

In the Court of Common Pleas of ADAMS COUNTY, PENNSYLVANIA

DOMESTIC RELATIONS SECTION
123 BALTIMORE ST, GETTYSBURG, PA 17325

Phone: (717) 337-9804

Fax: (717) 334-3440

FOR OFFICE USE ONLY

Plaintiff Name: _____

Defendant Name: _____

Docket Name: _____

PACES Case Number: _____

Other State ID Number: _____

Intake Information Questionnaire/Data Sheet

(Please print clearly)

PLAINTIFF'S/CARETAKER'S INFORMATION: **Relationship to Children:** _____

Name (Last, First, Middle) _____

Alias _____ **Mother's Name (if not Plaintiff)** _____

Address _____

City _____ **State** _____ **Zip Code** _____ **County** _____

SSN _____ **DOB** _____ **Telephone Number** _____

Physical Description: Ht. _____ **Wt.** _____ **Eyes** _____ **Hair** _____ **Race** _____

Email Address _____

Mother's Maiden Name _____

Father's Name _____

City, State and Country of Birth _____

Plaintiff's Attorney _____

Plaintiff's Attorney Address _____

Employer Name _____ **Net Pay \$** _____ **per** _____

Employer Address _____

Employer Telephone Number _____

Medical Insurance Carrier Name _____ **Policy #** _____

Medical Insurance Carrier Address _____

Medical Insurance Carrier Telephone Number _____

Marital Status with respect to Defendant: Divorced Married Separated Single

Date Married _____ **Date Separated** _____ **Date Divorced** _____

Place of Marriage _____ **Place of Divorce** _____

Address of Last Marital Domicile _____

PLAINTIFF'S/CARETAKER'S INFORMATION: (continued)

Relative or Friend Name _____ **Relationship** _____

Relative or Friend Address _____

Relative or Friend Telephone Number _____

CHILDREN'S INFORMATION (Defendant's Children Only)

1. Name (Last, First, Middle) _____ **SSN** _____ **DOB** _____ **Age** _____ **Sex** _____ **Paternity Established?**
_____ Yes No

Mother's Maiden Name _____ **Father's Name** _____

Hospital of Birth _____ **City, State and Country of Birth** _____

2. Name (Last, First, Middle) _____ **SSN** _____ **DOB** _____ **Age** _____ **Sex** _____ **Paternity Established?**
_____ Yes No

Mother's Maiden Name _____ **Father's Name** _____

Hospital of Birth _____ **City, State and Country of Birth** _____

3. Name (Last, First, Middle) _____ **SSN** _____ **DOB** _____ **Age** _____ **Sex** _____ **Paternity Established?**
_____ Yes No

Mother's Maiden Name _____ **Father's Name** _____

Hospital of Birth _____ **City, State and Country of Birth** _____

4. Name (Last, First, Middle) _____ **SSN** _____ **DOB** _____ **Age** _____ **Sex** _____ **Paternity Established?**
_____ Yes No

Mother's Maiden Name _____ **Father's Name** _____

Hospital of Birth _____ **City, State and Country of Birth** _____

5. Name (Last, First, Middle) _____ **SSN** _____ **DOB** _____ **Age** _____ **Sex** _____ **Paternity Established?**
_____ Yes No

Mother's Maiden Name _____ **Father's Name** _____

Hospital of Birth _____ **City, State and Country of Birth** _____

CHILDREN'S INFORMATION (continued)

6. Name (Last, First, Middle) _____ SSN _____ DOB _____ Age _____ Sex _____ Paternity Established?
 Yes No

Mother's Maiden Name _____ Father's Name _____

Hospital of Birth _____ City, State and Country of Birth _____

7. Name (Last, First, Middle) _____ SSN _____ DOB _____ Age _____ Sex _____ Paternity Established?
 Yes No

Mother's Maiden Name _____ Father's Name _____

Hospital of Birth _____ City, State and Country of Birth _____

DEFENDANT'S INFORMATION:

Name (Last, First, Middle) _____

Maiden Name/Alias _____

Address _____

City _____ State _____ Zip Code _____ County _____

SSN _____ DOB _____ Telephone Number _____

Physical Description: Ht. _____ Wt. _____ Eyes _____ Hair _____ Race _____

Email Address _____

Mother's Maiden Name _____

Father's Name _____

City, State and Country of Birth _____

Defendant's Attorney _____

Defendant's Attorney Address _____

Employer Name _____ Net Pay \$ _____ per _____

Employer Address _____

Employer Telephone Number _____

Medical Insurance Carrier Name _____ Policy # _____

Medical Insurance Carrier Address _____

Medical Insurance Carrier Telephone Number _____

DEFENDANT'S INFORMATION (continued)

Relative or Friend Name _____ Relationship _____

Relative or Friend Address _____

Relative or Friend Telephone Number _____

ASSISTANCE/EXISTING SUPPORT ORDER INFORMATION:

Is (Are) the child(ren) a subject of any custody action? Yes No

If Yes, list child(ren) name(s): _____

Are you receiving cash or medical assistance? Yes No Applying? Yes No

Are you receiving child care subsidy? Yes No

Your Welfare Case # _____

Existing support order: Yes No Case # _____ County _____ State _____

Amount for Spouse: \$ _____ Per month

Amount for Child(ren) \$ _____ Per month

Amount for Family (Spouse and Child(ren)): \$ _____ Per month

I verify that the statements in this document are true and correct to the best of my knowledge. I understand that any false statement is subject to penalty in 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Date

Plaintiff/Caretaker Signature

FOR OFFICE USE ONLY: (Check correct choice)

BENEFICIARY TYPE: TANF NON-TANF IV-E

FEE PAID: Yes No N/A