

Family Law Case Information Sheet For De Facto Custodian, Adoption and Minor Guardianship Cases

Case Number (Clerk fills in case #):

Exempt from Public Disclosure

Fill out this form to start a new case or intervene in a Family Law case.
The information you give us is private.

1. Describe your case: De Facto Custodian Minor Guardianship Adoption
 Other (please list) _____

_____ Case Number (Clerk will fill in case #)

2. Information about Petitioner/Guardian/De Facto Custodian

Full Legal Name: _____
First Middle Last

Any other names used: _____

Address: _____
Street City State Zip

Phone numbers: _____
Home Work Cell

Social Security Number: _____ Date of Birth: _____ Sex: Male Female

3. Information about Co-Petitioner/Co-Guardian/Co-De Facto Custodian

Full Legal Name: _____
First Middle Last

Any other names used: _____

Address: _____
Street City State Zip

Phone numbers: _____
Home Work Cell

Social Security Number: _____ Date of Birth: _____ Sex: Male Female

4. List all other people in your home and in the home of Co-Petitioner (use back if more space is needed)

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

5. Information about each minor child that you are seeking guardianship or adoption for

(Instruction: If there are more than two (2) children, copy this page and provide information for each additional child when you file this form)

Child's Name: _____ DOB: _____ SSN: _____

With whom has the child lived with (*check all that apply*) Petitioner(s) Biological Mother

Biological Father Other: _____
(List people the child has lived with in the last year)

Information about the biological or legal Mother of this child

Mother's full legal name: _____ DOB: _____ SSN: _____

Any other names used by Mother: _____

Mother's address: _____

Mother's phone(s): _____ (home) _____ (cell) _____ (work)

Information about the biological or legal Father of this child

Father's full legal name: _____ DOB: _____ SSN: _____

Any other names used by Father: _____

Father's address: _____

Father's phone(s): _____ (home) _____ (cell) _____ (work)

Child's Name: _____ DOB: _____ SSN: _____

With whom has the child lived with (*check all that apply*) Petitioner(s) Biological Mother

Biological Father Other: _____
(List people the child has lived with in the last year)

Information about the biological or legal Mother of this child

Mother's full legal name: _____ DOB: _____ SSN: _____

Any other names used by Mother: _____

Mother's address: _____

Mother's phone(s): _____ (home) _____ (cell) _____ (work)

Information about the biological or legal Father of this child

Father's full legal name: _____ DOB: _____ SSN: _____

Any other names used by Father: _____

Father's address: _____

Father's phone(s): _____ (home) _____ (cell) _____ (work)

6. Are you aware of any other person besides the natural parents who claims to be a guardian or legal custodian of any of the minor child(ren) listed on this form (including attachments)?
 [] YES [] NO If yes, what is the child's name and what is the relationship to the child?

 Child's name

 Relationship of person to child (for example, paternal grandmother, aunt, uncle, etc.)

7. Any other cases involving the children named on this form? (List any child support, paternity, adoption, divorce/custody, guardianship cases for any child listed on this form – use back if needed).

Case Number	Date of Order (or date requested)	County / State	For which children?	Type of case
1.				<input type="checkbox"/> Support <input type="checkbox"/> Paternity <input type="checkbox"/> Divorce/Custody <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship
2.				<input type="checkbox"/> Support <input type="checkbox"/> Paternity <input type="checkbox"/> Divorce/Custody <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship
3.				<input type="checkbox"/> Support <input type="checkbox"/> Paternity <input type="checkbox"/> Divorce/Custody <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship

8. Any cases involving violence or abuse? (List any domestic violence orders for protection or child abuse cases involving any adult or child listed on this form).

Case Number	Who was the order against?	Who did the order protect?	Date of Order (or date requested)	County/State	Type of case
1.					<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Child Abuse <input type="checkbox"/> No Contact Order <input type="checkbox"/> Other
2.					<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Child Abuse <input type="checkbox"/> No Contact Order <input type="checkbox"/> Other
3.					<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Child Abuse <input type="checkbox"/> No Contact Order <input type="checkbox"/> Other
4.					<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Child Abuse <input type="checkbox"/> No Contact Order <input type="checkbox"/> Other

If there are other cases not listed on this sheet please continue on the back of page 3.