



For Office Use Only

### JUVENILE INFORMATION SHEET

The juvenile information sheet neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Clerk of the District Court for the purposes of initiating the juvenile docket sheet. This information will not be available to the public and this document will be stored in a separate location from the case file and then destroyed within a reasonable time. A new case **will not be accepted** without a cover sheet attached. (THIS FORM MUST BE TYPED OR PRINTED LEGIBLY). This form can be found at [www.kscourts.org](http://www.kscourts.org).

#### JUVENILE

#### NATURE OF SUIT (Click or mark in one circle only)

##### JUVENILE OFFENDER

##### CHILD IN NEED OF CARE

Abuse	Neglect	Dependent (no fault)
Termination of Parental Rights	Other Dependency/Child Victim	Status Offense/Petition

#### CHILD'S INFORMATION

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DL OR STATE ID NO: \_\_\_\_\_

State and Number

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

RACE: White Black Asian American Indian/Alaskan  
Pacific Island Unknown

ETHNICITY: Hispanic Non-Hispanic Unknown

SEX: \_\_\_\_\_

ALIAS NAMES USED: \_\_\_\_\_

KDR Transaction Number \_\_\_\_\_

#### ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### OTHER PARTY'S INFORMATION

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DL OR STATE ID NO: \_\_\_\_\_

State and Number

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

RELATIONSHIP TO CHILD: Custodian Foster Parent(s)  
Grandparent(s) Guardian Parent Other

PHONE: \_\_\_\_\_ SEX: \_\_\_\_\_

ALIAS NAMES USED: \_\_\_\_\_

#### OTHER PARTY'S INFORMATION

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DL OR STATE ID NO: \_\_\_\_\_

State and Number

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

RELATIONSHIP TO CHILD: Custodian Foster Parent(s)  
Grandparent(s) Guardian Parent Other

SEX: \_\_\_\_\_

ALIAS NAMES USED: \_\_\_\_\_

#### ATTORNEYS (if known)

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

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\_\_\_\_\_

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#### OTHER PARTY'S INFORMATION

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DL OR STATE ID NO: \_\_\_\_\_

State and Number

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

RELATIONSHIP TO CHILD: Custodian Foster Parent(s)  
Grandparent(s) Guardian Parent Other

PHONE: \_\_\_\_\_ SEX: \_\_\_\_\_

ALIAS NAMES USED: \_\_\_\_\_

#### ATTORNEYS

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#### ATTORNEYS (if known)

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

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\_\_\_\_\_

The requirement that Social Security numbers be included on juvenile cases is not mandatory. The number is used for purposes of identification and may be disclosed as permitted by law. This form is not considered to be a public record.

ADDITIONAL JUVENILE PARTY INFORMATION

**OTHER PARTY'S INFORMATION**

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DL OR STATE ID NO: \_\_\_\_\_

State and Number

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

RELATIONSHIP TO CHILD:   Custodian   Foster Parent(s)  
                                  Grandparent(s)   Guardian   Parent   Other

PHONE: \_\_\_\_\_ SEX: \_\_\_\_\_

ALIAS NAMES USED: \_\_\_\_\_

**OTHER PARTY'S INFORMATION**

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DL OR STATE ID NO: \_\_\_\_\_

State and Number

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

RELATIONSHIP TO CHILD:   Custodian   Foster Parent(s)  
                                  Grandparent(s)   Guardian   Parent   Other

PHONE: \_\_\_\_\_ SEX: \_\_\_\_\_

ALIAS NAMES USED: \_\_\_\_\_

**ATTORNEYS**

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

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\_\_\_\_\_

**ATTORNEYS (if known)**

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

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\_\_\_\_\_  
\_\_\_\_\_

**OTHER PARTY'S INFORMATION**

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DL OR STATE ID NO: \_\_\_\_\_

State and Number

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

RELATIONSHIP TO CHILD:   Custodian   Foster Parent(s)  
                                  Grandparent(s)   Guardian   Parent   Other

PHONE: \_\_\_\_\_ SEX: \_\_\_\_\_

ALIAS NAMES USED: \_\_\_\_\_

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ADDRESS: \_\_\_\_\_

DL OR STATE ID NO: \_\_\_\_\_

State and Number

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

RELATIONSHIP TO CHILD:   Custodian   Foster Parent(s)  
                                  Grandparent(s)   Guardian   Parent   Other

PHONE: \_\_\_\_\_ SEX: \_\_\_\_\_

ALIAS NAMES USED: \_\_\_\_\_

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ADDRESS: \_\_\_\_\_

DL OR STATE ID NO: \_\_\_\_\_

State and Number

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                                  Grandparent(s)   Guardian   Parent   Other

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(Firm Name, Address, Telephone Number and Supreme Court ID Number)

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