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:**

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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 | |
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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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***\* 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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