

## INFORMATION SHEET

<b>Vermont Superior Court Family Division</b>	Unit	Docket Number
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**Plaintiff:**

**Defendant:**

Name	DOB / /	<b>vs.</b>	Name	DOB / /	
Street Address			Street Address		
Apt. or P.O. Box Number			Apt. or P.O. Box Number		
City	State	Zip	City	State	Zip
Telephone Numbers			Telephone Numbers		
Daytime:                      Nighttime:			Daytime:                      Nighttime:		
Email:			Email:		
Attorney Name and Phone Number			Attorney Name and Phone Number		

**Check if this form is being filed by OCS.**

**1. PUBLIC ASSISTANCE from Department of Economic Services** (such as Reach-Up, Dr. Dynasaur, Medicaid, Post Secondary Education Stipend [PSE])

I receive Public Assistance.

**2. ASSISTANCE FROM THE OFFICE OF CHILD SUPPORT (OCS)**

I receive assistance from OCS.

The other party receives assistance from OCS (leave this box blank if you are unsure).

*The Office of Child Support can help people with child support. If you would like to have OCS help you, you can call the Toll-Free Help Line: 1-800-786-3214 or TTY Access No. 1-800-253-0191.*

**3. OTHER FAMILY/JUVENILE/PROBATE COURT PROCEEDINGS**

None

Cases involving yourself, the other party and/or your children (list below)

Name of Court (Family, Probate, etc.)	County	State

For Family Court Staff:	Filing Fee Paid:\$	Service Fee Paid:\$	Receipt #:	IFP?
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