

PLEASE COMPLETE THIS FORM FOR SUBMISSION WITH ANY APPLICATION FOR ELECTRONIC TESTIMONY.

Tioga County Family Court
Tioga County Child Support Enforcement Unit
Identification Card

Docket No. _____ Date _____
Attorney _____

(PLEASE PRINT)

NAME _____
(first) (middle) (last)

ADDRESS _____ MAILING ADDRESS _____
(street) (if different)

(city, state, zip) (city, state, zip)

PHONE (____) _____ SS NUMBER _____

EMPLOYMENT _____
(name) (phone number)

(street) (city, state, zip)

OTHER SOURCE OF INCOME _____

DATE OF BIRTH _____ RACE _____ SEX _____ M _____ F

HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____

OTHER INFO _____

DRIVER'S LICENSE IDENT # _____

DATE OF THE PARTIES' MARRIAGE: _____

INFORMATION REGARDING THE CHILD OR CHILDREN WHO ARE THE SUBJECT OF THIS PROCEEDING:

NAME DATE OF BIRTH SOCIAL SECURITY NUMBER
