

**HAMILTON COUNTY JUVENILE COURT  
DEPENDENCY AND NEGLECT DEPARTMENT**

**PHOTO ID REQUIRED TO FILE A PETITION**

Date: \_\_\_\_\_ Interpreter Needed. Y or N Language? \_\_\_\_\_

**MUST COMPLETE ADDRESSES AND NAMES FOR EACH!**

Note: A FORM MUST BE COMPLETED FOR EACH CHILD FOR WHICH A PETITION IS BEING FILED. HOWEVER, IF THE CHILDREN HAVE THE SAME MOTHER AND FATHER, YOU ONLY NEED TO COMPLETE THE CHILD'S INFO ON EACH ADDITIONAL FORM.

**CHILD'S INFO:** Name (First, Middle, Last): \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Hispanic Origin: Y / N SSN: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Enrolled in Special Ed: Y / N

City & State of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Person (and Relationship) where the child lives at this time: \_\_\_\_\_

Legal Custodian of Child: \_\_\_\_\_ Custodian's Phone# \_\_\_\_\_

Legal Custodian's Address: \_\_\_\_\_

Siblings: \_\_\_\_\_

**MOTHER'S INFO:** Name (First, Middle, Last): \_\_\_\_\_

Address: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Hispanic Origin: Y / N SSN: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone# \_\_\_\_\_ Marital Status: \_\_\_\_\_

Driver License # and State Issuing License: \_\_\_\_\_

Email Address: \_\_\_\_\_

**FATHER'S INFO:** Name (First, Middle, Last): \_\_\_\_\_

Address: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Hispanic Origin: Y / N SSN: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone# \_\_\_\_\_ Marital Status: \_\_\_\_\_

Driver License # and State Issuing License: \_\_\_\_\_

Email Address: \_\_\_\_\_

Note: IF PETITIONER IS MOTHER OR FATHER LISTED ABOVE, PLEASE INDICATE BY CIRCLING AS: MOTHER / FATHER (AND CROSS OUT PETITIONER'S INFO, IF MOTHER/FATHER)

**PETITIONER'S INFO:** Name (First, Middle, Last): \_\_\_\_\_

Petitioner's Relationship to Child: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Hispanic Origin: Y / N SSN: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone# \_\_\_\_\_

Driver License # and State Issuing License: \_\_\_\_\_

Email Address: \_\_\_\_\_

**DO NOT WRITE BELOW THE LINE**