

In the Court of Common Pleas of CHESTER County, Pennsylvania

Domestic Relations Section

201 W Market Street, PO Box 2746, West Chester, PA 19380-0991

Phone: (610) 344-6215

Fax:

(610) 344-6977

FOR OFFICE USE ONLY:

Plaintiff Name: _____
Defendant Name: _____
Time Returned: _____ Docket Number: _____
PACSES Case Number: _____
Other State ID Number: _____

Intake Information Questionnaire/Data Sheet

****Please complete all information or indicate unknown and write clearly. Intakes are seen from 8:30am to 2:00pm****

Are you requesting support for: [] Child [] Spouse [] Both

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 ____/____/____

Physical Description: Ht. _____ Wt. _____ Eyes _____ Hair _____ Race _____

Phone numbers: Home _____ Work _____ Cell _____

Email Address _____

Plaintiff's Mothers Maiden Name _____ Plaintiff's Father's Name: _____

City, State, and Country of Birth _____

Plaintiff's Attorney _____

Plaintiff's Attorney Address & Phone: _____

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 _____

Intake Information Questionnaire/Data Sheet

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): _____ **Paternity Established?** yes or no

SSN: _____ DOB: _____ Age: _____ Sex: _____ Hair: _____ Eyes: _____ Race: _____

Mother's Maiden Name: _____ Father's Name: _____

Hospital of Birth: _____ City, State, & Country of Birth: _____

2. NAME (Last, First, Middle): _____ **Paternity Established?** yes or no

SSN: _____ DOB: _____ Age: _____ Sex: _____ Hair: _____ Eyes: _____ Race: _____

Mother's Maiden Name: _____ Father's Name: _____

Hospital of Birth: _____ City, State, & Country of Birth: _____

3. NAME (Last, First, Middle): _____ **Paternity Established?** yes or no

SSN: _____ DOB: _____ Age: _____ Sex: _____ Hair: _____ Eyes: _____ Race: _____

Mother's Maiden Name: _____ Father's Name: _____

Hospital of Birth: _____ City, State, & Country of Birth: _____

4. NAME (Last, First, Middle): _____ **Paternity Established?** yes or no

SSN: _____ DOB: _____ Age: _____ Sex: _____ Hair: _____ Eyes: _____ Race: _____

Mother's Maiden Name: _____ Father's Name: _____

Hospital of Birth: _____ City, State, & Country of Birth: _____

5. NAME (Last, First, Middle): _____ **Paternity Established?** yes or no

SSN: _____ DOB: _____ Age: _____ Sex: _____ Hair: _____ Eyes: _____ Race: _____

Mother's Maiden Name: _____ Father's Name: _____

Hospital of Birth: _____ City, State, & Country of Birth: _____

Intake Information Questionnaire/Data Sheet

6. NAME (Last, First, Middle): _____ **Paternity Established?** yes or no

SSN: _____ DOB: _____ Age: _____ Sex: _____ Hair: _____ Eyes: _____ Race: _____

Mother's Maiden Name: _____ Father's Name: _____

Hospital of Birth: _____ City, State, & Country of Birth: _____

DEFENDANT'S INFORMATION

Name (Last, First, Middle) _____

Maiden Name/Alias _____

Address _____

City _____ State _____ Zip Code _____ County _____

SSN _____ DOB ____/____/____ Incarcerated: Y N If Yes, Where _____

Phone numbers: Home _____ Work _____ Cell _____

Physical Description: Ht. _____ Wt. _____ Eyes _____ Hair _____ Race _____

Email Address _____

Defendant's Mother's Maiden Name _____

Defendant's 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 (____) _____

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 (____) _____

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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: (Circle correct choice)

BENEFICIARY TYPE: TANF NON-TANF IV-E

FEE PAID: Y N N/A

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Family Violence? Y N

Is there a Current Protection From Abuse Order? Y N

Address Confidentiality Requested? Y N Why? _____

Interpreter needed? Y N What Language? _____

If Divorced, does Property Settlement Agreement provide for Child Support? Y N

DEFENDANT'S INFORMATION

Is Defendant married? Y N If yes, name and address of spouse? _____

Has Defendant ever been arrested? Y N Where? _____

For What? _____ When? _____

On Probation or Parole? Y N

Does the Defendant have another support case with a different Plaintiff? Y N

If yes, what is the Plaintiff or child's name? _____

Please list any High School, Vocational School or College the Defendant attended:

Does Defendant have income from Workers Compensation? Y N SSI? Y N

Social Security? Y N Veteran's Benefits? Y N Welfare? Y N

Has the Defendant ever been in the Military? Y N What Branch? _____

Description of Car: Make – Year – Color _____

List Defendant's scars, marks, tattoos: _____

Other: _____
