

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

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

**Judge:** \_\_\_\_\_

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

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

RESPONDENT'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.

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.**