FIRST JUDICIAL DISTRICT OF PENNSYLVANIA • PHILADELPHIA FAMILY COURT
DOMESTIC RELATIONS INFORMATION SHEET

(Parties in domestic relations cases must complete this form at every appearance)

INSTRUCTIONS

Print clearly, and provide *all* of the information in each box; if anything does not apply to you, write N/A in the box. Use the back page of the form if you need additional space to provide a complete answer.

INFORMATION FOR THE DOMESTIC RELATIONS CASE YOU ARE APPEARING FOR TODAY

1. Docket No.	2. PACSES No. (support cases only)	3. In this case you are the: Plaintiff/Petitioner Defendant/Respondent

4. Check each type of case you have with the other party in this case (If a case is not in Philadelphia, note the city and state)

Protection from Abuse (PFA) Support Custody Divorce

↓

Is a PFA order in effect? No Yes If yes, specify the person(s) protected under the order:

5. Does the Philadelphia Department of Human Services (DHS) have a case(s) involving the child(ren) in this case?

No Yes If yes, specify the child(ren) and the status of the DHS case(s):

6. Do you have reason to fear being in the same room with the other party in this case? No Yes* (see below)

IMPORTANT: *Before you enter the proceeding be sure to explain the circumstances to the court staff member who checked you in*

DEMOGRAPHIC AND CONTACT INFORMATION

7. Name (F/M/L)	8. Date of Birth / /	9. Social Security No. - -

10. Home Address (*check if new)*	Apt./Unit No.	City	State	Zip Code	11. Education Level

12. Home Tel. No. ( )	13. Mobile Tel. No. ( )	14. Email Address	15. Hght	16. Wght	17. EyeCol	18. Gender	19. Race

INCOME AND EMPLOYMENT

20. Employer Name (*check if new)* Address City State Zip Code Tel. No. ( )

21. Gross (pre-tax) Income $ per	23. Do you have health insurance? No Yes (if yes, provide the following) Name of Insurance Company ↓ Policy No. Type(s) of coverage (e.g, medical, dental, etc.)
22. Welfare benefits you receive: None Medical Cash Food Stamps	Name(s) of person(s) covered under policy: ↓

24. Do you have any pending legal claims or lawsuits? No Yes (If yes, complete below): Attorney's Name ↓ Address City State Zip Code	25. Any professional or business licenses? No Yes (If yes, complete below): License Type ↓ Number Issuing State	26. Driver License None Standard DL Commercial DL Number ↓ Issuing State

27. Do you have any other employment or income from source(s) that you did not provide above?

I verify that I have no employment or income other than I provided above

Yes (provide the amount and sources of any and all income that is not listed above, use the back of this form if you need additional space)

Amount of income ↓ Income Source Address City State Zip Code Telephone No.
$ per

VERIFICATION

28. I verify that the statements made herein are true and correct. I understand that false statements herein are subject to contempt sanctions in my domestic relations case(s) and the penalties of 18 Pa. C.S.4904, relating to unsworn falsification to authorities.

Signature _____ Date _____

Write the number of the question next to the additional information you are providing in response