Allegheny County Court of Common Pleas, Family Division

Intake Information Questionnaire/Data Sheet

FOR OFFICE USE ONLY

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| --- | --- |
| Docket #: |  |
| PACSES Case #: |  |
| Other State id#: |  |

**Plaintiff’s/Caretaker’s Information:**

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| --- | --- | --- |
| 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: |  |  | 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:**

|  |  |  |
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| 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: |       |

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**Children’s information (Defendant’s children only) \***

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| 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 |  |
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| **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 |  |
|  |
| *FD Imaging Code – IN-002C***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 |
| 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 |
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***\* If filing for more than five children, please attach additional sheets with the necessary information for the remaining child(ren)***

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| --- | --- | --- | --- | --- | --- |
| 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 |

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