

INFORMATION ON FATHER OF CHILDREN OR HUSBAND (Divorce Matters)

First Name			Middle Initial		Last Name			Alias if any			
Mailing Address						Residential Address, if different from mailing address					
Date of Birth				Social security No.				DPW No.			
Height		Weight		Race		Hair		Eyes		Distinguishing Features	
Place of employment						Medical insurance carrier name, address					
Home phone No.				Work phone No.				Policy No.		Children covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation						Attorney's name and address					
Salary \$ _____ Per _____.						Attorney ID. No.			Attorney phone No.		

INFORMATION ON MOTHER OF CHILDREN OR WIFE (Divorce Matters)

First Name			Middle Initial		Last Name			Alias if any			
Mailing Address						Residential Address, if different from mailing address					
Date of Birth				Social security No.				DPW No.			
Height		Weight		Race		Hair		Eyes		Distinguishing Features	
Place of employment						Medical insurance carrier name, address					
Home phone No.				Work phone No.				Policy No.		Children covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation						Attorney's name and address					
Salary \$ _____ Per _____.						Attorney ID. No.			Attorney phone No.		

INFORMATION IF THERE IS A CLAIM FOR SUPPORT

Receiving Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		DWP No.		District Receiving Form		Semi-Monthly Grant Account		Total No. of People in Household		
Parties ever married? <input type="checkbox"/> Yes <input type="checkbox"/> No		Marriage date		Place		Date of Separation		Date of Divorce		Place
Maternal Grandmother's maiden name						Maternal Grandfather's name				

COMPLETE PART II IF THERE IS A CLAIM FOR CHILD SUPPORT, VISITATION, OR CUSTODY

INFORMATION ON CARETAKER OF CHILDREN OTHER THAN PARENTS (IF ANY)

First no minor children	Middle	Last	Relationship	Date
Address			Home phone No.	Work phone No.
			Social Security No.	

INFORMATION ON CHILDREN

NAME OF CHILD (First) (Middle) (Last)			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth
Social Security No.		Place of Birth		Active on Cash Assistance?	
Father listed on birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No		Born out of wedlock? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was Paternity established? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Paternity establishment?					

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Social Security No.		Place of Birth		Active on Cash Assistance?	
Father listed on birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No		Born out of wedlock? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was Paternity established? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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