

Allegheny County Court of Common Pleas, Family Division

Attorney Intake Information Questionnaire/Data Sheet

FOR OFFICE USE ONLY

Docket #: _____

PACSES Case #: _____

Other State id#: _____

Plaintiff's/Caretaker's Information:

Plaintiff's relationship to the child(ren): _____

Name (Last, First, Middle): _____

Maiden name/alias: _____

Address: _____ Email address: _____

City: _____ State: _____ Zip: _____ Home phone: _____

SSN: _____ DOB: _____ Cell phone: _____ Work phone: _____ x _____

Physical Description: Sex: _____ Race: _____ Ht.: _____ Wt.: _____ Eye color: _____ Hair color: _____

Distinguishing marks: _____

Plaintiff's mother's maiden name: _____ Plaintiff's father's name: _____

Plaintiff's attorney: _____

Attorney's address: _____ Phone #: _____

Employer name: _____ Phone #: _____

Employer address: _____ Date of employment: _____

Medical Insurance Carrier name: _____ Carrier phone #: _____

Medical Insurance Carrier address: _____

Policy #: _____ Date coverage began: _____ Cost: _____

Employer provided: Yes No

Marital Status with respect to Defendant: Divorced Married Separated Single

Date married: _____ Date of separation: _____ Date of divorce: _____

State married in: _____ State divorced in: _____

Relative/Friend's name: _____ Phone #: _____

Address: _____ Relationship to Plaintiff: _____

Defendant's Information:

Defendant's relationship to the child(ren): (biological father/alleged father/other) _____

Name (Last, First, Middle): _____

Address: _____ Email address: _____

City: _____ State _____ Zip: _____ Home Phone: _____

SSN: _____ DOB: _____ Cell phone: _____ Work phone: _____ x _____

Physical description: Sex: _____ Race: _____ Ht. _____ Wt. _____ Eye color: _____ Hair color: _____

Distinguishing marks: _____

Is Defendant incarcerated now? Yes No Prison (if known): _____ Release date: _____

Military information – Branch of Service: _____ Service #: _____ Pay grade: _____

Defendant's Attorney: _____

Attorney's address: _____ Phone #: _____

Employer name: _____ Phone #: _____

Employer address: _____ Date of employment: _____

Medical Insurance Carrier name: _____ Carrier Phone #: _____

Medical Insurance Carrier address: _____

Policy #: _____ Date coverage began: _____ Cost: _____

Employer provided: Yes No

Marital status with respect to Plaintiff: Divorced Married Separated Single

Date married: _____ Date of separation: _____ Date of divorce: _____

State married in: _____ State divorced in: _____

Relative/Friend's name: _____ Phone #: _____

Address: _____ Relationship to Defendant: _____

Defendant's other income (interest, unemployment comp., workman's comp.): Source(s): _____

Amount: _____

Defendant's other assets (property, savings accounts, etc.): _____

Defendant's vehicle information: Model: _____ Make: _____ Title no.: _____ Year: _____

License tag: _____ Value (approximate): _____

Children's information (Defendant's children only) *

Name (Last, First, Middle): _____
SSN: _____ DOB: _____ Age: _____ Sex: _____ Full term pregnancy: Yes No
Date of Conception: _____ State where conception took place: _____ Born out of wedlock: Yes No
Paternity Established Yes No Date Paternity Established: _____ Father on birth Certificate: Yes No

Children's information (Defendant's children only)

Name (Last, First, Middle): _____
SSN: _____ DOB: _____ Age: _____ Sex: _____ Full term pregnancy: Yes No
Date of Conception: _____ State where conception took place: _____ Born out of wedlock: Yes No
Paternity Established: Yes No Date Paternity Established: _____ Father on birth Certificate: Yes No

Children's information (Defendant's children only)

Name (Last, First, Middle): _____
SSN: _____ DOB: _____ Age: _____ Sex: _____ Full term pregnancy: Yes No
Date of Conception: _____ State where conception took place: _____ Born out of wedlock: Yes No
Paternity Established: Yes No Date Paternity Established: _____ Father on birth Certificate: Yes No

** If filing for more than three children, please attach additional sheets with the necessary information for the remaining child(ren)*

Are you receiving cash assistance?: Yes No Applying? Yes No Your welfare case # _____
Existing support order: Yes No Case#: _____ County: _____ State: _____
Amount for Spousal support: \$ _____ per month
Amount for Child(ren): \$ _____ per month
Amount for Family (Spouse & 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 P.A.C. S. §4909 relating to unsworn falsification to authorities.

Date

Plaintiff Caretaker

Residence

5. Defendant/Petitioner seeks support for the following persons:

6. (a) Plaintiff/Respondent is is not receiving public assistance in the amount of \$ per month for the support of:

(b) Plaintiff/Respondent is receiving additional income in the amount of \$ from: _____

7. A previous support order was entered against the Defendant/Petitioner on _____ in an action at _____ in the amount of \$ for the support of:

There are are no arrears in the amount of \$.

The order has has not been terminated.

8. Plaintiff/Respondent last received support from the Defendant in the amount of \$ on .

In the Court of Common Pleas of Allegheny County, Pennsylvania

Application for Child or Spousal Support

Date received in DRS: _____

(Please type or print clearly)

Name of applicant/custodian: _____

Social Security Number (SSN): _____

Name of non-custodial parent(s): _____

I request child/spousal support services under Title IV-D of the Social Security Act, as amended, from the Allegheny County Domestic Relations Section

Applicant Signature _____

Date _____

In accordance with Section 7(b) of the Privacy Act, you are hereby notified that disclosure of your Social Security number is mandatory based on Section 466(a) of the Social Security Act [42 U.S.C. 666(2)(13)], Pennsylvania Consolidated Statutes (Pa C.S.) §4304.1 and §4353 (a.2). Additionally, you are notified that this information will be used by the Title IV-D program to locate individuals for the purpose of establishing paternity and establishing, modifying and enforcing support obligations.