

INFORMATION SHEET

Vermont Superior Court Family Division	Unit	Docket Number
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Plaintiff:**Defendant:**

Name	DOB / /	vs.	Name	DOB / /
Street Address			Street Address	
Apt. or P.O. Box Number			Apt. or P.O. Box Number	
City	State		City	State
Zip			Zip	
Telephone Numbers			Telephone Numbers	
Daytime: Nighttime:			Daytime: Nighttime:	
Email:			Email:	
Attorney Name and Phone Number			Attorney Name and Phone Number	

☐ **Check if this form is being filed by OCS.**

1. PUBLIC ASSISTANCE from Department of Economic Services (such as Reach-Up, Dr. Dynasaur, Medicaid, Post Secondary Education Stipend [PSE])

☐ I receive Public Assistance.

2. ASSISTANCE FROM THE OFFICE OF CHILD SUPPORT (OCS)

☐ I receive assistance from OCS.

☐ The other party receives assistance from OCS (leave this box blank if you are unsure).

The Office of Child Support can help people with child support. If you would like to have OCS help you, you can call the Toll-Free Help Line: 1-800-786-3214 or TTY Access No. 1-800-253-0191.

3. OTHER FAMILY/JUVENILE/PROBATE COURT PROCEEDINGS

☐ None

☐ Cases involving yourself, the other party and/or your children (list below)

Name of Court (Family, Probate, etc.)	County	State

For Family Court Staff:	Filing Fee Paid:\$	Service Fee Paid:\$	Receipt #:	IFP?
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