

STATE OF VERMONT

SUPERIOR COURT

FAMILY DIVISION

Unit

Case No. _____

INFORMATION SHEET

Plaintiff Information

Name: _____ DOB: _____
Street Address: _____
Apt. or P.O. Box # _____
City/State/Zip: _____
Home/Cell Phone: _____
Work Phone: _____
Email Address: _____

Defendant Information

Name: _____ DOB: _____
Street Address: _____
Apt. or P.O. Box # _____
City/State/Zip: _____
Home/Cell Phone: _____
Work Phone: _____
Email Address: _____

Check if this form is being filed by OCS.

1. I receive Public Assistance.

(PUBLIC ASSISTANCE from Department of Economic Services (such as Reach-Up, Dr. Dynasaur, Medicaid, Post Secondary Education Stipend (PSE)).

2. ASSISTANCE FROM THE OFFICE OF CHILD SUPPORT (OCS)

To request assistance from OCS, you must either:

1) complete the application found here Child Support Services | Department for Children and Families or 2) request a paper copy of the application from court staff and file the completed application prior to any court hearing or conference. The OCS Customer Service Unit is available for questions at 1-800-786-3214 or OCSCSU@vermont.gov

I receive assistance from OCS.

The other party receives assistance from OCS (leave this box blank if you are unsure).

3. OTHER FAMILY/JUVENILE/PROBATE COURT PROCEEDINGS

None

Cases involving yourself, the other party and/or your children (list below):

Table with 3 columns: Name of Court, County, State. Includes three rows of blank lines for entry.

For Family Court Staff

Filing Fee Paid \$ _____ Service Fee Paid \$ _____ Receipt # _____ IFP? _____