

CASE NO:

SETS NO:

**PORTAGE COUNTY JUVENILE COURT PARTY INFORMATION SHEET**

Please complete this form to the best of your ability, including middle initials, dates of birth and social security numbers, if available. Please check the correct identity for each party to the case.

Plaintiff /  Defendant /  Complainant /  Mother /  Father /  Other

\_\_\_\_\_  
First Name Middle Initial Last Name Phone Number

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
D.O.B SSN

Plaintiff /  Defendant /  Complainant /  Mother /  Father /  Other

\_\_\_\_\_  
First Name Middle Initial Last Name Phone Number

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
D.O.B SSN

Plaintiff /  Defendant /  Complainant /  Mother /  Father /  Other

\_\_\_\_\_  
First Name Middle Initial Last Name Phone Number

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
D.O.B SSN

**Child**

\_\_\_\_\_  
First Name Middle Initial Last Name Phone Number

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
D.O.B SSN

**Child**

\_\_\_\_\_  
First Name Middle Initial Last Name Phone Number

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
D.O.B SSN