

AOC-FC-3
Rev. 11-99
Commonwealth of Kentucky
Court of Justice

- Minor Children Involved
 Protective Order Issued For:
 Petitioner
 Respondent



CIRCUIT DISTRICT
 FAMILY COURT
CASE DATA INFORMATION SHEET

For Office Use Only

Case #: _____
County / Division: _____

PETITIONER:

Name: _____
Address: _____

Telephone: (_____) _____
DOB: _____
SSN: _____
Relationship to Respondent: _____

RESPONDENT:

Name: _____
Address: _____

Telephone: (_____) _____
DOB: _____
SSN: _____
Relationship to Petitioner: _____

For ALL OTHER PARTIES to this case: please list below the name, current address, date of birth (DOB), social security number (SSN), and relationship to the Petitioner, of any other parties to this action, or children of the Petitioner or Respondent. If there is not enough room below, please attach a separate sheet with all the information requested.

OTHER PARTIES/ CHILDREN:

Name: _____
Address: _____

Telephone: (_____) _____
DOB: _____
SSN: _____
Relationship to Petitioner: _____

Name: _____
Address: _____

Telephone: (_____) _____
DOB: _____
SSN: _____
Relationship to Petitioner: _____

Name: _____
Address: _____

Telephone: (_____) _____
DOB: _____
SSN: _____
Relationship to Petitioner: _____

Name: _____
Address: _____

Telephone: (_____) _____
DOB: _____
SSN: _____
Relationship to Petitioner: _____

Please list any/all cases, pending, or heard within the last five (5) years, that have involved the parties or children of the parties in Family, District or Circuit Court. Please provide the case number, name of party and type of case: _____

This form shall be completed in full, pursuant to local rule and in compliance with federal law.

Signature of Preparer / Relationship to Petitioner
Print Name: _____
Address: _____

Phone: (_____) _____