



**FIRST JUDICIAL DISTRICT OF PENNSYLVANIA • PHILADELPHIA FAMILY COURT
DOMESTIC RELATIONS INFORMATION SHEET**

(Parties in domestic relations cases must complete this form at every appearance)

INSTRUCTIONS

Print clearly, and provide *all* of the information in each box; if anything does not apply to you, write N/A in the box. Use the back page of the form if you need additional space to provide a complete answer.

INFORMATION FOR THE DOMESTIC RELATIONS CASE YOU ARE APPEARING FOR TODAY

1. Docket No.	2. PACSES No. (support cases only)	3. In this case you are the: <input type="checkbox"/> Plaintiff/Petitioner <input type="checkbox"/> Defendant/Respondent
4. Check each type of case you have with the other party in this case (If a case is not in Philadelphia, note the city and state) <input type="checkbox"/> Protection from Abuse (PFA) <input type="checkbox"/> Support <input type="checkbox"/> Custody <input type="checkbox"/> Divorce ↓ Is a PFA order in effect? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify the person(s) protected under the order:		
5. Does the Philadelphia Department of Human Services (DHS) have a case(s) involving the child(ren) in this case? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify the child(ren) and the status of the DHS case(s):		
6. Do you have reason to fear being in the same room with the other party in this case? <input type="checkbox"/> No <input type="checkbox"/> Yes* (see below) * IMPORTANT: Before you enter the proceeding be sure to explain the circumstances to the court staff member who checked you in		

DEMOGRAPHIC AND CONTACT INFORMATION

7. Name (F/M/L)	8. Date of Birth / /	9. Social Security No. - -					
10. Home Address (<input type="checkbox"/> check if new) Apt./Unit No. City State Zip Code		11. Education Level					
12. Home Tel. No. ()	13. Mobile Tel. No. ()	14. Email Address	15. Hght	16. Wght	17. EyeCol	18. Gender	19. Race

INCOME AND EMPLOYMENT

20. Employer Name (<input type="checkbox"/> check if new) Address City State Zip Code Tel. No. ()								
21. Gross (pre-tax) Income \$ per	23. Do you have health insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, provide the following) Name of Insurance Company ↓ Policy No. Type(s) of coverage (e.g. medical, dental, etc.)							
22. Welfare benefits you receive: <input type="checkbox"/> None <input type="checkbox"/> Medical <input type="checkbox"/> Cash <input type="checkbox"/> Food Stamps	Name(s) of person(s) covered under policy: ↓							
24. Do you have any pending legal claims or lawsuits? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete below): Attorney's Name ↓ Address City State Zip Code				25. Any professional or business licenses? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete below): License Type ↓ Number Issuing State			26. Driver License <input type="checkbox"/> None <input type="checkbox"/> Standard DL <input type="checkbox"/> Commercial DL Number ↓ Issuing State	
27. Do you have any other employment or income from source(s) that you did not provide above? <input type="checkbox"/> I verify that I have no employment or income other than I provided above <input type="checkbox"/> Yes (provide the amount and sources of any and all income that is not listed above, use the back of this form if you need additional space) Amount of income ↓ Income Source Address City State Zip Code Telephone No. \$ per								

VERIFICATION

28. I verify that the statements made herein are true and correct. I understand that false statements herein are subject to contempt sanctions in my domestic relations case(s) and the penalties of 18 Pa. C.S.4904, relating to unsworn falsification to authorities.

Signature _____ Date _____

