

**Nassau County Family Court
Paternity/Support/UIFSA
Children's Information Sheet**

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

FILE # _____
DOCKET # _____
<i>(Court use only)</i>

Child # 1

Name: (First) _____ (Middle) _____ (Last) _____

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

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

Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #: _____
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Child # 2

Name: (First) _____ (Middle) _____ (Last) _____

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

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

Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #: _____
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Child # 3

Name: (First) _____ (Middle) _____ (Last) _____

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

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

Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #: _____
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Child # 4

Name: (First) _____ (Middle) _____ (Last) _____

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

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

Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #: _____
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