

**Nassau County Family Court
Paternity/Support/UIFSA
Children's Information Sheet**

Every box must be filled in. If you do not know the information, print the word UNKNOWN.

FILE # _____
DOCKET # _____
<i>(Court use only)</i>

Child # 1

Name: (First)	(Middle)	(Last)
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Address: (Street)	(City)	(State)	(Zip Code)	(Apt. #)	(County)
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If the child's address is not known to the respondent and you are requesting that the child's address be kept confidential check box here .

Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #: - -
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Child # 2

Name: (First)	(Middle)	(Last)
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Address: (Street)	(City)	(State)	(Zip Code)	(Apt. #)	(County)
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If the child's address is not known to the respondent and you are requesting that the child's address be kept confidential check box here .

Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #: - -
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Child # 3

Name: (First)	(Middle)	(Last)
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Address: (Street)	(City)	(State)	(Zip Code)	(Apt. #)	(County)
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If the child's address is not known to the respondent and you are requesting that the child's address be kept confidential check box here .

Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #: - -
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Child # 4

Name: (First)	(Middle)	(Last)
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Address: (Street)	(City)	(State)	(Zip Code)	(Apt. #)	(County)
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If the child's address is not known to the respondent and you are requesting that the child's address be kept confidential check box here .

Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #: - -
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