

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

In the Matter of a Proceeding for Paternity and/or
Support under the Family Court Act

Family File No.
Docket No.
New York Case ID.
WMS Case ID.

, Petitioner

– against –

, Respondent

PERSONAL INFORMATION FORM

☐ Child Support
☐ Paternity

.....
NOTICE: This form must be completed to record personal identifying information of the parties for the Family Court. The full Social Security number of the petitioner/assignor, the respondent, and the children must be entered on this form. Social Security numbers are confidential and will be disclosed only as required by law.

NAME OF PETITIONER/ASSIGNOR: _____
RESIDENTIAL ADDRESS (**required**): _____

MAILING ADDRESS (if different): _____

Should the address or other identifying information be kept
confidential from the other party? Yes¹ ☐ No ☐

TELEPHONE NUMBER:
HOME: _____ WORK: _____ CELL: _____
SOCIAL SECURITY NUMBER (**required**): _____ DATE OF BIRTH: _____
EYE COLOR: _____ HAIR COLOR: _____ M or F: _____
HEIGHT: _____ WEIGHT: _____
EMPLOYER NAME: _____
ADDRESS: _____

RESPONDENT'S NAME: _____
RESIDENTIAL ADDRESS (**required**): _____

1 If Yes is checked, an Address Confidentiality Affidavit (application for confidentiality) must be completed and filed with the court if a party's address or other identifying information must be kept confidential.

MAILING ADDRESS (if different):

Should the address or other identifying information be kept confidential from the other party? Yes² ☐ No ☐

TELEPHONE NUMBER:

HOME: _____ WORK: _____ CELL: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

EYE COLOR: _____ HAIR COLOR: _____ M or F: _____

HEIGHT: _____ WEIGHT: _____

EMPLOYER NAME: _____

ADDRESS: _____

Children's Names	Date of Birth	Social Security Number	(Male or Female)

List any other names by which the petitioner/assignor or the other party may have been previously known (i.e., maiden name, previous marriage name, etc.).

PETITIONER/ASSIGNOR: _____

RESPONDENT: _____

IS THE PETITIONER/ASSIGNOR SCHEDULED IN ANY OTHER COURT OR CASE WITH THE RESPONDENT?

☐ YES Court: _____
County: _____
Docket or Index Number _____
Date of Next Appearance _____

☐ NO

² See Note 1.

Dated: _____

Signature of Petitioner or
Commissioner of Social Services (or designee of Commissioner)

Print or type name