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PETITIONER'S DATA (i Do you need an Interpreter? □Y □ Are you Hearing Impaired? □ Y □	□ N Language:				e 2)	Date Stamp
Name:		Previous	Name or a/k	/a:		
<b>DOB</b> :Sex:	Race:	Height:	Wei	ght:	Eye Color:	Hair Color:
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Residential Address*:     *Even if Confidential	Street		Apt#	City	State	Zip
Mailing Address:(if different from residential)	Street		Apt#	Ł	City Sta	te Zip
Email Address:						
Phone:  Home  Cell:(	)	I	Phone: 🗆 Ho	ome 🗆 Cell:(_		
□Unemployed OR □ Empl Address:					Work #: (	_)
Victims of Domestic Vic						
Is the petitioner working v		-				
Agency Advocate works for						
		CHILDI	REN INV	OLVED:		
First Name	Last N	ame	Date of Birt	h	Sex	Resides with:
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Have the parties ever lived together?  $\Box$  Y  $\Box$  N

Name:				Previous Nam	e or a/k/a:	sisted Listening Device		
DOB:	Sex:	Race:	Height: _	Weight:	Ey	e Color: Ha	ir Color:	
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Residential Adda *Even if Confidentia	al Street			Apt#	City	State	Zip	
Mailing Address (if different from rest	:			Apt#	City	State	Zip	
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Phone:  □ Home	□ Cell:(	_)		Phone:  Hon	ne □ Cell:(_			
						Work #: ( )		
Address:						State:	Dista	
-	-	-		•	-	ng in another Cour		
						he parties ever liv	-	
<b>PETITIONE</b> Need an Interpreter?	<b>R #3</b> or <b>D RES</b>	PONDENT	<b>#3's DATA</b> (p					•••••
Hearing Impaired?				□Other:				
DOB:	Sex:	Race:	Height:	Weight: _	Ey	e Color: Ha	ir Color:	
Residential Add	ress*:							
*Even if Confidentia	al Street			Apt#	City	State	Zip	
Mailing Address (if different from rest				Apt#	City	State	Zip	
				-	·	State	-	
Phone:  Home	□ Cell:(	_)		Phone: 🗆 Hon	ne 🗆 Cell:(_			
						Work #: ( )		
Address: RESPONDENT					Color:	State:	Plate:	
Are you aware	if the Respond	lent has any	other Non-Fa	mily Court mat	ters pendir	ng in another Cou	t? □n □y	
-If Yes, where	& what Court:			-	Have t	he parties ever liv	ed together? $\Box$	
DETITIONE Need an Interpreter?	R #4 or 🗖 RES	PONDENT	<b>#4's DATA</b> (pl					•••••
Hearing Impaired?				□Other:				
Name:				Previous Nam	e or a/k/a: _			
DOB:	Sex:	Race:	Height: _	Weight: _	Ey	e Color: Ha	ir Color:	
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Unemployed C Address:						Work #: (	)	
						State:	Plate:	
						he parties ever liv		

## Social Security Numbers

Please note this form will not be shared with any party.

	Name	Social Security #
Petitioner # 1		
Petitioner # 2		
Petitioner # 3		
Respondent #1		
Respondent #2		
Respondent #3		
Other:		
Other:		
Other:		

## **CHILDREN:**

Name	Social Security #

Date Stamp