IN THE MAHONING COUNTY DOMESTIC RELATIONS COURT
JUDGE BETH A. SMITH

Completed by: (please circle) **Plaintiff** **Defendant** **Petitioner 1** **Petitioner 2**

Date: _____ **Case No.:** _____

I require a foreign language interpreter and my native language is: _____

You must file a *Request for Interpreter* available on the court's website, mahoningdrcourt.org.

FAMILY INFORMATION SHEET (Revised 05/03/2019)

Plaintiff/Petitioner 1 Name:_____
Last **First** **Middle**

Address: _____
Street

_____
City **State** **Zip**

Contact Phone Number(s): _____

Email Address: _____

Date of Birth: _____ **SSN:** _____

Employer Name & Address: _____

_____

Pay Period _____ **Health Insurance:** _____**Available** _____**Not Available**

Defendant/Petitioner 2 Name:_____
Last **First** **Middle**

Address: _____
Street

_____
City **State** **Zip**

Contact Phone Number(s): _____

Email Address: _____

Date of Birth: _____ **SSN:** _____

Employer Name & Address: _____

_____

Pay Period _____ **Health Insurance:** _____**Available** _____**Not Available**

Children of the Marriage: Name(s): _____ **D.O.B. :** _____ **SSN:** _____

_____

_____

_____

_____

_____

Is there a history of domestic violence? If yes, the name of the court, case numbers, and if any orders remain in effect:

_____

_____

[1]

[1] **NOTICE: ANY ISSUES OF DOMESTIC VIOLENCE, DRUG ADDICTION, OR ALCOHOL ADDICTION, OR MENTAL HEALTH ISSUES THAT MAY AFFECT THE SAFETY OF THE PARTIES AND/OR THEIR CHILDREN MUST BE BROUGHT TO THE COURT'S ATTENTION IN ORDER TO BE PROPERLY ADDRESSED BY THE COURT.**