



<b>COURT USE</b>	<b>CLERK:</b>	<b>Walk In:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>ICN:</b>
<b>Intake Officer:</b>	<b>Date:</b>	<b>Time:</b>	

### CIVIL INTAKE SHEET

<b>FILING PARTY:</b> <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER:
<b>FILING:</b> <input type="checkbox"/> CUSTODY <input type="checkbox"/> VISITATION <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> SPOUSAL SUPPORT <input type="checkbox"/> PATERNITY <input type="checkbox"/> REGISTRATION <input type="checkbox"/> MODIFICATION OF <input type="checkbox"/> OTHER:
<b>EXISTING ORDERS</b> (In this or any other Court): <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES</b> (which of the above?):
<b>MARRIED TO RESPONDENT:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>DATE:</b> <b>PLACE:</b>
<b>DIVORCED FROM RESPONDENT:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING <b>DATE:</b> <b>PLACE:</b>
<b>MARRIED TO SOMEONE OTHER THAN THE RESPONDENT:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>EXISTING / PRIOR CASE WITH DCSE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES - CASE NO.</b>
<b>FOR CHILD SUPPORT CASES, WHO IS THE PAYING PARTY?:</b>
<b>IS CHILD PROTECTIVE SERVICES (CPS) INVOLVED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IS DFS INVOLVED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>IS THERE A PROTECTIVE ORDER BETWEEN THE PARTIES:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>DOES YOUR CHILD/CHILDREN HAVE MEDICAL INSURANCE/MEDICAID?:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

### FATHER

LAST NAME	SECOND LAST NAME (If applicable)	FIRST NAME	MIDDLE NAME
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**D.O.B:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **BADGE #:** \_\_\_\_\_

**DL #:** \_\_\_\_\_ **GENDER:**  M  F  OTHER

Driver's License Number State

**RACE:**  White  Black  American Indian/Alaskan Native  Asian/Pacific Islander  Other: \_\_\_\_\_

**HISPANIC:**  YES  NO **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **EYE:** \_\_\_\_\_ **HAIR:** \_\_\_\_\_

**U. S. MILITARY:**  YES  NO **MEDICAL INSURANCE/MEDICAID:**  YES  NO **TANF:**  YES  NO

**ADDRESS:** \_\_\_\_\_  
Street Number and Name City State Zip

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_  Full-Time  Part-Time  Not Employed  Disabled  Retired

**ADDRESS:** \_\_\_\_\_ **PH:** \_\_\_\_\_  
Street Number and Name City State Zip

### MOTHER

LAST NAME	SECOND LAST NAME (If applicable)	FIRST NAME	MIDDLE NAME
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**D.O.B:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **BADGE #:** \_\_\_\_\_

**DL #:** \_\_\_\_\_ **GENDER:**  M  F  OTHER

Driver's License Number State

**RACE:**  White  Black  American Indian/Alaskan Native  Asian/Pacific Islander  Other: \_\_\_\_\_

**HISPANIC:**  YES  NO **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **EYE:** \_\_\_\_\_ **HAIR:** \_\_\_\_\_

**U. S. MILITARY:**  YES  NO **MEDICAL INSURANCE/MEDICAID:**  YES  NO **TANF:**  YES  NO

**ADDRESS:** \_\_\_\_\_  
Street Number and Name City State Zip

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_  Full-Time  Part-Time  Not Employed  Disabled  Retired

**ADDRESS:** \_\_\_\_\_ **PH:** \_\_\_\_\_  
Street Number and Name City State Zip

**CHILDREN**

**CHILD:** \_\_\_\_\_  
LAST NAME                      SECOND LAST NAME (If applicable)                      FIRST NAME                      MIDDLE NAME

**D.O.B:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**LIVES WITH:**  MOTHER  FATHER  OTHER \_\_\_\_\_

**GENDER:**  M  F  OTHER      **HISPANIC:**  YES  NO

**RACE:**  White  Black  American Indian/Alaskan Native  Asian/Pacific Islander  Other: \_\_\_\_\_

**BADGE #:**

**ICN:**

**CHILD:** \_\_\_\_\_  
LAST NAME                      SECOND LAST NAME (If applicable)                      FIRST NAME                      MIDDLE NAME

**D.O.B:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**LIVES WITH:**  MOTHER  FATHER  OTHER \_\_\_\_\_

**GENDER:**  M  F  OTHER      **HISPANIC:**  YES  NO

**RACE:**  White  Black  American Indian/Alaskan Native  Asian/Pacific Islander  Other: \_\_\_\_\_

**BADGE #:**

**ICN:**

**CHILD:** \_\_\_\_\_  
LAST NAME                      SECOND LAST NAME (If applicable)                      FIRST NAME                      MIDDLE NAME

