



The Family Court of the State of Delaware

INFORMATION SHEET - PLEASE PRINT

Date: _____ File No. : _____

**COMPLETE
ENTIRE FORM**

Please fill in A to K pertaining to you the Applicant (Petitioner). (Person filing petition for Divorce/Annulment)

A. Name: Jonathan T. Smith

B. Address: 999 Oak Street, Apartment #2A

Newark, DE 22233

C. Phone: Home: (302) 555-1111 Work: (302) 555-9999

D. Employer & Work Address: Acme Steele, Inc. 800 Green Street, Wilmington, DE 19801

Hours/Shift: 8:00 a.m. – 5:00 p.m.

E. Social Security No.: 111-22-3333 F. Date of Birth: 2/11/66

G. Description: Sex: M Race: White Height: 5'11" Weight: 200 lbs Hair: Drk Brwn Eyes: Brown

Marks/Scars/Tattoos: None

H. Type of Vehicle operated by you : 98 Toyota Avalon

I. License No.: DE45098 J. Your relationship to the Defendant/Respondent: Spouse

K. Attorney: None

Please fill in L to V pertaining to the Defendant/Respondent. (Person who did not file Petition for Divorce/Annulment)

L. Defendant/Respondent is a: (Check One) ADULT JUVENILE

M. Name: Jane L. Smith

N. Address: 123 Pine Street, P.O. Box 1234

Wilmington, DE 12345

O. Phone: Home: (302) 555-1234 Work: (302) 555-2222

P. Employer and Work Address: ABC Corporation

900 Main Street

Wilmington, DE 19801

Hours/Shift: 8:30 a.m. – 4:30 p.m.

Q. Social Security No.: 111-23-4567 R. Date of Birth: 3/10/66

S. Description: Sex: M Race: White Height: 5'11" Weight: 200 lbs Hair: Brown Eyes: Blue

Marks/Scars/Tattoos: None

T. Drivers License No.: DE72495 U. Type of vehicle operated by Defendant/Respondent 96 Plymouth Voyager

V. Parents Name (if a juvenile): _____

If you are filing for Custody, Visitation or Support please fill out the information on the other side in reference to the child(ren) that are involved.

Children (Custody/Visitation/Support)

Name	Relationship	Birthdate
		/ /
		/ /
		/ /
		/ /
		/ /

DIRECTIONS TO RESPONDENT'S RESIDENCE

WRITE DIRECTIONS TO YOUR SPOUSE'S (WHERE YOUR SPOUSE LIVES) FROM THE FAMILY COURT

Please fill in AA to JJ pertaining to any additional Respondents. (For more respondents use additional sheets)

AA. Defendant/Respondent is a: (Check One) • **ADULT** • **JUVENILE**

BB. Name: _____

CC. Address: _____

DD. Phone: Home: _____ Work: _____

EE. Employer and Work Address: _____

Hours/Shift _____

FF. Social Security No.: _____ GG. Date of Birth: _____

HH. Description: Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Marks/Scars/Tattoos: _____

II. Drivers License No.: _____ T. Type of vehicle operated by Defendant/Respondent. _____

JJ. Parents Name (if a juvenile): _____