In the Court of C	Common Pleas of _	County, Pennsylvania
Phone:		Fax:
	FOR OFFICE USE	ONLY
	Plaintiff Name:	
		nber:
	Other State ID Nun	nber:
<u>Inta</u>	ke Information Que (Please prin	estionnaire/Data Sheet nt clearly)
PLAINTIFF'S/CARET	AKER'S INFORMAT	ION: Relationship to Children:
		f not Plaintiff)
		Zip Code County
SSN	DOB/	/Telephone()
Physical Description: He	ightWeight	Eyes Hair Race
Email Address		
Mother's Maiden Name		
Father's Name		
Plaintiff's Attorney		
Plaintiff's Attorney Addr		
Employer Name		Net Pay \$ per
Employer Address		
<del></del>		Employer Phone ()
Medical Insurance Carrie	r Name	Policy #
Medical Insurance Carrie	r Address	
		Carrier Phone ()
Marital Status with respec	et to Defendant: Divorc	ced □ Married □ Separated □ Single □
		//Divorced/
		Place of Divorce

Relative or Friend Name									
Relati	ve or Friend Address								
Relati	ve or Friend Phone Number(_	)							
CHIL	DREN'S INFORMATION (DO	efendant	's childre	en only)					
1.	NAME (Last, First, Middle)	SSN	DOB	AGE	SEX	Paternity Yes □	Established?		
	Mother's Maiden Name		Fath	er's Nam	ie				
	Hospital of Birth	City, State & Country of Birth							
2.	NAME (Last, First, Middle)	SSN	DOB	AGE	SEX	Paternity Yes □	Established?		
	Mother's Maiden Name		Father's Name						
	Hospital of Birth		City, State & Country of Birth						
3.	NAME (Last, First, Middle)	SSN	DOB	AGE	SEX	Paternity Yes □	Established?		
	Mother's Maiden Name	Father's Name							
	Hospital of Birth	City, State & Country of Birth							
4.	NAME (Last, First, Middle)	SSN	DOB	AGE	SEX	Paternity Yes	Established?		
	Mother's Maiden Name	Father's Name							
	Hospital of Birth	City, State & Country of Birth							
5.	NAME (Last, First, Middle)	SSN	DOB	AGE	SEX	Paternity Yes □	Established?		
	Mother's Maiden Name	Father's Name							
	Hospital of Birth		City,	State &	Count	ry of Birth			

6.	NAME (Last, First, Middle)	SSN				aternity Established? Yes  No	
	Mother's Maiden Name Father's Name						
	Hospital of Birth	ountry o	ry of Birth				
DEFE	ENDANT'S INFORMATION	N					
Name	(Last, First, Middle)						
Maide	en Name/Alias						
	ess						
<u></u>	C4-4-		7: - C- 1-				
	State DOB						
	cal Description: Height				_		
	Address						
	er's Maiden Name						
Father	r's Name						
	State and Country of Birth						
Defen	dant's Attorney						
	dant's Attorney Address						
Emplo	oyer Name		Net P	ay \$		per	
Emplo	oyer Address						
			•	•			
	edical Insurance Carrier Name Policy #						
Medic	cal Insurance Carrier Address						
		Carrier Phone ()					
	ve or Friend Name Relationship						
	ve or Friend Address						
Relati	ve or Friend Phone Number (_	)					
ASSIS	STANCE/EXISTING SUPPO	ORT ORDI	ER INFOR	RMATIO	N:		
	e) the child(ren) a subject of a			Y D N			
,	s, list child(ren)'s name(s):	•					
						v n n n	
•	ou receiving cash or medical a			$\Box$ $F$	appiying	$g  Y  \square  N  \square$	
Are yo	ou receiving child care subsidy	y? Y □	N 🗆				

Your Welfare Case #				
Existing Support Order: Y \( \simeq \) N \( \simeq \) Case #	County	State		
Amount for Spouse:	\$	Per Month		
Amount for Child(ren):	\$	Per Month		
Amount for Family (Spouse and Child(ren)):	\$	Per Month		
unsworn falsification to authorities.				
Date	Plaintiff/Caretaker Signature			
EOD OFFICE HGE ONLY (C. 1				
FOR OFFICE USE ONLY: (Circle correct choi	,			
BENEFICIARY TYPE; TANF NON-TAN	F IV-E			
FEE PAID: Y N N/A				