

**JUVENILE COURT PERSONAL INFORMATION SHEET  
ORIGINAL ONLY FOR THE COURT NO COPIES REQUIRED**

If you have a VALID PROTECTION ORDER (the Court will need a copy) you still must write your address on this page, as this is for court records only. DO NOT write your address on the attached pages.

**Are / Were the parents of this child ever married? (check one)      Yes      No**

**PLEASE PRINT LEGIBLY OR TYPE THE FOLLOWING INFORMATION:**

**SETS # (if applicable)** \_\_\_\_\_

**1. Child(ren) this Complaint/Motion is being filed on:**

**CHILD 1:** Name: \_\_\_\_\_ **JC#** \_\_\_\_\_

DOB \_\_\_\_\_ SSN (if known) \_\_\_\_\_

**CHILD 2:** Name: \_\_\_\_\_ **JC#** \_\_\_\_\_

DOB \_\_\_\_\_ SSN (if known) \_\_\_\_\_

**CHILD 3:** Name: \_\_\_\_\_ **JC#** \_\_\_\_\_

DOB \_\_\_\_\_ SSN (if known) \_\_\_\_\_

**Child(ren)'s current residence (street address):** \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

**2. Filing party:** \_\_\_\_\_

Relationship to the child (mother/father/grandparent, etc.): \_\_\_\_\_

Mailing address: (Street Address): \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**3. Respondent:** \_\_\_\_\_

Relationship to the child (mother/father/grandparent, etc.): \_\_\_\_\_

Mailing address: (Street Address): \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

SSN (if known): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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4. **Respondent:** \_\_\_\_\_

Relationship to the child (mother/father/grandparent, etc.): \_\_\_\_\_

Mailing address: (Street Address): \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

SSN (if known): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### ADDITIONAL PARTIES

5. **Additional Party:** \_\_\_\_\_

Relationship to the child (mother/father/grandparent, etc.): \_\_\_\_\_

Mailing address: (Street Address): \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

SSN (if known): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

6. **Additional Party:** \_\_\_\_\_

Relationship to the child (mother/father/grandparent, etc.): \_\_\_\_\_

Mailing address: (Street Address): \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

SSN (if known): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

7. **Additional Party:** \_\_\_\_\_

Relationship to the child (mother/father/grandparent, etc.): \_\_\_\_\_

Mailing address: (Street Address): \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

SSN (if known): \_\_\_\_\_

Date of Birth: \_\_\_\_\_