



FAIRFAX COUNTY JUVENILE AND DOMESTIC RELATIONS DISTRICT COURT INTAKE SHEET

ICN: _____

PLEASE CLEARLY PRINT ALL FIELDS AND COMPLETE INFORMATION ON THE BACK:

FILING PARTY: MOTHER FATHER OTHER EMAIL (OPTIONAL) _____

FILING: CUSTODY VISITATION SUPPORT OTHER _____

MARRIAGE YES NO DATE/PLACE _____ / _____

DIVORCED YES NO PENDING DATE/PLACE _____ / _____

HAS EITHER PARTY CLAIMED DOMESTIC VIOLENCE AGAINST THE OTHER? YES NO

MOTHER _____

FULL LAST NAME/FAMILY NAME

FIRST NAME

MIDDLE NAME

RACE _____ HISPANIC Y N
(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)

JTS #

JA#

SSN _____ DOB _____ PHONE _____ CELL _____
MONTH DAY YEAR

DL # _____ HEIGHT _____ WEIGHT _____ EYE _____ HAIR _____
DRIVER'S LICENSE NUMBER STATE

ADDRESS: _____
STREET NUMBER AND NAME CITY STATE ZIP CODE

EMPLOYER'S NAME _____ WORK _____

EMPLOYER'S ADDRESS _____
STREET NUMBER AND NAME CITY STATE ZIP CODE

FATHER _____

FULL LAST NAME/FAMILY NAME

FIRST NAME

MIDDLE NAME

RACE _____ HISPANIC Y N
(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)

JTS #

JA#

SSN _____ DOB _____ PHONE _____ CELL _____
MONTH DAY YEAR

DL # _____ HEIGHT _____ WEIGHT _____ EYE _____ HAIR _____
DRIVER'S LICENSE NUMBER STATE

ADDRESS: _____
STREET NUMBER AND NAME CITY STATE ZIP CODE

EMPLOYER'S NAME _____ WORK _____

EMPLOYER'S ADDRESS _____
STREET NUMBER AND NAME CITY STATE ZIP CODE

CHILD _____

FULL LAST NAME/FAMILY NAME

FIRST NAME

MIDDLE NAME

M F RACE _____ HISPANIC Y N
(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)

JTS #

JJ#

SSN _____ DOB _____
MONTH DAY YEAR

ICN:

CHILD LIVES WITH MOTHER FATHER OTHER

CHILD _____

FULL LAST NAME/FAMILY NAME

FIRST NAME

MIDDLE NAME

M F RACE _____ HISPANIC Y N
(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)

JTS #

JJ#

SSN _____ DOB _____
MONTH DAY YEAR

ICN:

CHILD LIVES WITH MOTHER FATHER OTHER

PERSON ASSISTING/TRANSLATING THIS FORM (IF APPLICABLE) _____

CHILDREN

CHILD _____

FULL LAST NAME/FAMILY NAME	FIRST NAME	MIDDLE NAME
<input type="checkbox"/> M <input type="checkbox"/> F RACE _____ HISPANIC <input type="checkbox"/> Y <input type="checkbox"/> N <small>(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)</small>		
SSN _____ DOB _____ <small>MONTH DAY YEAR</small>		JTS # JJ#
ICN:		
CHILD LIVES WITH <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER		

CHILD _____

FULL LAST NAME/FAMILY NAME	FIRST NAME	MIDDLE NAME
<input type="checkbox"/> M <input type="checkbox"/> F RACE _____ HISPANIC <input type="checkbox"/> Y <input type="checkbox"/> N <small>(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)</small>		
SSN _____ DOB _____ <small>MONTH DAY YEAR</small>		JTS # JJ#
ICN:		
CHILD LIVES WITH <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER		

CHILD _____

FULL LAST NAME/FAMILY NAME	FIRST NAME	MIDDLE NAME
<input type="checkbox"/> M <input type="checkbox"/> F RACE _____ HISPANIC <input type="checkbox"/> Y <input type="checkbox"/> N <small>(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)</small>		
SSN _____ DOB _____ <small>MONTH DAY YEAR</small>		JTS # JJ#
ICN:		
CHILD LIVES WITH <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER		

THIRD PARTY CUSTODY CASES/GUARDIAN/OTHER PARENT

OTHER 1: _____

FULL LAST NAME/FAMILY NAME	FIRST NAME	MIDDLE NAME
RACE _____ HISPANIC <input type="checkbox"/> Y <input type="checkbox"/> N <small>(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)</small>		
DOB _____	SSN _____	PHONE _____ CELL _____
<small>MONTH DAY YEAR</small>		
DL # _____	HEIGHT _____	WEIGHT _____ EYE _____ HAIR _____
<small>DRIVER'S LICENSE NUMBER STATE</small>		
ADDRESS: _____		
<small>STREET NUMBER AND NAME</small>	<small>CITY</small>	<small>STATE ZIP CODE</small>

OTHER 2: _____

FULL LAST NAME/FAMILY NAME	FIRST NAME	MIDDLE NAME
RACE _____ HISPANIC <input type="checkbox"/> Y <input type="checkbox"/> N <small>(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)</small>		
DOB _____	SSN _____	PHONE _____ CELL _____
<small>MONTH DAY YEAR</small>		
DL # _____	HEIGHT _____	WEIGHT _____ EYE _____ HAIR _____
<small>DRIVER'S LICENSE NUMBER STATE</small>		
ADDRESS: _____		
<small>STREET NUMBER AND NAME</small>	<small>CITY</small>	<small>STATE ZIP CODE</small>