

GREENE COUNTY JUVENILE COURT
Juvenile Court Face Sheet

CHILD INFORMATION:

Name _____

Last First Middle

Child also known as _____

Last First Middle

SSN: _____ DOB: _____ Gender: _____ Race: _____

Birth City/State: _____

Before Removal of Child (if applicable):

Current Address _____ City/State _____

School and Grade: _____ School District: _____

BIOLOGICAL PARENT INFORMATION:

Mother's Name

Last First Middle

Also known as _____

Last First Middle

Address: _____

Number/Street City/State Zip

Phone Number: _____ SSN: _____

DOB: _____ Gender: _____ Race: _____ Custody Type: _____
(legal, shared parenting, shared custody)

Mother's Marital Status: _____ Interpreter Needed: yes no
(married, divorced, never married, etc ...) Language: _____

Father's Name

Last First Middle

Also known as _____

Last First Middle

Address: _____

Number/Street City/State Zip

Phone Number: _____ SSN: _____

DOB: _____ Gender: _____ Race: _____ Custody Type: _____
(legal, shared parenting, shared custody)

Father's Marital Status: _____ Interpreter Needed: yes no
(married, divorced, never married, etc ...) Language: _____

CUSTODIAN: (person with legal custody of the child other than biological parent)

Name _____
Last First Middle

Also known as _____
Last First Middle

Address: _____
Number/Street City/State Zip

Phone Number: _____ SSN: _____

DOB: _____ Gender: _____ Race: _____ Custody Type: _____
(legal, shared parenting, shared custody)

Custodian's Marital Status: _____ Interpreter Needed: yes no
(married, divorced, never married, etc ...)

Language: _____

PERSON FILING COMPLAINT OR MOTION:

Name _____
Last First Middle

Also known as _____
Last First Middle

Address: _____
Number/Street City/State Zip

Phone Number: _____ SSN: _____

DOB: _____ Gender: _____ Race: _____

Marital Status: _____ Interpreter Needed: yes no
(married, divorced, never married, etc ...)

Language: _____ Interpreter needed for: _____

Legal Relationship to child: _____