



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.

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

SEX: _____

ALIAS NAMES USED: _____

ATTORNEYS (if known)

(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

PHONE: _____ SEX: _____

ALIAS NAMES USED: _____

ATTORNEYS

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

ATTORNEYS (if known)

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

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)

ATTORNEYS (if known)

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

OTHER PARTY'S INFORMATION

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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: _____

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

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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)
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PHONE: _____ SEX: _____

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