

DOMESTIC INTAKE WORKSHEET

Style of Case: _____ Case Number: _____

Date of Filing: _____

Judge Assigned to Case: _____

Part A

Information About the Parties

Petitioner: _____

Name(s)

NOTE: **If you are a victim of domestic violence and do not wish to include your address please make a notation.*

Address: _____
Street Address County City State Zip

Telephone: _____
Cellphone Work

Birth Year: _____ Email: _____

Petitioner's Attorney: _____
Name

Attorney's Address: _____
Street Address County City State Zip

Attorney's Telephone Number: _____ Email: _____

Respondent: _____
Name(s)

NOTE: **If you are a victim of domestic violence and do not wish to include your address please make a notation.*

Address: _____
Street Address Count City State Zip

Telephone: _____
Home Work

Birth Year: _____ Email: _____

Respondent's Attorney: _____
Name

Attorney's Address: _____
Street Address Count City State Zip

Attorney's Telephone Number: _____ Email: _____

Part B

Information About the Current Case and Related Cases

Number of Children: _____

Names of Children:

Current Claim(s); Issue(s); Allegation(s):

- Divorce
- Child Custody
- Visitation
- Child Support
- Paternity

- Legitimation
- Family Violence
- Child Abuse
- UIFSA
- Other:

- Adoption
- Guardianship
- Substance Abuse
- Other Issues:
