

New: _____ Mod: _____ Cont: _____ SR: _____ Reloc.: _____ Intervenor: _____

LEHIGH COUNTY FAMILY COURT, ROOM 423, 4th FLOOR

INFORMATION FORM

Print Clearly

Today's Date: _____ Docket Number: _____ - FC - _____

Petitioner

Name: _____ Date of Birth: _____
(first) (m) (last)

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Please indicate what type of address is provided above from the below choices:

_____ physical _____ mailing _____ last known _____ other _____

Home Phone: _____ Cell: _____ Work: _____

Another last name used by Petitioner? _____

Petitioner's Attorney: _____ Attorney Phone: _____

Respondent

Name: _____ Date of Birth: _____
(first) (m) (last)

Address: _____ Apt/: _____

City: _____ State: _____ Zip: _____

Please indicate what type of address is provided above from the below choices:

_____ physical _____ mailing _____ last known _____ other _____

Home Phone: _____ Cell: _____ Work: _____

Another last name used by Respondent? _____

Respondent's Attorney: _____ Attorney Phone: _____

Children

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

TURN OVER

Other Information

Does either party need an Interpreter? ____ Yes (Plaintiff Defendant) ____ No

If Yes, what language? _____

Is there a current Custody Order in Lehigh County? ____ Yes ____ No

Is there a current Custody Order from another county/state? ____ Yes ____ No

Is there a current Support Order? ____ Yes ____ No

Is there an Acknowledgement of Paternity? ____ Yes ____ No

If you are married to the other party, have you filed for divorce? ____ Yes ____ No

Is there a history of domestic Violence in the relationship? ____ Yes ____ No

Is there a current Protection from Abuse Order (PFA)? ____ Yes ____ No

If Yes, what is the Docket Number? _____

Is the Office of Children and Youth currently involved? ____ Yes ____ No

If Yes, what is the name of the caseworker? _____

What county? _____

Has the child lived in Lehigh County for the past six months? ____ Yes ____ No

If No, what county does the child reside? _____

Signature

Date

FOR OFFICE USE ONLY

Date	Staff	Pleading	Mediation Date	Conference Date

ID presented: ____ Yes ____ No

Married: ____ Yes ____ No

AOP Signed: ____ Yes ____ No

Birth Certificate: ____ Yes ____ No