

INTAKE SHEET - TIOGA FAMILY COURT

TYPE OF PETITION _____ DATE FILED _____

*** Please use additional sheets if there is more than one Petitioner or Respondent ***

*** PETITIONER'S DATA:

NAME _____ PRIOR NAME _____ DATE OF BIRTH _____

TELEPHONE # _____ - _____ - _____ EMAIL _____

RESIDENTIAL ADDRESS _____ COUNTY _____

MAILING ADDRESS (if different from residence) _____

EMPLOYER _____ EMPL. ADDRESS _____ PH: _____

YOUR DESCRIPTION: SEX _____ RACE _____ HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____

HISPANIC NON-HISPANIC GLASSES BEARD MUSTACHE SCARS/TATTOOS _____

YOUR VEHICLE'S MAKE _____ MODEL _____ COLOR _____ STATE _____ PLATE # _____

- CHILDREN INVOLVED IN THIS PROCEEDING

<u>Name</u>	<u>D.O.B.</u>	<u>Sex</u>	<u>Resides With</u>	<u>Address</u>
_____	_____	_____	<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Other _____	_____
_____	_____	_____	<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Other _____	_____
_____	_____	_____	<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Other _____	_____
_____	_____	_____	<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Other _____	_____
_____	_____	_____	<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Other _____	_____

*** RESPONDENT'S DATA:

NAME _____ PRIOR NAME _____ DATE OF BIRTH _____

TELEPHONE # _____ - _____ - _____ EMAIL _____

RESIDENTIAL ADDRESS _____ COUNTY _____

MAILING ADDRESS (if different from residence) _____

EMPLOYER _____ EMPL. ADDRESS _____ PH: _____

RESPONDENT'S DESCRIPTION: SEX _____ RACE _____ HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____

HISPANIC NON-HISPANIC GLASSES BEARD MUSTACHE SCARS/TATTOOS _____

RESPONDENT'S VEHICLE MAKE _____ MODEL _____ COLOR _____ STATE _____ PLATE # _____

Have the parties ever lived together? NO YES Does either party need an Interpreter? NO YES - (Language) _____

Are there any impairments / disabilities / restrictions concerning either party which may require special accommodations?

Victims of Domestic Violence information provided and reviewed: NO YES ADVOCATE'S NAME: _____

Is Police Caution advised? If YES, explain WHY: _____