A picture containing text, ceramic ware, porcelain

Description automatically generated**The Family Court of the State of Delaware**

**INFORMATION SHEET – PLEASE PRINT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| B. | Address: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | City/State/Zip Code: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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.\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | \*Please note that if you checked the email authorization box, all orders in your pending civil | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | <https://judicial.state.de.us/courtdox/Download.aspx?id=94888&court=readonly> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| E. | Employer & Address: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Hours/Shift: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| F. | Social Security Number: | | | | | | | | | | | |  | | | | | | | | |  | G. | | Date of Birth: | | | | | |  | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H. | Place of Birth (City & State): | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| I. | Sex: | |  | | | Race: | | |  | | | | | | Height: |  | | | Weight: | | | | |  | | | Hair: | |  | | | | Eyes: | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Marks/Scars/Tattoos: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| J. | Type of motor vehicle operated by you: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| K. | Driver’s License Number: | | | | | | | | | | | | |  | | | | State of Issue: | | | | | | | |  | | Expiration Date: | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L. | Your relationship to the Defendant/Respondent: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |

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| M. | Attorney: |  |
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| **Please fill out the information below in reference to the child(ren) who are involved.** | | | | | | |
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| **Children** | | | | | | |
|  |  |  |  |  |  |  |
| **Name** | **Relationship** | **Sex** | **Race** | **Date of Birth** | **Social Security Number** | **Place of Birth (City & State)** |
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|  | **Please fill in N to AC pertaining to the Defendant/Respondent.**  **(For additional respondents, use additional sheets.)** |  |

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| N. | Defendant/Respondent is a (check one):  **ADULT**  **JUVENILE** |

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| O. | Name: |  | | | | | | | | | | | | | | | | | |
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| P. | Address: | | | | |  | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | |
|  | City/State/Zip Code: | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Q. | Phone: | | Home - | |  | | | | | | Work - |  | | | | | Cell - | |  |
|  | | | | | | | | | | | | | | | | | | | |
| R. | Email Address: | | |  | | | | | | | | | | | | | | | |
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| S. | Employer & Address: | | | | | |  | | | | | | | | | | | | |
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|  | Hours/Shift: | | | | | |  | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | |
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|  |  | | | | | | | Other (please describe): | | | | | |  | | | | | |

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| 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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| DIRECTIONS TO RESPONDENT’S RESIDENCE | | |
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