

**NOTE: This form must be filed with
all child support and paternity petitions.**

**FORM 4-5/5-1-d
4/2025**

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

In the Matter of a Proceeding for Support
Under Article 4 5 of the Family Court Act

Docket No.
**PERSONAL
INFORMATION FORM**
 Child Support
 Paternity

Petitioner,

-against-

Respondent.
.....

NOTICE: You must include your full social security number and those of your children on this form. Social security numbers are confidential and will be disclosed only as required by law. If disclosure of your address and telephone number would pose an unreasonable health or safety risk to you or your children, you may request address confidentiality by filling out General Form GF-21 (Address Confidentiality Affirmation), which is available on-line at www.nycourts.gov.

NAME OF PETITIONER OR ASSIGNOR: _____

ADDRESS (required): _____

Should your address be kept confidential from the other party: Yes No

TELEPHONE NUMBER: HOME: _____ WORK: _____ CELL: _____

Should your phone number be kept confidential from the other party: Yes No

E-MAIL: _____

SOCIAL SECURITY NUMBER (required): _____ DATE OF BIRTH: _____

EYE COLOR: _____ HAIR COLOR: _____ HEIGHT: _____ WEIGHT _____ M or F

EMPLOYER NAME: _____

ADDRESS: _____

RESPONDENT'S NAME: _____

ADDRESS (required): _____

TELEPHONE NUMBER: HOME: _____ WORK: _____ CELL: _____

E-MAIL: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

EYE COLOR: _____ HAIR COLOR: _____ HEIGHT: _____ WEIGHT _____ M or F

EMPLOYER NAME: _____

ADDRESS: _____

<u>Children(s) Names</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Gender</u>	

List any other names you or the other party may have been previously known by (i.e., maiden name, previous marriage name, etc.)

PETITIONER: _____

RESPONDENT: _____

ARE YOU SCHEDULED IN ANY OTHER COURT OR CASE WITH THE PERSON YOU ARE FILING AGAINST?

YES – Court: _____ County: _____

Docket or index number: _____

Date of next appearance: _____

NO

Dated: _____

Signature of Petitioner

Print or type name

Signature of Attorney, if any

Attorney's Name (Print or Type)

Attorney's Address:

Telephone: (office):

(cell):

E-mail