

**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: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other [specify]: _____ | Ethnic Origin: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | |

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: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other [specify]: _____ | Ethnic Origin: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | |

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: