

**PETITION INFORMATION DATA SHEET**

Please fill in **ALL** of the blanks on this sheet with the information that is requested. You must have the **NAME, ADDRESS, SOCIAL SECURITY NUMBER, PHYSICAL DESCRIPTION and the CHILDREN of the parties involved on this sheet.**

**\*\*\*\* You must complete ALL of the questions on the petition and if a question does not apply, please put a line through it. \*\*\*\***

**FAMILY COURT CLERKS CAN NOT ASSIST YOU WITH THE SUBSTANCE OF YOUR PETITION.** If you need assistance, please contact an attorney.

Your signature on the petition **MUST** be notarized. If you have a valid picture ID with you, a clerk may witness the correctly completed papers, or you can locate a Notary Public at most banks.

Your **ORIGINAL** petition plus 3 copies are **required**. Clerks **can not** make copies of the petition for you. A copy machine is located in the Law Library, First Floor, in the Hazlett Building which is located on Lake Street. You need not copy this form but must present this **original** form along with your petition.

If your petition and papers are complete and sufficient, a **summons** will be issued and a Court date will be set. The summons will be sent by mail to both parties.

If not completed or if insufficient papers are submitted, the matter may be **dismissed** without a hearing.

**\*ADDRESS IS NEEDED FOR ALL PARTIES.  
IF YOU DO NOT HAVE AN ADDRESS, YOU CANNOT FILE.**

**TYPE OF PETITION** (subject of request):

(circle appropriate topic/s):    support            custody            visitation            paternity

**INFORMATION ABOUT PETITIONER** (person filing the request):

Name: \_\_\_\_\_ dob/age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Employer: \_\_\_\_\_ Other Income: \_\_\_\_\_  
Your relationship to the other party/parties: \_\_\_\_\_  
Color of Eyes: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
Scars, tattoos, etc. \_\_\_\_\_  
How is person supported/employment: \_\_\_\_\_

**INFORMATION ABOUT RESPONDENT #1** (person you are filing against)

Name: \_\_\_\_\_ dob/age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Social Security # \_\_\_\_\_ Color of Eyes: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
Scars, tattoos, etc. \_\_\_\_\_  
How is person supported/employment: \_\_\_\_\_

**INFORMATION ABOUT RESPONDENT #2** (if applicable)

Name: \_\_\_\_\_ dob/age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Social Security # \_\_\_\_\_ Color of Eyes: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
Scars, tattoos, etc. \_\_\_\_\_  
How is person supported/employment: \_\_\_\_\_

**OTHER PEOPLE INVOLVED WITH THIS CASE** (i.e.: biological father and/or mother)

Name: \_\_\_\_\_ dob/age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_ dob/age: \_\_\_\_\_  
Address: \_\_\_\_\_

