

Phone:

Fax:

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)

**DEMOGRAPHICS**

**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 \_\_\_\_\_

Physical Description: Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Race \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_\_

Your Mother's Maiden Name \_\_\_\_\_

Your Father's Name \_\_\_\_\_

City, State and Country of Your Birth \_\_\_\_\_

**DEFENDANT'S INFORMATION**

Name (Last, First, Middle) \_\_\_\_\_

Maiden Name/Alias \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Physical Description: Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Race \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Father's Name \_\_\_\_\_

City, State and Country of Birth \_\_\_\_\_



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

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

Mother's Maiden Name                                      Father's Name

Hospital of Birth                                      City, State and Country of Birth

5. NAME (Last, First, Middle)                      SSN                      DOB                      AGE                      SEX                      PATERNITY ESTABLISHED?  
\_\_\_\_\_  
YES OR NO

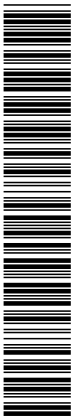
Mother's Maiden Name                                      Father's Name

Hospital of Birth                                      City, State and Country of Birth

6. NAME (Last, First, Middle)                      SSN                      DOB                      AGE                      SEX                      PATERNITY ESTABLISHED?  
\_\_\_\_\_  
YES OR NO

Mother's Maiden Name                                      Father's Name

Hospital of Birth                                      City, State and Country of Birth



**CONTACT INFO**

**PLAINTIFF'S CONTACT INFORMATION:**

Home Phone ( ) \_\_\_\_\_

Mobile Phone ( ) \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

**DEFENDANT'S CONTACT INFORMATION:**

Home Phone ( ) \_\_\_\_\_

Mobile Phone ( ) \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

**PLAINTIFF'S RELATIVE / FRIEND CONTACT INFORMATION:**

Relative or Friend Name \_\_\_\_\_ Relationship \_\_\_\_\_

Relative or Friend Address \_\_\_\_\_

Relative or Friend Phone Number ( ) \_\_\_\_\_

**DEFENDANT'S RELATIVE / FRIEND CONTACT INFORMATION:**

Relative or Friend Name \_\_\_\_\_ Relationship \_\_\_\_\_

Relative or Friend Address \_\_\_\_\_

Relative or Friend Phone Number ( ) \_\_\_\_\_

**EMPLOYER INFO**

**PLAINTIFF'S EMPLOYER INFORMATION:**

Employer Name \_\_\_\_\_ Net Pay \$ \_\_\_\_\_ per \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Phone ( ) \_\_\_\_\_

**DEFENDANT'S EMPLOYER INFORMATION:**

Employer Name \_\_\_\_\_ Net Pay \$ \_\_\_\_\_ per \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Phone ( ) \_\_\_\_\_

**ATTORNEY INFO**

**PLAINTIFF'S ATTORNEY INFORMATION:**

Plaintiff's Attorney \_\_\_\_\_

Plaintiff's Attorney Address \_\_\_\_\_

**DEFENDANT'S ATTORNEY INFORMATION:**

Defendant's Attorney \_\_\_\_\_

Defendant's Attorney Address \_\_\_\_\_

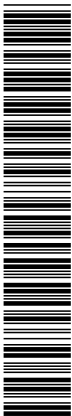
**INSURANCE INFO**

**PLAINTIFF'S INSURANCE INFORMATION**

Medical Insurance Carrier Name \_\_\_\_\_ Policy # \_\_\_\_\_

Medical Insurance Carrier Address \_\_\_\_\_

Carrier Phone ( ) \_\_\_\_\_



**DEFENDANT'S INSURANCE INFORMATION**

Medical Insurance Carrier Name \_\_\_\_\_ Policy # \_\_\_\_\_  
Medical Insurance Carrier Address \_\_\_\_\_  
Carrier Phone ( ) \_\_\_\_\_

**MARITAL / PATERNITY INFO**

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 \_\_\_\_\_

**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

Do you have any concern for family violence? Y N

Do you have a need to keep your address confidential? Y N

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

