

DOMESTIC RELATIONS INFORMATION SHEET	Date:	Case ID No.
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INFORMATION ON FATHER OF CHILDREN OR HUSBAND

First Name	Middle Initial	Last Name	Alias (If Any)
Mailing Address: City, State & Zip Code		Residential Address (If different from mailing)	
Home Phone No.	Cell No.	Work Phone No.	E-Mail Address
Date of Birth:		Social Security No.	DPW No.
Height:	Weight:	Race:	Hair: Eyes: Distinguishing Features:
Primary Language:		Interpreter Needed: YES / NO	
Place of Employment:		Occupation:	Medical Insurance Carrier Name, Address
Policy No	Children Covered Yes / No	Attorney=s Name and Address	
Salary \$ _____ per _____		Attorney ID No.	Attorney Phone No.

INFORMATION ON MOTHER OF CHILDREN OR WIFE

First Name	Middle Initial	Last Name	Alias (If Any)
Mailing Address: City, State & Zip Code		Residential Address (If different from mailing)	
Home Phone No.	Cell No.	Work Phone No.	E-Mail Address
Date of Birth:		Social Security No.	DPW No.
Height:	Weight:	Race:	Hair: Eyes: Distinguishing Features:
Primary Language:		Interpreter Needed: YES / NO	
Place of Employment:		Occupation:	Medical Insurance Carrier Name, Address
Policy No.	Children Covered Yes / No	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 Address	Semi-Monthly Grant Amount \$	No. of People in House Hold
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: City, State & Zip Code				Residential Address (If different from mailing)	
Home Phone No.	Cell No.		Work Phone No.	E-Mail Address	
Date of Birth:			Social Security No.		DPW No.
Height:	Weight:	Race:	Hair:	Eyes:	Distinguishing Features:
Primary Language:			Interpreter Needed: YES / NO		
Place of Employment:			Occupation:	Medical Insurance Carrier Name, Address	
Policy No.	Children Covered Yes / No		Attorney=s Name and Address		
Salary \$ _____ per _____			Attorney ID No.	Attorney Phone No.	

INFORMATION ON CHILD(REN)

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 Wed Lock 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 Wed Lock 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 Wed Lock 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 Wed Lock Yes / No	Was Paternity Established Yes / No		Date of Paternity Establishment	