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH
SOCIAL SECURITY NO.	PLACE OF BIRTH	ACTIVE CASE ASSISTANCE <input type="checkbox"/> Yes <input type="checkbox"/> No
FATHER LISTED ON BIRTH CERTIFICATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	BORN OUT OF WEDLOCK? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS PATERNITY ESTABLISHED <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE PATERNITY ESTABLISHED		

NAME OF CHILD (First) (Middle Initial) (Last)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH
SOCIAL SECURITY NO.	PLACE OF BIRTH	ACTIVE CASE ASSISTANCE <input type="checkbox"/> Yes <input type="checkbox"/> No

