

COURT USE	CLERK:	Walk In: ☐ YES ☐ NO	ICN:	
Intake Officer:		Date:	Time:	

CIVIL INTAKE SHEET

		VIL IIVIME	SHEET		
FILING PARTY: □ MOTE	HER □ FATHER □ C	THER:			
FILING: □ CUSTODY	☐ VISITATION ☐ CI	HILD SUPPORT	□ SPOUSAI	L SUPPORT [☐ PATERNITY
☐ REGISTRATION	ON MODIFICATION	√ OF		\Box O	THER:
EXISTING ORDERS (In the	is or any other Court):	YES □ NO	IF YES (which	of the above?):	
MARRIED TO RESPOND	ENT: □ YES □ NO	DATE:	PI	ACE:	
DIVORCED FROM RESP	ONDENT: ☐ YES ☐	NO □ PENDIN	IG DATE:	PLAC	E:
MARRIED TO SOMEONI	E OTHER THAN THE	RESPONDENT	: □ YES □ N	O	
EXISTING / PRIOR CASE	WITH DCSE: YES	□ NO IF	YES - CASE N	О.	
FOR CHILD SUPPORT C	ASES, WHO IS THE P.	AYING PARTY	?:		
IS CHILD PROTECTIVE	SERVICES (CPS) INV	OLVED: \(\square\) YES	\square NO IS	DFS INVOLVE	CD: □ YES □ NO
IS THERE A PROTECTIV	E ORDER BETWEEN	THE PARTIES	S: □ YES □ N	O	
DOES YOUR CHILD/CHI	LDREN HAVE MEDIC	CAL INSURANC	CE/MEDICAID	?: □ YES □ N	0
		FATHER			
LAST NAME	SECOND LAST NAME	(If applicable)	FIRST NAM		MIDDLE NAME
D.O.B:					
				BADGE #:	
DL #: Driver's License Number	State GENDE	∠ R : ⊔ M ⊔ I	F □ OTHER		
RACE: □ White □ Black				der Other:	
HISPANIC: □ YES □ NO					
U. S. MILITARY: ☐ YES					
			EDICAID. 1	E3 🗆 NO	TANT. LIES LINO
ADDRESS:Street N	umber and Name		City	Stat	e Zip
E-MAIL:				CELL:	
EMPLOYER:					
			<u> </u>		:
ADDRESS: Street Number and N	Vame C	ity	State	Zip	•
		MOTHER	R		
LAST NAME	SECOND LAST NAME	(If applicable)	FIRST NAM	<u>E</u>	MIDDLE NAME
D.O.B:	SSN:			BADGE #:	
DL #:	GENDI	E R: □ M □ I	F □ OTHER	DADGE #:	
RACE: □ White □ Black □	☐ American Indian/Alask	can Native 🗆 As	ian/Pacific Islan	der 🗆 Other: _	
HISPANIC: □ YES □ NO	HEIGHT:	WEIGH	T:	EYE:	HAIR:
U. S. MILITARY: ☐ YES	□ NO MEDICAL I	NSURANCE/M	EDICAID: □ Y	ES □ NO	TANF: ☐ YES ☐ NO
ADDRESS:					
ADDRESS:Street N			City	Stat	•
E-MAIL:		_ PHONE:		CELL:	
EMPLOYER:			Full-Time	e ☐ Part-Time ☐ No	ot Employed Disabled Retire
ADDRESS:	Name C			PH	:
Street Number and 1	Name C	ity	State	Zip	

