**The Family Court of the State of Delaware**

INFORMATION SHEET - **PLEASE PRINT**

|  |  |  |  |
| --- | --- | --- | --- |
|  Date: |       | File No.: |       |

**Please fill in A to M pertaining to you the Applicant/Petitioner. (For additional petitioners use additional sheets)**

**PLEASE PRINT CLEARLY**

|  |  |
| --- | --- |
| A. Name: |       |
| B. Address: |       |
|  City/State/Zip: |       |
| C. Phone – Home:  |       | Work: |       | Cell: |       |
| D. Email Address: |       |
|   | [ ]  I authorize Family Court to deliver court orders in my case(s) to my email address instead of to my mailing address.\* |

\*Please note that if you checked the email authorization box, all orders in your pending civil cases in Family Court will be sent in an encrypted email via Egress to the email address provided and will not be mailed to your physical address. For information on how to receive encrypted emails through Egress, please visit <https://judicial.state.de.us/courtdox/Download.aspx?id=94888&court=readonly>.

|  |  |
| --- | --- |
| E. Employer & Address: |       |
|       |
|       |
|  Hours/Shift: |       |
| F. Social Security No.: |       | G. Date of Birth: |       |
| H. Place of Birth (City & State): |       |
| I. Sex: |  | Race: |       | Height: |       | Weight: |     | Hair: |       | Eyes: |       |
|  Marks/Scars/Tattoos: |       |
| J. Type of motor vehicle operated by you: |       |
| K. Driver’s License No.: |       | State of Issue: |    | Expiration Date: |       |
| L. Your relationship to the Defendant/Respondent: |       |
| M. Attorney: |       |
|       |
|       |

**Please fill out the information below in reference to the child(ren) who are involved.**

|  |
| --- |
| **Children**  |
| Name | Relationship | Sex | Race | D.O.B. | SSN | BirthplaceCity & State |
|       |       |  |       |       |       |       |
|       |       |  |       |       |       |       |
|       |       |  |       |       |       |       |
|       |       |  |       |       |       |       |
|       |       |  |       |       |       |       |
|       |       |  |       |       |       |       |
|       |       |  |       |       |       |       |

 **Please fill in N to AC pertaining to the Defendant/Respondent. (For additional respondents use additional sheets)**

 N. Defendant/Respondent is a: (Check One) [ ]  **ADULT** **[ ]**  **JUVENILE**

|  |  |
| --- | --- |
| O. Name: |       |
| P. Address: |       |
|  City/State/Zip: |       |
| Q. Phone – Home:  |       | Work: |       | Cell: |       |
| R. Email Address: |       |
| S. Employer & Address: |       |
|       |
|       |
|  Hours/Shift |       |
| T. Social Security No.: |       | U. Date of Birth: |       |
| V. Place of Birth (City & State): |       |

 W. Relationship to Child: [ ]  Not Applicable [ ]  Mother [ ]  Father [ ]  Relative [ ]  Non-Relative

 [ ]  Other (Please Describe)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| X. Sex: |  | Race: |       | Height: |      | Weight: |     | Hair: |       | Eyes: |       |
|  | Marks/Scars/Tattoos: |       |
| Y. Driver’s License  State & No.: |       | Z. Type of vehicle operated by Defendant/Respondent: |       |
| AA. Parent’s Name (if a juvenile): |       |
| AB. Time when Respondent is usually home: |       |
|       |
|  |  |  |

 AC. Additional information about Respondent that may aid the process server in locating him/her to serve petition:

|  |
| --- |
| ­      |

|  |
| --- |
| DIRECTIONS TO RESPONDENT’S RESIDENCE |
|       |