

FAMILY COURT DIRECT

Guardian 1 INFORMATION

Full name: _____

Maiden Name (If applicable): _____

Birth Date: _____ Social Security Number: _____

City and State or Foreign Country where born: _____

Driver's License Number: _____ State: _____

Home Address: _____

City: _____

County: _____ State: _____ Zip: _____

How long have you lived in (City/County/State) _____

Home Phone Number: _____

Fax Number: _____

Cell Phone Number: _____

Email Address: _____

MARRIAGE AND SEPARATION

City and State or Foreign Country of Marriage: _____

Date of Marriage: _____

Are you separated/divorced from your spouse/other party? _____

If so, please state the date of separation/divorce: _____

County and State of Divorce proceeding: _____

This form is for information purposes **only**, in order that Family Court Direct may better assist you with the preparation of your documents. This form **should not** be filed with the court.

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Guardian 2 INFORMATION **(if applicable)**

Full name: _____

Maiden Name (If applicable): _____

Birth Date: _____ Social Security Number: _____

City and State or Foreign Country where born: _____

Driver's License Number: _____ State: _____

Home Address: _____

City: _____

County: _____ State: _____ Zip: _____

How long have you lived in (City/County/State) _____

Home Phone Number: _____

Fax Number: _____

Cell Phone Number: _____

Email Address: _____

FAMILY COURT DIRECT

Mother INFORMATION

Full name: _____

Maiden Name (If applicable): _____

Birth Date: _____ Social Security Number: _____

City and State or Foreign Country where born: _____

Driver's License Number: _____ State: _____

Home Address: _____

City: _____

County: _____ State: _____ Zip: _____

How long have you lived in (City/County/State) _____

Home Phone Number: _____

Fax Number: _____

Cell Phone Number: _____

Email Address: _____

MARRIAGE AND SEPARATION

(if applicable)

City and State or Foreign Country of Marriage: _____

Date of Marriage: _____

Are you separated/divorced from your spouse/other party? _____

If so, please state the date of separation/divorce: _____

County and State of Divorce proceeding: _____

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Father INFORMATION

Full name: _____

Maiden Name (If applicable): _____

Birth Date: _____ Social Security Number: _____

City and State or Foreign Country where born: _____

Driver's License Number: _____ State: _____

Home Address (if unknown, provide last known address): ☐ Current address ☐ Last known (if Last known, you MUST obtain current address before documents can be filed with the Court. Family Court Direct will not obtain addresses for the other party, but can refer you to a low cost private investigator for assistance.)

Address: _____

City: _____

State: _____ County: _____ Zip Code: _____

How long has the other party lived in (City/County/State)? _____

Home Phone Number: _____

Employed? ☐ YES ☐ NO (If yes, please provide any information regarding their employment you may have.)

Employer name: _____

Address: _____

How long has the other party been employed by this company? _____

What is the other party's income? If not sure, please provide an estimate and state the basis for this estimate.

\$_____ ☐ monthly ☐ annually Basis for estimate: _____

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DECLARATION

Please use the Declaration pages to provide us with background on your current legal matter, and to provide us with what your ultimate goal/desired outcome would be. You should also use this form to provide any rebuttals to the other party's claims made in their Petition/Motion (if one has been filed). The statements provided by you in the declaration may be used as partial content of the documents being prepared for you, either in whole or in part.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

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List ALL other persons who live in your home:

Name	Age	Relation to you	This person's monthly gross income	Does this person pay any of the household expenses? If yes, how much?

Health insurance information:

Do you have health insurance available to you through your employer? ☐ YES ☐ NO

Name of insurance company: _____

Address and phone number, if available: _____

Do you receive state/county assisted medical coverage? ☐ YES ☐ NO

Name of program: _____ Who is covered? _____

Special hardships or circumstances you wish for the court to consider: _____

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