

DOMESTIC VIOLENCE (§50-B) INFORMATION SHEET

Please PRINT clearly and fill out completely and accurately:

Plaintiff's (your) Name: _____

County where Plaintiff Resides: _____

Defendant's (other party) Name: _____

County where Defendant Resides: _____

County here alleged incident(s) occurred: _____

Have you (Plaintiff) EVER filed a Domestic Violence Protective Order (§50-B) complaint against this Defendant? YES NO

If yes, in what county and state was this complaint filed? _____

Has this Defendant EVER filed a Domestic Violence Protective Order (§50-B) complaint against you? YES NO

If yes, in what county and state was this complaint filed? _____

Has this Defendant EVER been charged with any crimes for any incidents involving you? YES NO

If yes, in what county, state and year were charges brought? _____

Have you EVER been charged with any crimes for any incidents involving this Defendant? YES NO

If yes, in what county, state and year were charges brought? _____

Have you and/or this Defendant filed ANY civil actions (paperwork filed in the Clerk's office) in Family/Domestic Court for **custody of children, child support, alimony, and/or equitable distribution of property**? YES NO

If yes:

What claims have been filed? _____

In what county and state were the complaints filed? _____

What is the name and telephone number of your attorney? _____

What is the name and telephone number of Defendant's attorney? _____

Who is your Domestic/Family Court Judge? Hamadani Griffin Walczyk Worley Other: _____

Complete this section only if you are requesting temporary custody of your children:

Has this Defendant been charged with any crimes for any incidents involving your minor children? YES NO

If yes, in what county and state were charges brought? _____

Have you been charged with any crimes for any incidents involving your minor children? YES NO

If yes, in what county and state were charges brought? _____

Has the Department of Human Services investigated any claims concerning your minor children? YES NO

If yes, in what county and state? _____

Do you have a current/active case with Child Protective Services (CPS)? YES NO

If yes, what is the name of your case worker? _____

FOR COURT USE ONLY

Domestic cases involving both parties and assigned Family Court Judge:

Criminal cases involving both parties:

VICTIM'S NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____

PHONE # _____ / _____ / _____
(HOME) (WORK) (CELL)

.....

DEFENDANT'S NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____

WORK ADDRESS _____

PHONE # _____ / _____ / _____
(HOME) (WORK) (CELL)

XX

CHILDREN'S NAMES: EVEN IF DEFENDANT IS NOT THE BIOLOGICAL PARENT

NAME	AGE	SCHOOL/DAYCARE ATTENDING
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Victim Information

(ALL INFORMATION IS CONFIDENTIAL)
PLEASE FILL OUT (ALL) THE FOLLOWING INFORMATION

DATE: _____

TIME: _____

Plaintiff
Name _____ Race _____ Gender _____

Date of Birth _____

Address _____

Telephone: Home _____ Work _____ Cell _____

Defendant
Name _____ Race _____ Gender _____

Date of Birth _____

Address _____

Def. Business Address: _____

Telephone: Home _____ Work _____ Cell _____

Vehicle: _____
Year Make Model Color

If you have school age child/children please list name, date of birth and school they attend

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Name of School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____