



Lake County  
Court of Common Pleas  
*Juvenile Division*

Judge Michael L. DeLeone

## PERSONAL IDENTIFIERS INFORMATION SHEET

- Please complete the following information which is **MANDATORY** in all dependency, neglect, and abuse cases. This will allow the Court to have needed demographic information without it being released to the other parties on your case. **YOU MAY ONLY USE THE CHILD'S INITIALS ON YOUR FILINGS FOR DEPENDENCY, NEGLECT, AND ABUSE CASES.**
  
- You must also use this form in ANY (child support, paternity, etc.) case where complete Social Security numbers, financial account numbers, debit/ credit/ charge card numbers, or employee identification numbers are necessary, since they are also considered personal identifiers which must be omitted prior to submission or filing. On all filing(s), you must only place the last four digits of the Social Security number (in each area required). It should appear in this format: xxx-xx-1234. Addresses and Dates of Birth may only be omitted on your filings if you present a valid protection order, or proof under the Family Violence Act.
  
- **YOU MUST COMPLETE A SEPARATE INFORMATION SHEET FOR EACH CASE NUMBER.**
  
- **THE FOLLOWING INFORMATION MUST BE TYPED:**
- Juvenile Court Case # (s) \_\_\_\_\_
- SETS#(s) \_\_\_\_\_
  
- **Complainant/ Petitioner/ Plaintiff**
- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  
- **Respondent/ Petitioner/ Defendant**
- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Child's Name**

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_  
\_\_\_\_\_
- Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

**Child's Name**

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_  
\_\_\_\_\_
- Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

**Additional Party**

- Circle the party's role:      Petitioner/ Plaintiff    OR    Respondent/ Defendant
- Name: \_\_\_\_\_
- Address: \_\_\_\_\_  
\_\_\_\_\_
- Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Add Additional Party lines to form. See Exhibit.

## Exhibit A

▪ **OTHER OMITTED PERSONAL IDENTIFIERS: (IF APPLICABLE)**

Please use this page for additional omitted personal identifiers such as complete Social Security Numbers, financial account numbers, debit/ credit/ charge card numbers, or employer and/ employee identification numbers. **BE SURE TO IDENTIFY THE PARTY'S COMPLETE NAME AND ROLE SUCH AS "PLAINTIFF", "OBLIGOR" ETC.** This additional information **must** be typed, must include the case number, and must be attached to the Information Sheet.

- **Third Party:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- **Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- **Employer:** \_\_\_\_\_
- **Pay Period** \_\_\_\_ **Heath Insurance:** \_\_\_\_ **Available** \_\_\_\_ **Not Available** \_\_\_\_
- **ID#:** \_\_\_\_\_
- **Public Assistance:** \_\_\_\_ **Yes** \_\_\_\_ **Case #** \_\_\_\_\_
- **Custodian:** \_\_\_\_\_
- **Custodian for the following child(ren) in this Case Number:** \_\_\_\_\_  
\_\_\_\_\_
- **PLEASE BE SURE THAT EACH CHILD INCLUDED IN THIS CASE NUMBER IS LISTED ON THE CHILD'S NAME INFORMATION SHEET.**