

In the Court of Common Pleas of ADAMS County, Pennsylvania

Domestic Relations Section

525 Boyds School Rd, Suite 600, Gettysburg, PA 17325

Phone: 717-337-9804

Fax: 717-334-3440

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