साधारण निवेदनका लागि अल्लेगानी काउन्टी अदालत, परिवार शाखा

तथ्यांक प्रश्नावली प्रविष्टी /तथ्यांक पत्र

कार्यालय प्रयोजनका लागि मात्र

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| डकेट #: |  |
| पीएसीएसईएस (PACSES) मुद्दा #: |  |
| अन्य राज्य परिचय पत्र#: |  |

**वादी/हेरचार गर्नेको जानकारी:**

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| वादीको बालबालिकासँगको सम्बन्ध: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| नाम (थर, नाम, बीचाको नाम): | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| मावलीको नाम/उपनाम: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ठेगाना: |  | | | | | | | | | | | | | | | | ईमेल ठेगाना: | | | | | | | | | | | | | | | | | | | | |
| नगर: |  | | | | | | | | | | राज्य: | | |  | | जीप: | | | |  | | घर फोन: | | | | | | |  | | | | | | | | |  | | |
| एसएसएन (SSN): |  | | | | | | | | | | जन्ममिति: | | |  | | | | | | | | सेल फोन: | | | | |  | | | | | | कार्यालय फोन: | | |  | | |  | | | | Work फोन: |  |
| शारीरिक विवरण: | | | | लिंग: |  | | | नश्ल: |  | | | | उचाई.: | | |  | | | तौल.: | |  | | | | आँखाको रंग: | | | |  | | | | | कपालको रंग: |  | | |  | | |
| पहिचान चिन्ह: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| वादीको आमाको मावलीको नाम: | | | | |  | | | | | | | | | | | | |  | | वादीको बुबाको नाम: | | | | | | | |  | | | | | | | | | |  | | |
| वादीको वकिल: | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| वकिलको ठेगाना: | | |  | | | | | | | | | | | | | | | | | | | | फोन #: | | | | | | | | |  | | | | | |  | | |
| रोजगारदाता नाम: | | |  | | | | | | | | | | | | | | | | | | | | फोन #: | | | | | | | | |  | | | | | |
| रोजगारदाता ठेगाना: | | |  | | | | | | | | | | | | | | | | | | | | रोजगारी मिति: | | | | | | | | |  | | | | | |
| प्रतिवादीसँगको बैबाहिक सम्बन्धको अवस्था: | | | | | | | बिच्छेद  विवाहित  छुट्टिएको  एकल | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | |
| विवाह मिति: | |  | | | | | | | | | | छुट्टिएको मिति: | | |  | | | | | | | | | सम्बन्ध बिच्छेद मिति : | | | | | |  | | | | | | | | | | | |
| विवाह भएको राज्य: | | |  | | | | | | | सम्बन्ध बिच्छेद भएको राज्य: | | | | |  | | | | | | | | | | |  | | | |  | | | | | | | |  | | |
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| विवाह भएको स्थानको ठेगाना: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |

**प्रतिवादीको जानकारी:**

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| प्रतिवादीको बालबालिकासँगको सम्बन्ध: (जैबिक बुबा/मानिएको बुबा/अन्य) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | |
| नाम (थर, नाम, बीचको): | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| ठेगाना: |  | | | | | | | | | | | | |  | | | | | | ईमेल ठेगाना: | | | | |  | | | | | | | | | | |  | | | | |
| नगर: |  | | | | | | | | | | राज्य | | |  | | जीप: | | | |  | | | घर फोन: | | | | | |  | | | | | | |  | | | | |
| एसएसएन (SSN): |  | | | | | | | | | जन्ममिति: | | | |  | | | | | | | | | सेल फोन: | | | | |  | | | | | | | कार्यालय फोन: | |  | | | |
| शारीरिक विवरण: | | लिंग: | | |  | | नश्ल: | |  | | | उचाई.: |  | | | | तौल.: | शारीरिक विवरण: | | | लिंग: | | | | | |  | | | नश्ल: | | | |  | | | |  |
| पहिचान चिन्ह: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| प्रतिवादी हाल थुनामा हो?  हो  होइन | | | | | | | | | | जेल (थाहा भएमा): | | | | | | |  | | | | | | | | | छुटेको मिति: | | | | | | | | |  | | | | |
| प्रतिवादीको आमाको मावलीको नाम: | | | | | | | |  | | | | | | | | | | | प्रतिवादीको बुबाको नाम: | | | | | | | | |  | | | | | | | | | | | |
| प्रतिवादीको वकिलको नाम: | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| वकिलको ठेगाना: | | | |  | | | | | | | | | | | | | | | | | | | फोन #: | | | | | | | |  | | | | | | | | |  |
| रोजगारदाता नाम: | | | |  | | | | | | | | | | | | | | | | | | फोन #: | | | | | | | | |  | | | | | | | | |
| रोजगारदाता ठेगाना: | | | |  | | | | | | | | | | | | | | | | | | रोजगारी मिति: | | | | | | | | |  | | | | | | | | |
| नाता/साथीको नाम: | | | |  | | | | | | | | | | | | | | | | | | | | फोन #: | | | | | | | |  | | | | | | | |  |
| ठेगाना: | | | |  | | | | | | | | | | | | | | | | | | | | प्रतिवादीको नाता: | | | | | | | |  | | | | | | | |

