

# Family Court Intake :

Date: \_\_\_\_\_



## PETITIONER'S DATA (if there is more than one petitioner, please fill out data on page 2)

Do you need an Interpreter?  Y  N Language: \_\_\_\_\_

Are you Hearing Impaired?  Y  N If yes,  ASL  Assisted Listening Device  Other: \_\_\_\_\_

Name: \_\_\_\_\_ Previous Name or a/k/a: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

## \*\*ADDRESS CONFIDENTIAL from Respondent? NO YES (If yes, you must fill out the Address Confidentiality Affidavit.)

Residential Address\*: \_\_\_\_\_  
\*Even if Confidential Street Apt# City State Zip

Mailing Address: \_\_\_\_\_  
(if different from residential) Street Apt# City State Zip

Email Address: \_\_\_\_\_

Phone:  Home  Cell:(\_\_\_\_\_) \_\_\_\_\_ Phone:  Home  Cell:(\_\_\_\_\_) \_\_\_\_\_

Unemployed OR  Employed - Business: \_\_\_\_\_ Work #: (\_\_\_\_\_) \_\_\_\_\_

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

## Victims of Domestic Violence information provided and reviewed: Y N.

Is the petitioner working with an Advocate?  NA  N  Y Advocate's Name: \_\_\_\_\_

Agency Advocate works for:  RISE /  CVAC / Other: \_\_\_\_\_

## CHILDREN INVOLVED:

First Name	Last Name	Date of Birth	Sex	Resides with:
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Pet <input type="checkbox"/> Resp <input type="checkbox"/> Other
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Pet <input type="checkbox"/> Resp <input type="checkbox"/> Other
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Pet <input type="checkbox"/> Resp <input type="checkbox"/> Other
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Pet <input type="checkbox"/> Resp <input type="checkbox"/> Other
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Pet <input type="checkbox"/> Resp <input type="checkbox"/> Other

Your relationship to Opposing Party (i.e., Spouse/Parent/Intimate partner): \_\_\_\_\_

Your relationship to Child/Children: (i.e., Mother/Father/Grandparent): \_\_\_\_\_

Do you have any other pending court actions involving the Respondent(s)?  N  Y -If Yes, Circle: Divorce / Criminal / Family

## RESPONDENT'S DATA (if there is more than one respondent, please fill out data on page 2)

Need an Interpreter?  Y  N Language: \_\_\_\_\_ Hearing Impaired?  Y  N If yes,  ASL  Assisted Listening Device  Other: \_\_\_\_\_

Name: \_\_\_\_\_ Previous Name or a/k/a: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Residential Address\*: \_\_\_\_\_  
\*Even if Confidential Street Apt# City State Zip

Mailing Address: \_\_\_\_\_  
(if different from residential) Street Apt# City State Zip

Email Address: \_\_\_\_\_

Phone:  Home  Cell:(\_\_\_\_\_) \_\_\_\_\_ Phone:  Home  Cell:(\_\_\_\_\_) \_\_\_\_\_

Unemployed OR  Employed - Business: \_\_\_\_\_ Work #: ( ) \_\_\_\_\_

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

Respondent's Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ State: \_\_\_\_\_ Plate: \_\_\_\_\_

Are you aware if the Respondent has matters pending in another Court?  N  Y - what Court: \_\_\_\_\_

Have the parties ever lived together?  Y  N

PETITIONER #2 or  RESPONDENT #2's DATA (please select one)

Need an Interpreter?  Y  N Language: \_\_\_\_\_ Hearing Impaired?  Y  N If yes,  ASL  Assisted Listening Device  Other: \_\_\_\_\_

Name: \_\_\_\_\_ Previous Name or a/k/a: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Residential Address\*: \_\_\_\_\_

*\*Even if Confidential* Street Apt# City State Zip

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

(if different from residential) Street Apt# City State Zip

Email Address: \_\_\_\_\_

Phone:  Home  Cell:(\_\_\_\_\_) \_\_\_\_\_ Phone:  Home  Cell:(\_\_\_\_\_) \_\_\_\_\_

Unemployed OR  Employed - Business: \_\_\_\_\_ Work #: ( ) \_\_\_\_\_

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

RESPONDENT Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ State: \_\_\_\_\_ Plate: \_\_\_\_\_

Are you aware if the Respondent has any other Non-Family Court matters pending in another Court?  N  Y

-If Yes, where & what Court: \_\_\_\_\_ Have the parties ever lived together?  Y  N

.....  
 PETITIONER #3 or  RESPONDENT #3's DATA (please select one)

Need an Interpreter?  Y  N Language: \_\_\_\_\_

Hearing Impaired?  Y  N If yes,  ASL  Assisted Listening Device  Other: \_\_\_\_\_

Name: \_\_\_\_\_ Previous Name or a/k/a: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Residential Address\*: \_\_\_\_\_

*\*Even if Confidential* Street Apt# City State Zip

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

(if different from residential) Street Apt# City State Zip

Email Address: \_\_\_\_\_

Phone:  Home  Cell:(\_\_\_\_\_) \_\_\_\_\_ Phone:  Home  Cell:(\_\_\_\_\_) \_\_\_\_\_

Unemployed OR  Employed - Business: \_\_\_\_\_ Work #: ( ) \_\_\_\_\_

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

RESPONDENT Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ State: \_\_\_\_\_ Plate: \_\_\_\_\_

Are you aware if the Respondent has any other Non-Family Court matters pending in another Court?  N  Y

-If Yes, where & what Court: \_\_\_\_\_ Have the parties ever lived together?  Y  N

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 PETITIONER #4 or  RESPONDENT #4's DATA (please select one)

Need an Interpreter?  Y  N Language: \_\_\_\_\_

Hearing Impaired?  Y  N If yes,  ASL  Assisted Listening Device  Other: \_\_\_\_\_

Name: \_\_\_\_\_ Previous Name or a/k/a: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Residential Address\*: \_\_\_\_\_

*\*Even if Confidential* Street Apt# City State Zip

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

(if different from residential) Street Apt# City State Zip

Email Address: \_\_\_\_\_

Phone:  Home  Cell:(\_\_\_\_\_) \_\_\_\_\_ Phone:  Home  Cell:(\_\_\_\_\_) \_\_\_\_\_

Unemployed OR  Employed - Business: \_\_\_\_\_ Work #: ( ) \_\_\_\_\_

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

RESPONDENT Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ State: \_\_\_\_\_ Plate: \_\_\_\_\_

-If Yes, where & what Court: \_\_\_\_\_ Have the parties ever lived together?  Y  N

