

The Family Court of the State of Delaware

INFORMATION SHEET - PLEASE PRINT

Date: _____ File No.: _____

Please fill in A to K pertaining to you the Applicant (Petitioner).

A. Name: _____
B. Address: _____
City/State/Zip: _____
C. Phone – Home: _____ Work: _____ Cell: _____
D. Employer & Address: _____

Hours/Shift _____
E. Social Security No.: _____ F. Date of Birth: _____
G. Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
Marks/Scars/Tattoos: _____
H. Type of motor vehicle operated by you: _____
I. Driver's License No.: _____ State of Issue: _____
J. Your relationship to the Defendant/Respondent: _____
K. Attorney: _____

If a hearing is scheduled in this matter, will Petitioner need an interpreter? Yes (If yes, specify language _____) No

If you are filing for Custody, Visitation, Support or Petition for Protection from Abuse please fill out the information needed below in reference to the child(ren) who are involved..

Children (Custody/Visitation/Support/Petition for Protection from Abuse)

| Name | Relationship | Sex | Date of Birth |
|------|--------------|-----|---------------|
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Please fill in L to X pertaining to the Defendant/Respondent..(For additional respondents use additional sheets)

L. Defendant/Respondent is a: (Check One) ADULT JUVENILE

M. Name: _____

N. Address: _____

City/State/Zip: _____

O. Phone – Home: _____ Work: _____ Cell: _____

P. Employer & Address: _____

Hours/Shift _____

Q. Social Security No.: _____ R. Date of Birth: _____

S. Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Marks/Scars/Tattoos: _____

T. Driver's License No.: _____ U. Type vehicle operated by
Defendant/Respondent: _____

V. Parent's Name (if a juvenile): _____

W. Time when Respondent is usually home: _____

If a hearing is scheduled in this matter, will Respondent need an interpreter? Yes (If yes, specify language _____) No

X. Any additional information about Respondent that may aid the process server in locating him/her to serve this petition:

DIRECTIONS TO RESPONDENT'S RESIDENCE