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बालबालिकाको जानकारी **(प्रतिवादीको बालबालिका मात्र)\***

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| नाम(थर, नाम, बीचको): | |  | | | | | | | | | | | |  | |
| एसएसएन (SSN): |  | | जन्म मिति: | |  | | उमेर: |  | लिंग: |  | | पूर्णकालीन गर्भाधान: हो  होइन | | |  |
| गर्भाधान मिति: | |  | | गर्भाधान भएको राज्य: | | | |  | | |  | | विवाहरहीत जन्म:  हो  होइन | |  |
| बुबा स्थापित | | छ  छैन | | | | बुबा स्थापित भएको मिति: | |  | | | जन्म दर्तामा बुबा:  छ  छैन | |  |
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| बालबालिकाको जानकारी **(प्रतिवादीको बालबालिका मात्र)** | | | | | | | | | | | | | | | |
| नाम(थर, नाम, बीचको): | |  | | | | | | | | | | | |  | |
| एसएसएन (SSN): |  | | जन्म मिति: | |  | | उमेर: |  | लिंग: |  | | पूर्णकालीन गर्भाधान: हो  होइन | | |  |
| गर्भाधान मिति: | |  | | गर्भाधान भएको राज्य | | | |  | | |  | | विवाहरहीत जन्म: | |  |
| बुबा स्थापित | | छ  छैन | | | | बुबा स्थापित भएको मिति: | |  | | | जन्म दर्तामा बुबा:  छ  छैन | |  |
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| बालबालिकाको जानकारी **(प्रतिवादीको बालबालिका मात्र)** | | | | | | | | | | | | | | | |
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| नाम(थर, नाम, बीचको): | |  | | | | | | | | | | | |  | |
| एसएसएन (SSN): |  | | जन्म मिति: | |  | | उमेर: |  | लिंग: |  | | पूर्णकालीन गर्भाधान: हो  होइन | | |  |
| गर्भाधान मिति: | |  | | गर्भाधान भएको राज्य | | | |  | | |  | | विवाहरहीत जन्म:  हो  होइन | |  |
| बुबा स्थापित | | छ  छैन | | | | बुबा स्थापित भएको मिति: | |  | | | जन्म दर्तामा बुबा:  छ  छैन | |  |
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| बालबालिकाको जानकारी **(प्रतिवादीको बालबालिका मात्र)** | | | | | | | | | | | | | | | |
| नाम(थर, नाम, बीचको): | |  | | | | | | | | | | | |
| एसएसएन (SSN): |  | | जन्म मिति: | |  | | उमेर: |  | लिंग: |  | | पूर्णकालीन गर्भाधान: हो  होइन | | |
| गर्भाधान मिति: | |  | | गर्भाधान भएको राज्य | | | |  | | |  | | विवाहरहीत जन्म:  हो  होइन | |
| बुबा स्थापित | | छ  छैन | | बुबा स्थापित भएको मिति: | | | |  | | |  | | जन्म दर्तामा बुबा:  छ  छैन | |
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बालबालिकाको जानकारी **(प्रतिवादीको बालबालिका मात्र)**

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| नाम(थर, नाम, बीचको): | |  | | | | | | | | | | |  | |
| एसएसएन (SSN): |  | | जन्म मिति: | |  | उमेर: |  | लिंग: |  | | पूर्णकालीन गर्भाधान: हो  होइन | | |
| गर्भाधान मिति: | |  | | गर्भाधान भएको राज्य | | |  | | |  | | विवाहरहीत जन्म:  हो  होइन | |
| बुबा स्थापित | | छ  छैन | | बुबा स्थापित भएको मिति: | | |  | | |  | | जन्म दर्तामा बुबा:  छ  छैन | |
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*\*पाँच बालबालिकाभन्दा बढीको लागि भर्न लागेको भएमा कृपया थप पानाहरू बाँकी बालबालिकाको आवश्यक जानकारी भरेर संलग्न गर्नुहोला*

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| नगद सहायता प्राप्त गरिरहनु भएको छ? | | छ  छैन | | | निवदेन दिएको?  हो  होइन | | | लोक कल्याण मुद्दा # |  | | | | |  |
| हालको सहायता आदेश: | छ  छैन् | | | मुद्दा#: |  | काउन्टी: |  | | राज्य: | |  |  | | |
| यस कागजातमा उल्लेखित तथ्यहरू मलाई ज्ञान भएसम्म सत्य र ठीक छ भनि प्रमाणित गर्दछ। अधिकारीहरूप्रति प्रतिज्ञा नभएको झूठसम्बन्धी 18 Pa.C.S. § 4904 अन्तर्गतको सजायको भागिदार मथ्या तथ्यहरू हुनेछन् भन्ने मैले बुझेको छु। | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | |
| मिति | | | वादीको संरक्षक | |