

AOC-FC-3  
Rev. 11-11  
Commonwealth of Kentucky  
Court of Justice [www.courts.ky.gov](http://www.courts.ky.gov)  
 Minor Children Involved  
 Protective Order Issued For:  
 Petitioner  
 Respondent



CIRCUIT  DISTRICT  
 FAMILY COURT  
**CASE DATA INFORMATION SHEET**

**For Office Use Only**

Case #: \_\_\_\_\_  
County: \_\_\_\_\_  
Division: \_\_\_\_\_

**PETITIONER:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Relationship to Respondent: \_\_\_\_\_

**RESPONDENT:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Relationship to Petitioner: \_\_\_\_\_

For ALL OTHER PARTIES to this case: please list below the name, current address, date of birth (DOB), social security number (SSN), and relationship to the Petitioner, of any other parties to this action, or children of the Petitioner or Respondent. If there is not enough room below, please attach a separate sheet with all the information requested.

**OTHER PARTIES / CHILDREN:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Relationship to Petitioner: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Relationship to Petitioner: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Relationship to Petitioner: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Relationship to Petitioner: \_\_\_\_\_

Please list any / all cases, pending, or heard within the last five (5) years, that have involved the parties or children of the parties in Family, District or Circuit Court. Please provide the case number, name of party and type of case: \_\_\_\_\_

**NOTICE TO FILING PARTY: A REDACTED COPY MUST BE FILED PURSUANT TO CR 7.03.**

**This form shall be completed in full, pursuant to local rule and in compliance with federal law.**

\_\_\_\_\_  
Signature of Preparer / Relationship to Petitioner  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

DISTRIBUTION: Cabinet for Health and Family Services, placing a copy in the County Attorney's Wage Withholding Order Box in Circuit Clerk's Office