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: 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