

STATE OF VERMONT

SUPERIOR COURT

FAMILY DIVISION

Unit

Case No. \_\_\_\_\_

Plaintiff Name	v.	Defendant Name
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SUPPLEMENTAL INFORMATION SHEET

- Parent/Guardian of Plaintiff
- Other possible parent, if any (notice will be sent):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Mailing Address (if different from Street Address): \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Attorney Name: \_\_\_\_\_ Attorney Phone: \_\_\_\_\_

If other possible parent:

The nature of the relationship between \_\_\_\_\_ and \_\_\_\_\_ is  
*(Name of Other Possible Parent)* *(Name of Child(ren))*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Parent/Guardian of Defendant
- Other possible parent, if any (notice will be sent):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Mailing Address (if different from Street Address): \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Attorney Name: \_\_\_\_\_ Attorney Phone: \_\_\_\_\_

If other possible parent:

The nature of the relationship between \_\_\_\_\_ and \_\_\_\_\_ is  
*(Name of Other Possible Parent)* *(Name of Child(ren))*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This Supplemental Information Sheet (form 400-00817A) is associated with the Complaint and Summons – Parentage ( form 400-00817) filed for the above-named Plaintiff and Defendant.