

COUNTY _____ TO BE FILLED IN AT CLERK'S OFFICE _____

CASE NO. _____ HEARING TYPE _____ SCHEDULED DATE _____

PETITIONER _____ RESPONDENT _____

VS.

ADDRESS _____

PETITIONER'S ATTORNEY _____ RESPONDENT'S ATTORNEY _____

List below names, addresses and dates of birth for all children of the marriage under 18, years of age

NAME	ADDRESS	DATE OF BIRTH

If more space is needed to list all children check this box and continue list on the back.

Do any of these children receive Public Assistance? YES NO

Has anyone applied for Public Assistance for any of these children? YES NO

Is there presently in this court any outstanding Order of Support which resulted from action brought by the Department of Social and Rehabilitative Services, Division of the Bureau of Family Support under the Reciprocal Enforcement of Support Act? YES NO

SIGNATURE (ORIGINAL SIGNATURE REQUIRED ON BOTH COPIES) _____ DATE _____

X

Subscribed or sworn before me this day in this location _____ COUNTY _____ NOTARY PUBLIC X _____ DATE _____