

**In the Court of Common Pleas of ADAMS County, Pennsylvania**

Domestic Relations Section

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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)

**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

SSN  DOB  Telephone

Physical Description: Ht.  Wt.  Eyes  Hair  Race

Email Address

Mother's Maiden Name

Father's Name

City, State and Country of Birth

Plaintiff's Attorney

Plaintiff's Attorney Address

Employer Name  Net Pay \$  per

Employer Address

Employer Phone

Medical Insurance Carrier Name  Policy #

Medical Insurance Carrier Address

Carrier Phone

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

Service Type

Form IN-002

Worker ID

**PLAINTIFF'S/CARETAKER'S INFORMATION** (continued)

Relative or Friend Name  Relationship

Relative or Friend Address

Relative or Friend Phone Number

**CHILDREN'S INFORMATION** (Defendant's children only)

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

Mother's Maiden Name      Father's Name

    

Hospital of Birth      City, State and Country of Birth

**CHILDREN'S INFORMATION** (Continued)

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

Mother's Maiden Name      Father's Name  
[ ] [ ]

Hospital of Birth      City, State and Country of Birth  
[ ] [ ]

**DEFENDANT'S INFORMATION**

Name (Last, First, Middle) [ ]

Maiden Name/Alias [ ]

Address [ ]

City [ ] State [ ] Zip Code [ ] County [ ]

SSN [ ] DOB [ ] Telephone [ ]

Physical Description: Ht. [ ] Wt. [ ] Eyes [ ] Hair [ ] Race [ ]

Email Address [ ]

Mother's Maiden Name [ ]

Father's Name [ ]

City, State and Country of Birth [ ]

Defendant's Attorney [ ]

Defendant's Attorney Address [ ]

Employer Name [ ] Net Pay \$ [ ] per [ ]

Employer Address [ ]

[ ] Employer Phone [ ]

**DEFENDANT'S INFORMATION** (continued)

Medical Insurance Carrier Name  Policy #

Medical Insurance Carrier Address

Carrier Phone

Relative or Friend Name  Relationship

Relative or Friend Address

Relative or Friend Phone Number

**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

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:** (Check correct choice)

BENEFICIARY TYPE: TANF  NON-TANF  IV-E

FEE PAID: Y  N  N/A