



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

SSN _____ DOB _____
MONTH DAY YEAR

CHILD LIVES WITH MOTHER FATHER OTHER

JTS #	JJ#
ICN:	

CHILD _____

FULL LAST NAME/FAMILY NAME	FIRST NAME	MIDDLE NAME
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M F RACE _____ HISPANIC Y N
(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)

SSN _____ DOB _____
MONTH DAY YEAR

CHILD LIVES WITH MOTHER FATHER OTHER

JTS #	JJ#
ICN:	

CHILD _____

FULL LAST NAME/FAMILY NAME	FIRST NAME	MIDDLE NAME
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M F RACE _____ HISPANIC Y N
(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)

SSN _____ DOB _____
MONTH DAY YEAR

CHILD LIVES WITH MOTHER FATHER OTHER

JTS #	JJ#
ICN:	

THIRD PARTY CUSTODY CASES/GUARDIAN/OTHER PARENT

OTHER 1: _____

FULL LAST NAME/FAMILY NAME	FIRST NAME	MIDDLE NAME
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RACE _____ HISPANIC Y N
(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)

DOB _____ SSN _____ PHONE _____ CELL _____
MONTH DAY YEAR

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

ADDRESS: _____
STREET NUMBER AND NAME CITY STATE ZIP CODE

OTHER 2: _____

FULL LAST NAME/FAMILY NAME	FIRST NAME	MIDDLE NAME
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RACE _____ HISPANIC Y N
(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)

DOB _____ SSN _____ PHONE _____ CELL _____
MONTH DAY YEAR

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

ADDRESS: _____
STREET NUMBER AND NAME CITY STATE ZIP CODE