

Family Court Intake

Today's Date: _____

*** For Office use only ***

**** Please Print All Responses ****

PETITIONER

RESPONDENT

Do you need an Interpreter? Y N Language: _____
 Are you Hearing Impaired? Y N
 If yes, ASL Assisted Listening Device Other: _____

Do you need an Interpreter? Y N Language: _____
 Are you Hearing Impaired? Y N
 If yes, ASL Assisted Listening Device Other: _____

Name:	Name:
Alias or Nickname:	Alias or Nickname:
Previous Names: Maiden Name:	Previous Names: Maiden Name:
Email Address:	Email Address:
Residential Address:	Residential Address:
Mailing Address (if different from residence):	Mailing Address (if different from residence):
County of Residence:	County of Residence:
Phone: ()	Phone: ()
Cell Phone: ()	Cell Phone: ()
Contact Information CONFIDENTIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	Contact Information CONFIDENTIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Unemployed OR Employer's Name:	<input type="checkbox"/> Unemployed OR Employer's Name:
Employer's Address:	Employer's Address:
Employer's Phone: ()	Employer's Phone: ()
Date of Birth:	Date of Birth:
Place of Birth: City: State:	Place of Birth: City: State:
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Race: Height: Weight: Eye Color: Hair Color: Other information (ie glasses, beard, scars, tattoos):	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Race: Height: Weight: Eye Color: Hair Color: Other information (ie glasses, beard, scars, tattoos):
Are Petitioner & Respondent Married to each other? <input type="checkbox"/> YES <input type="checkbox"/> NO if yes, Date of Marriage:	
Divorced: <input type="checkbox"/> YES <input type="checkbox"/> NO if yes, when?	
Driver's License: State: Number: Expiration Date:	Driver's License: State: Number: Expiration Date:

PETITIONER

RESPONDENT

Name:	Name:
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CHILDREN INVOLVED

First Name	Last Name	Date of Birth	Sex	Resides with
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Pet <input type="checkbox"/> Resp <input type="checkbox"/> Other
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Pet <input type="checkbox"/> Resp <input type="checkbox"/> Other
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Pet <input type="checkbox"/> Resp <input type="checkbox"/> Other
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Pet <input type="checkbox"/> Resp <input type="checkbox"/> Other
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Pet <input type="checkbox"/> Resp <input type="checkbox"/> Other

YOUR RELATIONSHIP

To the Opposing Party:

- Spouse Former Spouse
 Parent Foster Parent Grandparent Aunt/Uncle Brother/Sister
 Child in Common Presently Intimate Partners Previously Intimate Partners
 Agency Other (specify): _____

To the Child/Children:

- Spouse Former Spouse
 Parent Foster Parent Grandparent Aunt/Uncle Brother/Sister
 Child in Common Presently Intimate Partners Previously Intimate Partners
 Agency Other (specify): _____

******OTHER PENDING COURT ACTIONS WITH THIS PARTY******

- NONE
 SUPREME COURT: Matrimonial (Divorce)
 COUNTY COURT: Criminal Civil
 FAMILY COURT of _____ County: Custody/Visitation Family Offense Neglect/Abuse
 CITY of _____ COURT: Criminal Civil
 VILLAGE of _____ COURT: Criminal Civil
 TOWN of _____ COURT: Criminal Civil

FOR FAMILY OFFENSE PETITIONS ONLY

Please describe the residence of the individual to be served (Respondent): Single Family Multi Family
 If multi-family, what is the apartment number or letter and where is the apartment located within the building (ex: first floor back, etc.): _____

Please provide a description of the vehicle that the person being served (Respondent) drives:
 Color: _____ Make: _____ Model: _____
 Year: _____ Plate Number: _____

Known Addresses/Associates' names and numbers/Phone Numbers: _____

PETITIONER

RESPONDENT

Name: _____	Name: _____
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CONFIDENTIAL

SOCIAL SECURITY NUMBERS

Petitioner's SSN: _____

Petitioner#2's SSN: _____

Respondent's SSN: _____

Respondent#2's SSN: _____

Children (list name **and** SSN):

Name: _____

SSN: _____

Name: _____

SSN: _____

Name: _____

SSN: _____

Name: _____

SSN: _____

Name: _____

SSN: _____