



**MICHELLE R. MILLER
CLERK & COMPTROLLER
ST. LUCIE COUNTY, FLORIDA**

JUVENILE DEPARTMENT
201 S. Indian River Drive, 3rd floor, Fort Pierce, FL 34950
772-462-6800 / 772-462-6807 fax

In the Circuit Court of the
Nineteenth Judicial Circuit, in
and for County of St. Lucie,
State of Florida – Juvenile
Division

YOU HAVE BEEN ORDERED BY THE COURT TO COMPLETE THIS FORM AND FILE IT WITH THE CLERK & COMPTROLLER.

Case Name: _____

Case Number: _____

PARENT INFORMATION QUESTIONNAIRE

Please fill in every blank on this form. If you do not have the information, please write “no information” in that blank. If you can provide this information at a later time, please submit it as soon as possible to the Clerk & Comptroller.

FULL NAME: _____

First

Middle

Last

OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

DRIVER’S LICENSE NUMBER: _____ RACE: _____

HOME ADDRESS: _____

City

State

Zip

EMPLOYER: _____ ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

NAME OF SPOUSE: _____ DATE OF MARRIAGE: _____

DATE OF DIVORCE: _____ COUNTY OF DIVORCE: _____

HAS A COURT ORDER FOR CHILD SUPPORT, PATERNITY, DISSOLUTION OF MARRIAGE OR CUSTODY EVER BEEN ENTERED REGARDING YOUR CHILDREN? YES NO

CASE NUMBER: _____ COUNTY OF ORDER: _____

DATE OF COURT ORDER: _____

Please complete one section below for each of your children. If the information was already provided in a previous section, write "provided above". If you have more than five (5) children, please attach an additional page for each child.

INFORMATION FOR CHILD #1:

CHILD'S FULL NAME: _____
First
Middle
Last

CHILD'S DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ SEX: _____ RACE: _____

SCHOOL NAME: _____

Please provide the following information for the child's other parent:

FULL NAME: _____
First
Middle
Last

OTHER NAMES BY WHICH HE/SHE IS KNOWN: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ RACE: _____

HOME ADDRESS: _____

EMPLOYER: _____ ADDRESS: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

Please provide the following information for the child's grandparents, aunts and uncles:

| NAME / RELATIONSHIP TO CHILD | ADDRESS | PHONE |
|------------------------------|---------|-------|
|------------------------------|---------|-------|

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Please complete one section below for each of your children. If the information was already provided in a previous section, write "provided above". If you have more than five (5) children, please attach an additional page for each child.

INFORMATION FOR CHILD #2:

CHILD'S FULL NAME: _____
 First Middle Last

CHILD'S DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ SEX: _____ RACE: _____

SCHOOL NAME: _____

Please provide the following information for the child's other parent:

FULL NAME: _____
 First Middle Last

OTHER NAMES BY WHICH HE/SHE IS KNOWN: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ RACE: _____

HOME ADDRESS: _____

EMPLOYER: _____ ADDRESS: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

Please provide the following information for the child's grandparents, aunts and uncles:

| NAME / RELATIONSHIP TO CHILD | ADDRESS | PHONE |
|------------------------------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please complete one section below for each of your children. If the information was already provided in a previous section, write "provided above". If you have more than five (5) children, please attach an additional page for each child.

INFORMATION FOR CHILD #3:

CHILD'S FULL NAME: _____
 First Middle Last

CHILD'S DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ SEX: _____ RACE: _____

SCHOOL NAME: _____

Please provide the following information for the child's other parent:

FULL NAME: _____
 First Middle Last

OTHER NAMES BY WHICH HE/SHE IS KNOWN: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ RACE: _____

HOME ADDRESS: _____

EMPLOYER: _____ ADDRESS: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

Please provide the following information for the child's grandparents, aunts and uncles:

| NAME / RELATIONSHIP TO CHILD | ADDRESS | PHONE |
|------------------------------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please complete one section below for each of your children. If the information was already provided in a previous section, write "provided above". If you have more than five (5) children, please attach an additional page for each child.

INFORMATION FOR CHILD #4:

CHILD'S FULL NAME: _____
 First Middle Last

CHILD'S DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ SEX: _____ RACE: _____

SCHOOL NAME: _____

Please provide the following information for the child's other parent:

FULL NAME: _____
 First Middle Last

OTHER NAMES BY WHICH HE/SHE IS KNOWN: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ RACE: _____

HOME ADDRESS: _____

EMPLOYER: _____ ADDRESS: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

Please provide the following information for the child's grandparents, aunts and uncles:

| NAME / RELATIONSHIP TO CHILD | ADDRESS | PHONE |
|------------------------------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please complete one section below for each of your children. If the information was already provided in a previous section, write "provided above". If you have more than five (5) children, please attach an additional page for each child.

INFORMATION FOR CHILD #5:

CHILD'S FULL NAME: _____
 First Middle Last

CHILD'S DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ SEX: _____ RACE: _____

SCHOOL NAME: _____

Please provide the following information for the child's other parent:

FULL NAME: _____
 First Middle Last

OTHER NAMES BY WHICH HE/SHE IS KNOWN: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ RACE: _____

HOME ADDRESS: _____

EMPLOYER: _____ ADDRESS: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

Please provide the following information for the child's grandparents, aunts and uncles:

| NAME / RELATIONSHIP TO CHILD | ADDRESS | PHONE |
|------------------------------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

The court realizes that you want your child(ren) to live with you. However, in the event that your children are unable to live with you for a period of time, please provide the following information for any and all of your friends and relatives (not previously listed) that can be contacted and considered in the placement of your child(ren):

1. NAME: _____
ADDRESS: _____
PHONE: _____ RELATIONSHIP: _____

2. NAME: _____
ADDRESS: _____
PHONE: _____ RELATIONSHIP: _____

3. NAME: _____
ADDRESS: _____
PHONE: _____ RELATIONSHIP: _____

4. NAME: _____
ADDRESS: _____
PHONE: _____ RELATIONSHIP: _____

5. NAME: _____
ADDRESS: _____
PHONE: _____ RELATIONSHIP: _____

Which of the above people should be contacted if we are unable to reach you? _____

If you would like to suggest additional people for possible placement, please provide the information on the back of this page. You should update this list with the Clerk & Comptroller should additional people become available.

THE INFORMATION PROVIDED BY ME IN THE FOREGOING "PARENT INFORMATION QUESTIONNAIRE" IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Parent Signature

Date

If you have any questions about this form or need assistance in filling it out, please feel free to contact the Clerk & Comptroller's Juvenile Division at (772) 462-6800.