

**IN RE:**  
**The Marriage / Children Of:**

**Case No.** \_\_\_\_\_  
**Judge:** \_\_\_\_\_

\_\_\_\_\_, and \_\_\_\_\_  
 Petitioner (First/Middle/Last) Respondent (First/Middle/Last)

**PETITIONER'S CIVIL CASE INFORMATION STATEMENT  
 DOMESTIC RELATIONS CASES**

PETITIONER'S IDENTIFYING INFORMATION	IMPORTANT NOTICE
_____ Street Address _____ City / State / Zip Code (        )        - <input type="checkbox"/> Male / <input type="checkbox"/> Female _____ Phone Number _____ / _____ / _____ Social Security Number        Date of Birth Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> White	<input type="checkbox"/> Check this box if you wish to keep the information in this box <b>CONFIDENTIAL</b> because you fear for your safety and/or the safety of your children.  If the box above is checked, this page is sealed in the file and <b>NOT TRANSMITTED</b> with the Petition and Summons.  You must complete the form, Affidavit To Withhold Identifying Information, and file it at the Circuit Clerk's Office.

List all minor children affected by this action:

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

YES  NO Do you or any of your clients or witnesses in this case require special accommodations due to a disability?

- IF YES, SPECIFY:*
- Wheelchair accessible hearing room and other facilities;
  - Interpreter or other auxiliary aid for the hearing impaired;
  - Reader or other auxiliary aid for the visually impaired;
  - Spokesperson or other auxiliary aid for the speech impaired;
  - Other: \_\_\_\_\_

**Original and \_\_\_\_\_ copies of petition enclosed/attached.**

PETITIONER: \_\_\_\_\_

Case No. \_\_\_\_\_

RESPONDENT: \_\_\_\_\_

Days To Answer: \_\_\_\_\_ Type of Service: \_\_\_\_\_

<b>1. RESPONDENT'S IDENTIFYING INFORMATION</b>	
Street Address _____	
City / State / Zip Code _____	
( ) - _____	<input type="checkbox"/> Male / <input type="checkbox"/> Female
Phone Number _____	/ / _____
Social Security Number _____	Date of Birth _____
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic	
<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black	
<input type="checkbox"/> Unknown <input type="checkbox"/> White	

**2. TYPE OF CASE RELIEF**  
(Check All That Apply)

- Divorce Without Children
- Divorce With Children
- Grandparent Visitation
- Annulment
- Separate Maintenance
- Child Support Only
- Child Custody Without Divorce
- Paternity
- Modification
- Contempt
- Infant Guardianship
- Other (specify): \_\_\_\_\_

3.  YES  NO Is either party seeking child support or alimony?
4.  YES  NO Is a Domestic Violence Protective Order in effect now?
5.  YES  NO Is there an active Child Protective Services (CPS) investigation of the children or was an investigation conducted in the last year prior to filing this action?
6.  I am proceeding without an attorney.

OR

I have an attorney. (Complete attorney information below.)

Attorney Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( ) - \_\_\_\_\_

Dated: \_\_\_\_\_

Signature \_\_\_\_\_