

IN RE: _____ Case No. _____
The Marriage / Children Of: _____
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	Check this box if you wish to keep the information in this box CONFIDENTIAL because you fear for your safety and/or the safety of your children.
City / State / Zip Code	If the box above is checked, this page is sealed in the file and NOT TRANSMITTED with the Petition and Summons.
Phone Number	You must complete the form, Affidavit To Withhold Identifying Information, and file it at the Circuit Clerk's Office.
Social Security Number	Date of Birth
Race:	Male / Female
American Indian/Alaskan Native	Hispanic
Asian or Pacific Islander	Black
Unknown	White

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.