

JUVENILE COURT INFORMATION SHEET

Please complete the following information. You do not need to make copies of this page, but you must submit when filing ANY document that includes social security numbers or financial account numbers. This will allow the court to have needed demographic information without it being released to the other parties on your case.

On your filing, you must only place the last four digits of the social security number or the account number (in each area required). It should appear in this format: xxx-xx-1234. Addresses and Dates of Birth may only be omitted if you present a valid protection order, or proof under the Family Violence Act.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

JC# (s) _____

SETS#(s) _____

Petitioner / Plaintiff

Name: _____

Address: _____

Social Security Number ____ - ____ - ____ Date of Birth ____ / ____ / ____

Child's Name

Name: _____

Address: _____

Social Security Number ____ - ____ - ____ Date of Birth ____ / ____ / ____

Respondent / Defendant

Name: _____

Address: _____

Social Security Number ____ - ____ - ____ Date of Birth ____ / ____ / ____

Additional Party

Circle the party's role: Petitioner / Plaintiff OR Respondent / Defendant

Name: _____

Address: _____

Social Security Number ____ - ____ - ____ Date of Birth ____ / ____ / ____

(over for additional parties)

Additional Party

Circle the party's role: Petitioner / Plaintiff OR Respondent / Defendant

Name: _____

Address: _____

Social Security Number ____ - ____ - _____ Date of Birth ____ / ____ / _____

Additional Party

Circle the party's role: Petitioner / Plaintiff OR Respondent / Defendant

Name: _____

Address: _____

Social Security Number ____ - ____ - _____ Date of Birth ____ / ____ / _____

Additional Party

Circle the party's role: Petitioner / Plaintiff OR Respondent / Defendant

Name: _____

Address: _____

Social Security Number ____ - ____ - _____ Date of Birth ____ / ____ / _____

Additional Party

Circle the party's role: Petitioner / Plaintiff OR Respondent / Defendant

Name: _____

Address: _____

Social Security Number ____ - ____ - _____ Date of Birth ____ / ____ / _____