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 ____________

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 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 ____________

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: (Circle correct choice)

BENEFICIARY TYPE: TANF NON-TANF IV-E

FEE PAID: Y N N/A

Service Type

Worker ID