## The Family Court of the State of Delaware INFORMATION SHEET - PLEASE PRINT

Date:			File No.:							
Please fill in A to K pertaining to you the Applicant (Petitioner).										
A. Name:  B. Address: City/State/Zip: C. Phone – Home: D. Employer & Address:		Work:			Cell:					
Hours/S	hift									
E. Social Security	y No.:	F. Date of Birth:								
Marks/Scars/Tatt	:oos:	<del></del>	Weight:	Hair:		Eyes:				
I. Driver's License J. Your relationsh	e No.: nip to the De	e operated by you:  State of Issue:  Expiration Date:  Defendant/Respondent:								
If a hearing is schedu	lled in this mat	ter, will Petitioner nee	d an interpreter?	Yes (If yes, spec	cify language _		)			
If you are filing for Custody, Visitation, Support or Petition for Protection from Abuse please fill out the information needed below in reference to the child(ren) who are involved										
Children (Custody/Visitation/Support/Petition for Protection from Abuse)										
	Nam	е	Rela	tionship	Sex	Date of B	irth			
					1					

Please fill in L to X pertaining to the Defendant/Respondent(For additional respondents use additional sheets)									
L. Defendant/Respondent i	s a: (Check One)	DULT JUVEN	ILE						
M. Name:									
City/State/Zip:									
	Wo	ork:	Cell:						
P. Employer & Address:									
Hours/Shift									
Q. Social Security No.:	R. Date of Birth:								
				_					
	Height:	Weight:	Hair:	Eyes:					
Marks/Scars/Tattoos:									
T. Driver's License		of vehicle operated b	у						
State & No.:		nt/Respondent:							
V. Parent's Name (if a juve									
W. Time when Respondent	is usually home:								
If a hearing is scheduled in this ma	atter, will Respondent need an i	nterpreter?	s, specify language	) 🗌 No					
X. Any additional information about Respondent that may aid the process server in locating him/her to serve this petition:									
DIRECTIONS TO RESPONDENT'S RESIDENCE									