**D.O.B:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**LIVES WITH:**  MOTHER  FATHER  OTHER \_\_\_\_\_

**GENDER:**  M  F  OTHER      **HISPANIC:**  YES  NO

**RACE:**  White  Black  American Indian/Alaskan Native  Asian/Pacific Islander  Other: \_\_\_\_\_

**BADGE #:**

**ICN:**

**THIRD PARTY CASE**

**OTHER:** \_\_\_\_\_  
LAST NAME                      SECOND LAST NAME (If applicable)                      FIRST NAME                      MIDDLE NAME

**D.O.B:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**RELATIONSHIP TO CHILD:** \_\_\_\_\_

**PATERNAL:**  **MATERNAL:**       **GENDER:**  M  F  OTHER

**RACE:**  White  Black  American Indian/Alaskan Native  Asian/Pacific Islander  Other      **HISPANIC:**  YES  NO

**ADDRESS:** \_\_\_\_\_  
Street Number and Name                      City                      State                      Zip

**E-MAIL:** \_\_\_\_\_      **PHONE:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_      **CELL:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**DL #:** \_\_\_\_\_  
Driver's License Number                      State

**BADGE #:**

**ICN:**

**OTHER:** \_\_\_\_\_  
LAST NAME                      SECOND LAST NAME (If applicable)                      FIRST NAME                      MIDDLE NAME

**D.O.B:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**RELATIONSHIP TO CHILD:** \_\_\_\_\_

**PATERNAL:**  **MATERNAL:**       **GENDER:**  M  F  OTHER

**RACE:**  White  Black  American Indian/Alaskan Native  Asian/Pacific Islander  Other      **HISPANIC:**  YES  NO

**ADDRESS:** \_\_\_\_\_  
Street Number and Name                      City                      State                      Zip

**E-MAIL:** \_\_\_\_\_      **PHONE:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_      **CELL:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**DL #:** \_\_\_\_\_

**BADGE #:**

**ICN:**

FOR OFFICE USE ONLY

Date: \_\_\_\_\_ Appt. Time: \_\_\_\_\_ Intake Officer: \_\_\_\_\_

CHILD ADDRESS HISTORY FORM

1. What is the current address of the child(ren)?

\_\_\_\_\_ Street \_\_\_\_\_ Apt#

\_\_\_\_\_ City \_\_\_\_\_ State

2. When did the child start living at the current address?

\_\_\_\_\_ Month \_\_\_\_\_ Year

PLEASE PROVIDE CHILD'S ADDRESS HISTORY FOR THE PAST **5** YEARS

3a. Where did the child(ren) live prior to the current address?

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State

Please provide month and year at this address.

From \_\_\_\_\_ / \_\_\_\_\_

To \_\_\_\_\_ / \_\_\_\_\_  
Mo. Yr.

With whom did the child live? Please Circle One.

MOTHER FATHER BOTH PARENTS OTHER\*

3b. Where did the child(ren) live before the address listed in 3a?

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State

Please provide month and year at this address.

From \_\_\_\_\_ / \_\_\_\_\_

To \_\_\_\_\_ / \_\_\_\_\_  
Mo. Yr.

With whom did the child live? Please Circle One.

MOTHER FATHER BOTH PARENTS OTHER\*

See back side of form for more address boxes.

*\*If your child has lived with anyone other than his/her parents see  
Question 4 & 5 on the back of this form.*

3c. Where did the child(ren) live before the address listed in 3b?

\_\_\_\_\_

Street City State

Please provide month and year at this address.

From \_\_\_\_\_ / \_\_\_\_\_

To \_\_\_\_\_ / \_\_\_\_\_  
Mo. Yr.

With whom did the child live? Please Circle One.

MOTHER FATHER BOTH PARENTS OTHER\*

3d. Where did the child(ren) live before the address listed in 3c?

\_\_\_\_\_

Street City State

Please provide month and year at this address.

From \_\_\_\_\_ / \_\_\_\_\_

To \_\_\_\_\_ / \_\_\_\_\_  
Mo. Yr.

With whom did the child live? Please Circle One.

MOTHER FATHER BOTH PARENTS OTHER\*

4. If the child(ren) has lived with anyone other than his/her parents, please provide that person's name and relationship.

\_\_\_\_\_

Name

\_\_\_\_\_

Relationship: Ex: Aunt/Uncle, Brother/Sister, Friend, Grandfather/Grandmother, Other

5. Current address of that person.

\_\_\_\_\_

Street Apt#

\_\_\_\_\_

City State Zip