

***Please complete the following information about YOURSELF:***

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Original Surname: \_\_\_\_\_ SSN \_\_\_\_\_ DL No. \_\_\_\_\_

Birthplace (state or foreign country) \_\_\_\_\_

Home Address: \_\_\_\_\_

Who all lives with you at this address? \_\_\_\_\_

County: \_\_\_\_\_ Amount of time in this County: \_\_\_\_\_

Mailing Address: (where can we send mail now) \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Addresses: \_\_\_\_\_

Employer: \_\_\_\_\_ Hours: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Job Title/Job Duties: \_\_\_\_\_ Salary/Income: \_\_\_\_\_

Length of Employment \_\_\_\_\_ Education \_\_\_\_\_

***Please complete the following information about your SPOUSE:***

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Original Surname: \_\_\_\_\_ SSN \_\_\_\_\_ DL No. \_\_\_\_\_

Birthplace (state or foreign country) \_\_\_\_\_

Home Address: \_\_\_\_\_

Who all lives at this address? \_\_\_\_\_

County: \_\_\_\_\_ Length of time lived in this County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Hours: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Job Title/Job Duties: \_\_\_\_\_ Salary/Income: \_\_\_\_\_

Length of Employment \_\_\_\_\_ Education \_\_\_\_\_

***Please complete the following information about THE FATHER OF THE CHILD:***

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Original Surname: \_\_\_\_\_ SSN \_\_\_\_\_ DL No. \_\_\_\_\_

Birthplace (state or foreign country) \_\_\_\_\_

Home Address: \_\_\_\_\_

Who all lives with you at this address? \_\_\_\_\_

County: \_\_\_\_\_ Amount of time in this County: \_\_\_\_\_

Mailing Address: (where can we send mail now) \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Addresses: \_\_\_\_\_

Employer: \_\_\_\_\_ Hours: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Job Title/Job Duties: \_\_\_\_\_ Salary/Income: \_\_\_\_\_

Length of Employment \_\_\_\_\_ Education \_\_\_\_\_

***Please complete the following information about THE MOTHER OF THE CHILD:***

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Original Surname: \_\_\_\_\_ SSN \_\_\_\_\_ DL No. \_\_\_\_\_

Birthplace (state or foreign country) \_\_\_\_\_

Home Address: \_\_\_\_\_

Who all lives with you at this address? \_\_\_\_\_

County: \_\_\_\_\_ Amount of time in this County: \_\_\_\_\_

Mailing Address: (where can we send mail now) \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Addresses: \_\_\_\_\_

Employer: \_\_\_\_\_ Hours: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Job Title/Job Duties: \_\_\_\_\_ Salary/Income: \_\_\_\_\_

Length of Employment \_\_\_\_\_ Education \_\_\_\_\_

Does ANY OTHER PARTY have an attorney? Y or N      If so, who? \_\_\_\_\_

***Child(ren)***

<b>Name</b>	<b>Sex</b>	<b>Birthplace</b>	<b>Birthdate</b>	<b>Soc. Sec. No.</b>
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a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

Present Residence Address: \_\_\_\_\_

Does any child suffer from any physical or psychological disability? (If so, explain)

\_\_\_\_\_

Will custody be disputed? Y or N      If not, where will they live? \_\_\_\_\_

Property owned by the children? \_\_\_\_\_

\_\_\_\_\_