

DOMESTIC RELATIONS INFORMATION SHEET

Date

Case ID No

INFORMATION ON PARENT #1 AND/OR SPOUSE #1

First Name

Middle Initial

Last Name

Alias (if any)

Interpreter Needed? No Yes (specify type):

Mailing Address

Residential Address

Email 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 No.

Work Phone No.

Mobile No.

Policy No.

Children Covered?

Yes

No

Occupation

Attorney's Name and Address

Salary

\$ _____ per _____

Attorney ID No.

Attorney Phone No.

INFORMATION ON PARENT #2 AND/OR SPOUSE #2

First Name

Middle Initial

Last Name

Alias (if any)

Interpreter Needed? No Yes (specify type):

Mailing Address

Residential Address

Email 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 No.

Work Phone No.

Mobile No.

Policy No.

Children Covered?

Yes

No

Occupation

Attorney's Name and Address

Salary

\$ _____ per _____

Attorney ID No.

Attorney Phone No.

INFORMATION IF THERE IS A CLAIM FOR SUPPORT

Receiving Assistance?

DPW No.

District Receiving From

Semi-monthly Grant Amount

Total No of People in Household

Yes No

Parties Ever Married?

Marriage Date

Place

Separation Date

Divorce Date

Place

Yes No

Maternal Grandmother's Maiden Name

Maternal Grandfather's Name

INFORMATION ON CARETAKER OF CHILD(REN) OTHER THAN PARENTS (IF ANY)									
First Name Middle Initial Last Name					Alias (if any)				
Interpreter Needed? No Yes (specify type):									
Mailing Address					Residential Address				
Attorney Name/Address/Phone No.					Caretaker Email Address				
Home Phone No.		Work Phone No.		Mobile No.		Date of Birth		Relationship to children	
INFORMATION ON CHILD(REN)									
First Name Middle Initial Last Name					Gender		Date of Birth		
Social Security No.			Place of Birth (City, State)			Active on Cash Assistance?			
						Yes No			
Father Listed on Birth Certificate?		Born Out of Wedlock?		Was Paternity Established?		Date of Paternity Establishment			
Yes No		Yes No		Yes No					
First Name Middle Initial Last Name					Gender		Date of Birth		
Social Security No.			Place of Birth (City, State)			Active on Cash Assistance?			
						Yes No			
Father Listed on Birth Certificate?		Born Out of Wedlock?		Was Paternity Established?		Date of Paternity Establishment			
Yes No		Yes No		Yes No					
First Name Middle Initial Last Name					Gender		Date of Birth		
Social Security No.			Place of Birth (City, State)			Active on Cash Assistance?			
						Yes No			
Father Listed on Birth Certificate?		Born Out of Wedlock?		Was Paternity Established?		Date of Paternity Establishment			
Yes No		Yes No		Yes No					