

Domestic Relations Confidential Case Filing Information Sheet "Vital Statistics Sheet"

Instructions:

- Complete this form for all parties known at the time of filing. Provide the most appropriate Case
 Type and Party Type codes and descriptions.
- If additional space is needed, complete additional Confidential Case Filing Information Sheets.

Note: The FULL Social Security Number (SSN) is required. Filing Date: _____ Style of Case: Plaintiff/Petitioner Information: Name: (Last) _____ (First) _____ (Middle) _____ City: _____ **DOB**: _____/___ Gender: □ Male □ Female SSN: ____-__-Attorney (If represented by legal counsel): **Defendant/Respondent Information:** Name: (Last) ______ (First) ______ (Middle) _____ City: _____ State: ____ Zip: ____ **DOB**: ______/____ Gender: □ Male □ Female SSN: _____-___ Attorney (If represented by legal counsel): **Employer Information** Plaintiff/Petitioner Employer Name: ______ Employer Address: City: State: Zip: Defendant/Respondent Employer Name: Employer Address: City: _____ State: ____ Zip: ____

The following information regarding child(ren) is required. Complete this section for any children subject to the action of this case.

CHILDRE	N:				
Name: _	DOB	:	<i>I</i>	_/	
Name: _	DOB	:	<u></u>	_/	
Name: _	DOB	:	<u></u>	_/	
Name: _	DOB	:	<u></u>	_/	
Name: _	DOB	:	<u>/</u>	_/	
Name: _	DOB	:	<u></u>	_/	
Name: _	DOB	:	<u>/</u>	_/	
Name: _	DOB	:	/	_/	
Name: _	DOB	:	<u>/</u>	_/	
Name:	DOB	:	/	_/	
□ Check	t if more than ten children and attach additional sheet.				
Submitte	d by:				
	quired by attorney):				
Address ((if not shown on previous page):				
City:	State:	Zip:			
Phone: _	Email address:				
Attorney signature:					
Client signature:					

INSTRUCTIONS TO THE CLERK:

Please maintain this document in the CONFIDENTIAL portion of this case. Access to the record must be restricted to avoid access to the closed portion of the record.