In the Court of Common Pleas of County, Pennsylvania

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)

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________

Home Phone ( ) ____________ SSN ____________

Business Phone ( ) ____________ DOB___/___/___

Mobile Phone ( ) ____________

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 ____________________

Form IN-002 01/13

Service Type

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 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 ____________________

CHILDREN'S INFORMATION (Continued)

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 ____________

DEFENDANT'S INFORMATION

Name (Last, First, Middle) ____________

Maiden Name/Alias ____________

Address ____________

____

City ____________ State ____ Zip Code ______ County ____________

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

Home Phone ( ) ____________ SSN ____________

Business Phone ( ) ____________ DOB / /

Mobile Phone ( ) ____________

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: (Circle correct choice)

BENEFICIARY TYPE: TANF NON-TANF IV-E

FEE PAID: Y N N/A