

FAMILY COURT SERVICES INTAKE FORM

Date: _____ Referring Judge or County _____ Case #: _____

I am Plaintiff/Petitioner, this is who filed () Defendant/Respondent ()

Your Name: _____ Other Parent's Name: _____

Your Address: _____
Street Apt. # City State Zip

Your telephone Number: _____

Your birth date _____ current age _____

Your Attorney's Name: _____ Their telephone _____

List all Biological Children. Clarify other parent.

Child 1, Name _____ Age _____ Child resides with: _____
Child 2, Name _____ Age _____
Child 3, Name _____ Age _____
Child 4, Name _____ Age _____
Child 5, Name _____ Age _____

Besides your biological children, how many other children do you provide support for.
For example: Step Children, Foster Children, etc.

Names and ages:

Child _____ Age _____
Child _____ Age _____

How many in your household besides you? Include all adults _____

Gross (before taxes) annual household income: include all income.

- Less than \$15,000 \$15,001-\$20,000
- \$20,001-\$30,000 \$30,001-\$40,000
- \$40,001-\$50,000 Over \$50,000

Your highest level of education:

- Some high school High School graduate or GED
- Associate degree Some College
- College degree Post Graduate education or degree

▪Do you have a current "Protection Order" or "No Contact Order" Have you ever had either of the above. Have you violated one of these orders.

▪Do you or the other parent or any of the children involved in this action have any criminal charges? If yes, give details below.