CHILDREN

	LAST NAME	SECOND LAST NAME (If applicable) FIRE	ST NAME MIDDLE NAME
D.O.B:	//	SSN:	
		THER OTHER	
		R HISPANIC: ☐ YES ☐ NO	ICN:
RACE: □ V	White □ Black □ Ame	erican Indian/Alaskan Native 🗌 Asian/Pacific Isl	lander Other:
CHILD: _			
D O D	LAST NAME	SECOND LAST NAME (If applicable) FIRS	T NAME MIDDLE NAME
		SSN:	Di ID GE III.
		THER OTHER	ICN.
		R HISPANIC: YES NO	
RACE: □ \	White ∐ Black ∐ Ame	erican Indian/Alaskan Native ☐ Asian/Pacific Isl	lander Uther:
CHILD			
CHILD: _	LAST NAME	SECOND LAST NAME (If applicable) FIR:	ST NAME MIDDLE NAME
D.O.B:	///	SSN:	BADGE #:
		THER OTHER	
GENDER:	□ M □ F □ OTHE	ER HISPANIC: YES NO	ICN:
RACE: □ V	White ☐ Black ☐ Amo	erican Indian/Alaskan Native 🗌 Asian/Pacific Isl	lander 🗌 Other:
		THIRD PARTY CASE	
OTHER: _	LAST NAME	SECOND LAST NAME (If applicable) FIRST	ST NAME MIDDLE NAME
		SSN:	
			DADGE π.
		GENDER: ☐ M ☐ F ☐ OTHER	ICN:
			dan Dothan HISDANIC D VES D M
		can Indian/Alaskan Native ☐ Asian/Pacific Islan	ider Other HISPANIC: 1ES NO
ADDRESS:	Street Number and	d Name City	State Zip
F_MAII .		PHONE: (
F-MIXIT		I HONE. (
DL #:			CELL: ()
DL #:	Oriver's License Number	State THOIVE. ()	CELL: ()
DL #:	Driver's License Number	State	CELL: ()
DL #:D OTHER: _	Driver's License Number LAST NAME	SECOND LAST NAME (If applicable) FIRST	ST NAME MIDDLE NAMEE
DL #:D OTHER: _	Driver's License Number	State SECOND LAST NAME (If applicable) FIRST	ST NAME MIDDLE NAMEE
DL#: OTHER: D.O.B:	Driver's License Number LAST NAME	State	ST NAME MIDDLE NAMEE BADGE #:
DL#: OTHER: _ D.O.B: RELATION	Driver's License Number LAST NAME	SECOND LAST NAME (If applicable) SSN:	ST NAME MIDDLE NAMEE
OTHER: D.O.B: RELATION PATERNA	LAST NAME // / NSHIP TO CHILD: LL: MATERNAL:	SECOND LAST NAME (If applicable) SSN:	ST NAME MIDDLE NAMEE BADGE #: ICN:
DL#: OTHER: _ D.O.B: RELATION PATERNA RACE: □ V	LAST NAME / / NSHIP TO CHILD: LL: MATERNAL: White Black America	SECOND LAST NAME (If applicable) FIRS SSN:	ST NAME MIDDLE NAMEE BADGE #: ICN: Ider Other HISPANIC: YES NO
OTHER: D.O.B: RELATION PATERNA RACE: □ V ADDRESS:	LAST NAME // NSHIP TO CHILD: L: MATERNAL: White Black American	SECOND LAST NAME (If applicable) FIRS SSN:	ST NAME MIDDLE NAMEE BADGE #: ICN: Ider Other HISPANIC: YES NO

Date:	Appt. Time:	Intake Officer:			
CHILD ADDRESS HISTORY FORM					
1.	What is the current address of the child(ren)?				
-	Street		Apt#		
-	City	State			
2.	When did the child start living at the current ad		Year		
<u> </u>					
	PLEASE PROVIDE CHILD'S ADDRE	ESS HISTORY FOR THE PA	AST 5 YEARS		
3a.	Where did the child(ren) live prior to the curre	nt address?			
	•				
	Street	City	State		
P	Please provide month and year at this address.				
-	From /	With whom did the child	d live? Please Circle One.		
_	To / /	MOTHER FATHER	BOTH OTHER*		
3b.	Where did the child(ren) live before the address	ss listed in 3a?			
	Street	City	State		
Р	Please provide month and year at this address.				
-	From /	With whom did the child	d live? Please Circle One.		
-	To /	MOTHER FATHER	BOTH PARENTS OTHER*		

FOR OFFICE USE ONLY

See back side of form for more address boxes.

*If your child has lived with anyone other than his/her parents see Question 4 & 5 on the back of this form.

3c.	Where did the child(ren) live before the addres	ss listed in 3b?				
_	Street	City	State			
	Please provide month and year at this address.					
	<u>From</u> /	With whom did the child live? Please Circle One.				
	To / /	MOTHER FATHER	BOTH OTHER* PARENTS			
3d.	3d. Where did the child(ren) live before the address listed in 3c?					
_	Street	City	State			
	Please provide month and year at this address.					
	<u>From</u> /	With whom did the child live? Please Circle One.				
	To / Yr.	MOTHER FATHER	BOTH OTHER* PARENTS			
4.	If the child(ren) has lived with anyone other tha relationship.	n his/her parents, please provid	de that person's name and			
	Name	Relationship: Ex: Aunt/Uncle, Brother/Sister, Friend, Grandfather/Grandmother, Other				
5.	Current address of that person.					
_	Street		Apt#			
_	City	State				