

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)		
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)		
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? Yes No	DPW No.	District Receiving From	Semi-monthly Grant Amount	Total No of People in Household	
Parties Ever Married? Yes No	Marriage Date	Place	Separation Date	Divorce Date	Place
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)	
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? Yes No	Born Out of Wedlock? Yes No	Was Paternity Established? Yes No	Date of Paternity Establishment	
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? Yes No	Born Out of Wedlock? Yes No	Was Paternity Established? Yes No	Date of Paternity Establishment	
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? Yes No	Born Out of Wedlock? Yes No	Was Paternity Established? Yes No	Date of Paternity Establishment	
First Name	Middle Initial	Last Name	Sex	Date of Birth
Social Security No.	Place of Birth (City, State)		Active on Cash Assistance? Yes No	
Father Listed on Birth Certificate? Yes No	Born Out of Wedlock? Yes No	Was Paternity Established? Yes No	Date of Paternity Establishment	