State of Alabama Unified Judicial System

Appendix to Rule 32.1

Case Number

	DOMESTIC RELATIONS/CHILD SUPPORT INFORMATION SHEET				
Form CS-47 Rev. 10/2018					
IN THE(Cir	cuit or District)	_ COURT OF		lame of County)	, ALABAMA
(Oii	cuit of District)		(I'	iaille of County)	
		v			
Pla	intiff			Defendant	
Information Concerning the Pa	arties:				
Plaintiff (☐Mother,☐Father,☐Other) continuous (Specify) ()		or _)	Defendant (Mother, Father, Other) or Other party (Specify) ()		
Address (including city, state, and		Address (including city, state, and zip code):			
		- -			
Telephone No:		_	Telephone No:		
Last four numbers of Social Security N		Last four numbers of Social Security No.: Date of Birth:			
***_**_		_	***_**_		
Sex:			Sex:		
Place of Employment (if applic Employer (including city, state	_	Place of Employment (if applicable) and Address of Employer (including city, state, zip code):			
		<u> </u>			
Work Telephone No:			Work Telephone No:		
Are there minor children ur	nder the age of 19 who are	subject to this	s action?	□Yes □No	
If you marked yes, you m	ust complete the following	ng informatio	on.		
Information Concerning the Minor Name(s)	Child(ren): Address(es)		Sex(es)	Date(s) of Birth	Last four numbers of Social Security Number(s)
• •	, ,		, ,	, ,	***_**_
					***_**_
					***_**_
					***_**_
THE CHILD SUPPORT REFORI HUMAN RESOURCES MAINTAIL PATERNITY ACTIONS. THIS IN ACTION.	N THE ABOVE INFORMATION II	N THE RECORD	FOR ALL PARTIES	IN DOMESTIC REL	_ATIONS, SUPPORT, OR
Completed By		Date	Completed:		
(Print Name) Daytime Phone No.:					