

HAMILTON COUNTY JUVENILE COURT  
**PERSONAL IDENTIFICATION FORM**

CASE NUMBER: \_\_\_\_\_

1. **Name and Date of Birth** of child or children:

Name: \_\_\_\_\_ Initials: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Soc. Sec.: \_\_\_\_\_

Name: \_\_\_\_\_ Initials: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Soc. Sec.: \_\_\_\_\_

Name: \_\_\_\_\_ Initials: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Soc. Sec.: \_\_\_\_\_

Name: \_\_\_\_\_ Initials: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Soc. Sec.: \_\_\_\_\_

2. **Biological Father's Name:** \_\_\_\_\_ (Alias Name) \_\_\_\_\_ DOB: \_\_\_\_\_

Complete Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Employer & Address: \_\_\_\_\_

3. **Biological Mother's Name:** \_\_\_\_\_ (Maiden/Alias Name) \_\_\_\_\_ DOB: \_\_\_\_\_

Complete Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Employer & Address: \_\_\_\_\_

4. **Petitioner (s) Name:** \_\_\_\_\_ DOB: \_\_\_\_\_

Complete Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Employer & Address: \_\_\_\_\_

5. **Relationship to the child or children:** \_\_\_\_\_

6. **Current Address of child or children:** \_\_\_\_\_ Zip Code: \_\_\_\_\_

7. **Name of person (s) currently providing care and supervision:** \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

8. **Was Child Custody Affidavit, mandated by § 3127.23 -O.R.C., filed?** (Form 551 Included with packet)  Yes  No

9. **Has an Affidavit for Publication been filed** (When address can't be identified)  Yes  No

10. **Has the Father of the child or children been ordered to pay Child Support?**  Yes  No

11. **Does any other person (s), excluding the biological parents, have any Court Ordered Custody or Companionship Rights concerning this child or these children?**  Yes  No If so, please list: Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Relationship to the child or children: \_\_\_\_\_

12. **Are any Social Service Agencies currently involved with this child or these children?**  Yes  No If so list Agency:

Name: \_\_\_\_\_ Caseworker: \_\_\_\_\_

13. **Attorney's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_