

**Nassau County Family Court
Information Sheet**

Print all information. Every box must be filled in. If you do not know the information, print the word UNKNOWN.

Petitioner (Person filing petition)

Name: (First) (Middle) (Last)

Maiden/Alias/Nickname: (First) (Last)

Address: (Street) (Apt. #)
(City) (State) (Zip Code) (County)

If your residence address and mailing address are different, check here , print mailing address in this section and attach a separate paper with your name and residence address.

If your address is not known to the respondent and you are requesting that your address be kept confidential check box here .

Home Phone #:

Work Phone #:

Cell Phone #:

Date of Birth:

Race: American Indian/Alaskan Native

Ethnic Origin:

Sex: Male Female

Asian/Pacific Islander

Black

Hispanic

Other [specify]: _____

White

Non-Hispanic

Social Security #:

Height: ft. in.

Weight: lbs

Eye Color:

Hair Color:

Distinguishing Marks:

Driver's License ID #:

State:

Are you employed? No Yes If yes, Employer's Name:
Employer's Address:

Respondent (Person you are filing petition against)

Name: (First) (Middle) (Last)

Maiden/Alias/Nickname: (First) (Last)

Address: (Street) (Apt. #)
(City) (State) (Zip Code) (County)

If the respondent's residence address and mailing address are different, check here , print mailing address in this section and attach a separate paper with the respondent's name and residence address.

Home Phone #:

Work Phone #:

Cell Phone #:

Date of Birth:

Race: American Indian/Alaskan Native

Ethnic Origin:

Sex: Male Female

Asian/Pacific Islander

Black

Hispanic

Other [specify]: _____

White

Non-Hispanic

Social Security #:

Height: ft. in.

Weight: lbs

Eye Color:

Hair Color:

Distinguishing Marks:

Driver's License ID #:

State:

Is respondent employed? No Yes If yes, Employer's Name:
Employer's Address: