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

**INFORMATION SHEET – PLEASE PRINT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |       |  | File Number: |       |  |
|  |
|  | **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 Code: |       |
|  |
| 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 |
|  |  |  |
|  |  | 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 Number: |       |  | 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 Number: |       | State of Issue: |       | Expiration Date: |       |
|  |  |
| L. | Your relationship to the Defendant/Respondent: |       |

|  |  |  |
| --- | --- | --- |
| M. | Attorney: |       |
|  |  |  |
|  |  |       |
|  |  |  |
|  |  |       |

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| --- |
| **Please fill out the information below in reference to the child(ren) who are involved.** |
|  |
| **Children** |
|  |  |  |  |  |  |  |
| **Name** | **Relationship** | **Sex** | **Race** | **Date of Birth** | **Social Security Number** | **Place of Birth (City & State)** |
|  |  |  |  |  |  |  |
|       |       |      |       |       |       |       |
|  |  |  |  |  |  |  |
|       |       |      |       |       |       |       |
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|       |       |      |       |       |       |       |
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|       |       |      |       |       |       |       |
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|       |       |      |       |       |       |       |

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|  | **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 Code: |       |
|  |
| Q. | Phone: | Home - |       | Work - |       | Cell - |       |
|  |
| R. | Email Address: |       |
|  |  |
| S. | Employer & Address: |       |
|  |  |  |
|  |  |       |
|  |  |  |
|  |  |       |
|  |  |  |
|  | Hours/Shift: |       |
|  |  |
| T. | Social Security Number: |       |  | 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 Number: |       | State of Issue: |       |  |
|  |  |
| 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. |
|  |  |
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|  |  |       |  |
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|  |
| DIRECTIONS TO RESPONDENT’S RESIDENCE |
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|  |  |  |
|  |        |  |
|  |  |  |