

DOMESTIC RELATIONS INFORMATION SHEET

Date

Case ID No

INFORMATION ON FATHER OF CHILDREN OR HUSBAND

First Name		Middle Initial		Last Name		Alias (if any)	
Mailing Address					Residential Address (if different from mailing)		
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.		Policy No.		Children Covered? Yes No	
Occupation				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					Residential Address (if different from mailing)		
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.		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 (if different from mailing)
Home Phone No.	Date of Birth	Social Security No.	Relationship to children

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 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	
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	
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	