In the Court of Common Pleas of Westmoreland County, Pennsylvania

DOMESTIC RELATIONS
2 NORTH MAIN STREET
SUITE 302
GREENSBURG, PA 15601-2414

Phone: (724) 830-3200

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FOR OFFICE USE ONLY
Plaintiff Name: _____
Defendant Name: _____
Docket Number: _____
PACSES Case Number: _____
Other State ID Number: _____

Intake Information Questionnaire/Data Sheet

(Please print clearly)

DEMOGRAPHICS

PLAINTIFF'S / CARETAKER'S INFORMATION: Relationship to Children: _____

Name (Last, First, Middle) _____

Alias _____ Mother's Name (if not Plaintiff) _____

Address _____

_____

City _____ State____ Zip Code _____ County_____

Physical Description: Ht. ____ Wt.____ Eyes_____ Hair_____ Race_____

DOB __/__/____ SSN _____

Your Mother's Maiden Name _____

Your Father's Name_____

City, State and Country of Your Birth_____

DEFENDANT'S INFORMATION

Name (Last, First, Middle) _____

Maiden Name/Alias _____

Address _____

_____

City _____ State____ Zip Code _____ County _____

Physical Description: Ht. ____ Wt. ____ Eyes _____ Hair _____ Race _____

DOB __/__/____ SSN _____

Mother's Maiden Name _____

Father's Name _____

City, State and Country of Birth _____

CHILDREN'S INFORMATION (Defendant's children only)

1. NAME (Last, First, Middle) | SSN | DOB | AGE | SEX | PATERNITY ESTABLISHED? YES OR NO

Mother's Maiden Name | Father's Name

Hospital of Birth | City, State and Country of Birth

2. NAME (Last, First, Middle) | SSN | DOB | AGE | SEX | PATERNITY ESTABLISHED? YES OR NO

Mother's Maiden Name | Father's Name

Hospital of Birth | City, State and Country of Birth

3. NAME (Last, First, Middle) | SSN | DOB | AGE | SEX | PATERNITY ESTABLISHED? YES OR NO

Mother's Maiden Name | Father's Name

Hospital of Birth | City, State and Country of Birth

4. NAME (Last, First, Middle) | SSN | DOB | AGE | SEX | PATERNITY ESTABLISHED? YES OR NO

Mother's Maiden Name | Father's Name

Hospital of Birth | City, State and Country of Birth

5. NAME (Last, First, Middle) | SSN | DOB | AGE | SEX | PATERNITY ESTABLISHED? YES OR NO

Mother's Maiden Name | Father's Name

Hospital of Birth | City, State and Country of Birth

6. NAME (Last, First, Middle) | SSN | DOB | AGE | SEX | PATERNITY ESTABLISHED? YES OR NO

Mother's Maiden Name | Father's Name

Hospital of Birth | City, State and Country of Birth

CONTACT INFO

PLAINTIFF'S CONTACT INFORMATION:

Home Phone ( ) _____ Mobile Phone ( ) _____

Business Phone ( ) _____ Email Address _____

DEFENDANT'S CONTACT INFORMATION:

Home Phone ( ) _____ Mobile Phone ( ) _____

Business Phone ( ) _____ Email Address _____

PLAINTIFF'S RELATIVE / FRIEND CONTACT INFORMATION:

Relative or Friend Name _____ Relationship _____

Relative or Friend Address _____

_____

Relative or Friend Phone Number ( ) _____

DEFENDANT'S RELATIVE / FRIEND CONTACT INFORMATION:

Relative or Friend Name _____ Relationship _____

Relative or Friend Address _____

_____

Relative or Friend Phone Number ( ) _____

EMPLOYER INFO

PLAINTIFF'S EMPLOYER INFORMATION:

Employer Name _____ Net Pay $_____ per _____

Employer Address _____

_____ Employer Phone ( ) _____

DEFENDANT'S EMPLOYER INFORMATION:

Employer Name _____ Net Pay $_____ per _____

Employer Address _____

_____ Employer Phone ( ) _____

ATTORNEY INFO

PLAINTIFF'S ATTORNEY INFORMATION:

Plaintiff's Attorney _____

Plaintiff's Attorney Address _____

DEFENDANT'S ATTORNEY INFORMATION:

Defendant's Attorney _____

Defendant's Attorney Address _____

INSURANCE INFO

PLAINTIFF'S INSURANCE INFORMATION

Medical Insurance Carrier Name _____ Policy # _____

Medical Insurance Carrier Address _____

_____ Carrier Phone ( ) _____

DEFENDANT'S INSURANCE INFORMATION

Medical Insurance Carrier Name _____ Policy # _____

Medical Insurance Carrier Address _____

_____ Carrier Phone ( ) _____

MARITAL / PATERNITY INFO

Marital Status with respect to Defendant: __ Divorced __ Married __ Separated __ Single

Date Married __/__/__ Separated __/__/__ Divorced __/__/__

Place of Marriage _____ Place of Divorce _____

Address of Last Marital Domicile _____

_____

ASSISTANCE/EXISTING SUPPORT ORDER INFORMATION:

Is(Are) the child(ren) a subject of any custody action? Y N

If Yes, list child(ren)'s name(s): _____

Are you receiving cash or medical assistance? Y N Applying? Y N

Are you receiving child care subsidy? Y N

Your Welfare Case # _____

Existing support order: Y N Case # _____ County _____ State _____

Amount for Spouse: $ _____ Per month

Amount for Child(ren): $ _____ Per month

Amount for Family (Spouse and Child[ren]): $ _____ Per month

Do you have any concern for family violence? Y N

Do you have a need to keep your address confidential? Y N

I verify that the statements in this document are true and correct to the best of my knowledge. I understand that any false statement is subject to penalty in 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

_____ _____

Date Plaintiff/Caretaker Signature

FOR OFFICE USE ONLY: (Circle correct choice)

BENEFICIARY TYPE: TANF NON-TANF IV-E

FEE PAID: Y N N/A