DOMESTIC INTAKE WORKSHEET

Style of Case:		Case Nur	Case Number:				
		Date of F	iling:				
			signed to Case:				
Part A	Informa	tion About the l	Parties				
Petitioner:							
		Name(s)					
NOTE: *If you are a victim	n of domestic violence ar	nd do not wish to incl	ude your address please m	ake a notation.			
Address:							
Address: Stree	t Address	Count	City	State	Zip		
Telephone:	7744.441						
	Home		Work				
Birth Year:	-		Email:				
Petitioner's Attorney:							
Name							
Attorney's Address:	Street Address	Count	City	State	Zip		
Attorney's Telephone I	Number		Email:				
Respondent:							
		Name(s)			······································		
NOTE: *If you are a victim	of domestic violence an	d do not wish to inch	ide your address please m	ake a notation.			
Address:							
Street	Address	Count	City	State	Zip		
Telephone:							
	Home		Work				
Birth Year:			Email:				
Respondent's Attorney:							
Respondent's Attorney:		N	Jame				
Attorney's Address:	Street Address	Count	City	State	Zip		
Attorney's Telephone N	vumber:		Email:				

If your case is assigned to the Family Division, It is <u>mandatory</u> that you complete and return this worksheet at your 30day Scheduling Conference.

Part I	3	Information About the Current Case and Related Cases				
Numb	er of Children:					
Name	s of Children:					
		(8) 20				
Curre	nt Claim(s); Issue(s); A	llegation(s):				
	Divorce		Legitimation		Adoption	
	Child Custody		Family Violence		Guardianship	
	Visitation		Child Abuse		Substance Abuse	
	Child Support		URESA		Other Issues:	
	Paternity		DHR			

If yes, please list the Court, Case number, and style of case below.

Court	Case Number	Style of Case		