

Allegheny County Court of Common Pleas, Family Division
Intake Information Questionnaire/Data Sheet

FOR OFFICE USE ONLY

Docket #: _____
PACSES Case #: _____
Other State id#: _____

Plaintiff's/Caretaker's Information:

Plaintiff's relationship to the child(ren): _____

Name (Last, First, Middle): _____

Maiden name/alias: _____

Address: _____ Email address: _____

City: _____ State: _____ Zip: _____ Home phone: _____

SSN: _____ DOB: _____ Cell phone: _____ Work phone: _____

Physical Description: Sex: _____ Race: _____ Ht.: _____ Wt.: _____ Eye color: _____ Hair color: _____

Distinguishing marks: _____

Plaintiff's mother's maiden name: _____ Plaintiff's father's name: _____

Plaintiff's attorney: _____

Attorney's address: _____ Phone #: _____

Employer name: _____ Phone #: _____

Employer address: _____ Date of employment: _____

Marital Status with respect to Defendant: ☐ Divorced ☐ Married ☐ Separated ☐ Single

Date married: _____ Date of separation: _____ Date of divorce: _____

State married in: _____ State divorced in: _____

Address of last marital domicile: _____

FD Imaging Code – IN-002C

Defendant's Information:

Defendant's relationship to the child(ren): (biological father/alleged father/other) _____

Name (Last, First, Middle): _____

Address: _____ Email address: _____

City: _____ State _____ Zip: _____ Home Phone: _____

SSN: _____ DOB: _____ Cell phone: _____ Work phone: _____

Physical description: Sex: _____ Race: _____ Ht. _____ Wt. _____ Eye color: _____ Hair color: _____

Distinguishing marks: _____

Is Defendant incarcerated now? ☐ Yes ☐ No Prison (if known): _____ Release date: _____

Defendant's mother's maiden name: _____ Defendant's father's name: _____

Defendant's Attorney: _____

Attorney's address: _____ Phone #: _____

Employer name: _____ Phone #: _____

Employer address: _____ Date of employment: _____

Relative/Friend's name: _____ Phone #: _____

Address: _____ Relationship to Defendant: _____

Children's information (Defendant's children only) *

Name(Last, First, Middle): _____

SSN: _____ DOB: _____ Age: _____ Sex: _____ Full term pregnancy: ☐ Yes ☐ No

Date of Conception: _____ State where conception took place: _____ Born out of wedlock: ☐ Yes ☐ No

Paternity Established ☐ Yes ☐ No Date Paternity Established: _____ Father on birth Certificate: ☐ Yes ☐ No

Children's information (Defendant's children only)

Name(Last, First, Middle): _____

SSN: _____ DOB: _____ Age: _____ Sex: _____ Full term pregnancy: ☐ Yes ☐ No

Date of Conception: _____ State where conception took place: _____ Born out of wedlock: ☐ Yes ☐ No

Paternity Established: ☐ Yes ☐ No Date Paternity Established: _____ Father on birth Certificate: ☐ Yes ☐ No

Children's information (Defendant's children only)

Name(Last, First, Middle): _____

SSN: _____ DOB: _____ Age: _____ Sex: _____ Full term pregnancy: ☐ Yes ☐ No

FD Imaging Code – IN-002C

Date of Conception: _____ State where conception took place: _____ Born out of wedlock: ☐ Yes ☐ No
Paternity Established: ☐ Yes ☐ No Date Paternity Established: _____ Father on birth Certificate: ☐ Yes ☐ No

Children's information (Defendant's children only)

Name(Last, First, Middle): _____
SSN: _____ DOB: _____ Age _____ Sex: _____ Full term pregnancy: ☐ Yes ☐ No
Date of Conception: _____ State where conception took place: _____ Born out of wedlock: ☐ Yes ☐ No
Paternity Established: ☐ Yes ☐ No Date Paternity Established: _____ Father on birth Certificate: ☐ Yes ☐ No

Children's information (Defendant's children only)

Name(Last, First, Middle): _____
SSN: _____ DOB: _____ Age _____ Sex: _____ Full term pregnancy: ☐ Yes ☐ No
Date of Conception: _____ State where conception took place: _____ Born out of wedlock: ☐ Yes ☐ No
Paternity Established: ☐ Yes ☐ No Date Paternity Established: _____ Father on birth Certificate: ☐ Yes ☐ No

** If filing for more than five children, please attach additional sheets with the necessary information for the remaining child(ren)*

Are you receiving cash assistance? ☐ Yes ☐ No Applying? ☐ Yes ☐ No Your welfare case # _____

Existing support order: ☐ Yes ☐ No Case#: _____ County: _____ State: _____

I verify that the statements in this document are true and correct to the best of my knowledge. I understand that any false statement is subject to penalty in 18 PA.C. S. §4909 relating to unsworn falsification to authorities.

Date

Plaintiff Caretaker