

# Family Law Case Information Sheet For De Facto Custodian, Adoption and Minor Guardianship Cases

Case Number (Clerk fills in case #):

Exempt from Public Disclosure

Fill out this form to start a new case or intervene in a Family Law case.  
The information you give us is private.

1. Describe your case:  De Facto Custodian  Minor Guardianship  Adoption  
 Other (please list) \_\_\_\_\_

\_\_\_\_\_ Case Number (Clerk will fill in case #)

## 2. Information about Petitioner/Guardian/De Facto Custodian

Full Legal Name: \_\_\_\_\_  
*First Middle Last*

Any other names used: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Phone numbers: \_\_\_\_\_  
*Home Work Cell*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Male  Female

## 3. List all other people in your home.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

## 4. Information about the biological or legal Mother of the Child(ren)

Full Legal Name: \_\_\_\_\_  
*First Middle Last*

Any other names used: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Phone numbers: \_\_\_\_\_  
*Home Work Cell*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**5. Information about the biological or legal Father of the Child(ren)**

Full Legal Name: \_\_\_\_\_  
*First Middle Last*

Any other names used: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Phone numbers: \_\_\_\_\_  
*Home Work Cell*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**6. Information about each minor child that you are seeking guardianship or adoption for:**

|  |
|--|
| <p><b>First Child's Name:</b> _____ <b>DOB:</b> _____ <b>SSN:</b> _____</p> <p>With whom has the child lived with (check all that apply) <input type="checkbox"/> Petitioner <input type="checkbox"/> Mother <input type="checkbox"/> Father<br/> <input type="checkbox"/> Other: _____<br/> <i>List all people the child has lived with in the last year</i></p>  |
| <p><b>Second Child's Name:</b> _____ <b>DOB:</b> _____ <b>SSN:</b> _____</p> <p>With whom has the child lived with (check all that apply) <input type="checkbox"/> Petitioner <input type="checkbox"/> Mother <input type="checkbox"/> Father<br/> <input type="checkbox"/> Other: _____<br/> <i>List all people the child has lived with in the last year</i></p> |
| <p><b>Third Child's Name:</b> _____ <b>DOB:</b> _____ <b>SSN:</b> _____</p> <p>With whom has the child lived with (check all that apply) <input type="checkbox"/> Petitioner <input type="checkbox"/> Mother <input type="checkbox"/> Father<br/> <input type="checkbox"/> Other: _____<br/> <i>List all people the child has lived with in the last year</i></p>  |
| <p><b>Fourth Child's Name:</b> _____ <b>DOB:</b> _____ <b>SSN:</b> _____</p> <p>With whom has the child lived with (check all that apply) <input type="checkbox"/> Petitioner <input type="checkbox"/> Mother <input type="checkbox"/> Father<br/> <input type="checkbox"/> Other: _____<br/> <i>List all people the child has lived with in the last year</i></p> |

**If you are seeking custody of more than four children, please provide their information on the back of this form.**

**7. Are you aware of any other person besides the natural parents who claims to be a guardian or legal custodian of any of the minor child(ren) listed on this form (including attachments)?  YES  NO If yes, what is the child's name and what is the relationship to the child?**

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Relationship of person to child (for example, paternal grandmother, aunt, uncle, etc.)

**8. Other cases involving the children named on this form.**

List any child support, protective order, domestic violence or child abuse cases, custody, adoption, or guardianship orders for the petitioner(s) and any child listed on this form:

| Case Number | Date of Order (or date requested) | County / State | For which children? | Type of case   |
|-------------|-----------------------------------|----------------|---------------------|--|
| 1.          |                                   |                |                     | <input type="checkbox"/> Support <input type="checkbox"/> Custody<br><input type="checkbox"/> Adoption <input type="checkbox"/> Paternity<br><input type="checkbox"/> Guardianship |
| 2.          |                                   |                |                     | <input type="checkbox"/> Support <input type="checkbox"/> Custody<br><input type="checkbox"/> Adoption <input type="checkbox"/> Paternity<br><input type="checkbox"/> Guardianship |
| 3.          |                                   |                |                     | <input type="checkbox"/> Support <input type="checkbox"/> Custody<br><input type="checkbox"/> Adoption <input type="checkbox"/> Paternity<br><input type="checkbox"/> Guardianship |
| 4.          |                                   |                |                     | <input type="checkbox"/> Support <input type="checkbox"/> Custody<br><input type="checkbox"/> Adoption <input type="checkbox"/> Paternity<br><input type="checkbox"/> Guardianship |

**9. Any cases involving violence or abuse:**

List any protective order, domestic violence or child abuse case involving any adult or child listed on this form:

| Case Number | Who was the order against? | Who did the order protect? | Date of Order (or date requested) | County/State | Type of case  |
|-------------|----------------------------|----------------------------|-----------------------------------|--------------|---|
| 1.          |                            |                            |                                   |              | <input type="checkbox"/> Domestic Violence<br><input type="checkbox"/> Child Abuse<br><input type="checkbox"/> No Contact Order<br><input type="checkbox"/> Other |
| 2.          |                            |                            |                                   |              | <input type="checkbox"/> Domestic Violence<br><input type="checkbox"/> Child Abuse<br><input type="checkbox"/> No Contact Order<br><input type="checkbox"/> Other |
| 3.          |                            |                            |                                   |              | <input type="checkbox"/> Domestic Violence<br><input type="checkbox"/> Child Abuse<br><input type="checkbox"/> No Contact Order<br><input type="checkbox"/> Other |
| 4.          |                            |                            |                                   |              | <input type="checkbox"/> Domestic Violence<br><input type="checkbox"/> Child Abuse<br><input type="checkbox"/> No Contact Order<br><input type="checkbox"/> Other |

***If there are other cases not listed on this sheet please continue on the back of page 3.***