Form 240 Rev (4/95)

The Family Court of the State of Delaware

INFORMATION SHEET - PLEASE PRINT

Date:	File No. :
	•

Please fill in A to K pertaining to you the Applicant (Petitioner).									
A. Name:									
B. Address:									
C. Phone: Home:		Work:							
D. Employer & Work Add	lress:								
	F. Date of Birth.								
G. Description: Sex:	Race:	Height:	Weight:	Hair:	Eyes:				
Marks/Scars/Tattoos:									
H. Type of Vehicle operate	ed by you :								
I. License No:	J. Yo	our relationship to the	Defendant/Responde	ent:					
K. Attorney:									
Please fill in L to V pertain	ning to the Defen	dant/Respondent							
L. Defendant/Respondent i	is a: (Check One)	• ADULT	• JUVENILE						
M. Name:									
N. Address:									
O. Phone: Home:		Work:							
P. Employer and Work Ad									
Hours/Shift:									
S. Description: Sex:	Race:	Height:	Weight:	Hair:	Eyes:				
Marks/Scars/Tattoos: _									
T. Drivers License No.:	U	. Type of vehicle ope	rated by Defendant/F	Respondent					
V. Parents Name (if a juve	enile):								

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		
					/	/	
					/	/	
					/	/	
					/	/	
					/	/	
					/	/	
					/	/	
	DIRECT	TIONS TO RESPO	ONDENT'S RI	ESIDENCE			
_							
Please fill in AA to JJ pertain AA. Defendant/Respondent is			s. (For more i	espondents u		neets)	
•		_		3C 1L	<u> </u>		
BB. Name:							
CC. Address:							
DD. Phone: Home:		Work					
EE. Employer and Work Addi							
Hours/Shift							
FF. Social Security No:							
HH. Description: Sex:	Race:	Height:	We	eight:	Hair:	Eyes:	
Marks/Scars/Tattoos:							
II. Drivers License No.: JJ. Parents Name (if a juvenile	T. Ty	pe of vehicle ope	erated by Def	endant/Respo	ondent.		