

CASE DESIGNATION FORM

Court Case No.: _____
Your Name: _____
Your Address: _____
Social Security No.: _____
Date of Birth: _____
Email address: _____
Your Phone No.: _____
Your Attorney: _____

Name of Other Party: _____
Other Party's Address: _____
Other Party's SSN: _____
Other Party's DOB: _____
Other Party's Email: _____
Other Party's Phone No.: _____
Other Party's Attorney: _____

Is there a Civil Protection Order (CPO) currently in effect? Yes No

Is there a bankruptcy proceeding currently in progress? Yes No

 If yes, please identify filing party(ies) & case number: _____

Names/Dates of Birth of Children Born to these parties:

Is there proof of paternity for the children above? Yes No

 Signed Birth Certificate: Yes No

 DNA Testing Performed: Yes No

 If other, please explain and provide documents: _____

If you are NOT a parent, what is your relationship to the parties and children?

Name and address(es) of children's school(s):

Please describe what the current parenting schedule, if any, is like:

Completed by (please print): _____ Date: _____