

FAMILY COURT INFORMATION SHEET

PETITIONER'S INFORMATION

DATE: _____
(For Support Cases only) CSMS#: _____

NAME: _____ AKA: _____
SS#: _____ DATE OF BIRTH: _____ HOME PHONE: _____
NYSID#: _____ INMATE ID #: _____ CPS#: _____ CIN#: _____
RACE: WHITE BLACK NATIVE AMERICAN ASIAN/PACIFIC ISLANDER OTHER UNKNOWN
ETHNICITY: HISPANIC NON-HISPANIC

MAILING ADDRESS: _____
RESIDENCE ADDRESS (WITH DIRECTIONS) _____

EMPLOYED _____ UNEMPLOYED _____
EMPLOYER: _____ WORK PHONE: _____
EMPLOYER'S ADDRESS: _____
HEALTH INSURANCE COVERAGE YES NO MEDICAL
DENTAL OPTICAL
NAME AND ADDRESS OF HEALTH INSURANCE CARRIER _____

DATE OF MARRIAGE _____ PLACE OF MARRIAGE _____ DATE OF DIVORCE _____
DESCRIPTION: Weight: _____ Height: _____ Hair Color: _____ Eye color: _____

RESPONDENT'S INFORMATION

NAME: _____ AKA: _____
SS#: _____ DATE OF BIRTH: _____ HOME PHONE: _____
NYSID#: _____ INMATE ID #: _____ CPS#: _____ CIN#: _____
RACE: WHITE BLACK NATIVE AMERICAN ASIAN/PACIFIC ISLANDER OTHER UNKNOWN
ETHNICITY: HISPANIC NON-HISPANIC

MAILING ADDRESS: _____
RESIDENCE ADDRESS (WITH DIRECTIONS) _____

EMPLOYED _____ UNEMPLOYED _____
EMPLOYER: _____ WORK PHONE: _____
EMPLOYER'S ADDRESS: _____
HEALTH INSURANCE COVERAGE YES NO MEDICAL
DENTAL OPTICAL
NAME AND ADDRESS OF HEALTH INSURANCE CARRIER _____

DESCRIPTION: Weight: _____ Height: _____ Hair Color: _____ Eye color: _____

CONTINUED ON BACK - PLEASE COMPLETE

OTHER PARTIES SUBJECT TO THE PROCEEDING: (GRANDPARENTS, STEP-PARENTS, PARAMOUR, ETC.)

NAME: _____
MAILING ADDRESS: _____
RESIDENCE ADDRESS (WITH DIRECTIONS) _____

CHILDREN SUBJECT TO THE PETITION BEING FILED:

NAME: _____	DOB: _____	SS#: _____
NAME: _____	DOB: _____	SS#: _____
NAME: _____	DOB: _____	SS#: _____
NAME: _____	DOB: _____	SS#: _____
NAME: _____	DOB: _____	SS#: _____
NAME: _____	DOB: _____	SS#: _____
NAME: _____	DOB: _____	SS#: _____

NOTE: IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS.