

**Franklin County Court of Common Pleas**

# ADMISSION SHEET

Inform Statue: \_\_\_\_\_ Nxtdy( ) FCJC Case#: \_\_\_\_\_

Case Name:		Cat:	Date:
FCCS	Informal ( )	Orig D/R Case:	Family File#:
Complainant		Address:	
Phone:	Type:		

### FAMILY INFORMATION

Mother:	Role	Race:	Citat:	Address:	
SSN:	Phone:	DOB:			
Father:	Role	Race:	Citat:	Address:	
SSN:	Phone:	DOB:			
S. Mother:	Role	Race:	Citat:	Address:	
SSN:	Phone:	DOB:			
S. Father:	Role	Race:	Citat:	Address:	
SSN:	Phone:	DOB:			
Custodian:	Role	Race:	Citat:	Address:	
SSN:	Phone:	DOB:			
1. Child:	SSN:	Link to Case:	Prst:		
Address:	School:	Grade:	Live w/:		
	DOB:	Age:	Race:	Sex:	
2. Child:	SSN:	Link to Case:	Prst:		
Address:	School:	Grade:	Live w/:		
	DOB:	Age:	Race:	Sex:	
3. Child:	SSN:	Link to Case:	Prst:		
Address:	School:	Grade:	Live w/:		
	DOB:	Age:	Race:	Sex:	
4. Child:	SSN:	Link to Case:	Prst:		
Address:	School:	Grade:	Live w/:		
	DOB:	Age:	Race:	Sex:	

### AGENCY INFORMATION

Caseworker: _____	Phone: _____
Agency: _____	Next Court Date: _____

Hearing Date: _____	Hearing Time: _____	Hearing Location: _____	Hearing Type: _____
Worker: _____	Phone: _____		
Judge: _____	Magistrate: _____		