

COURT OF COMMON PLEAS OF BERKS COUNTY FAMILY COURT COVER SHEET	Revised 1/2012 For the Prothonotary Use Only (Docket Number)
A. PARTIES INVOLVED (Plaintiffs) PLAINTIFF'S NAME:	PARTIES INVOLVED (Defendants) DEFENDANT'S NAME:
PLAINTIFF'S ADDRESS:	DEFENDANT'S ADDRESS:
PLAINTIFF'S SOCIAL SECURITY NO.:	DEFENDANT'S SOCIAL SECURITY NO.:
PLAINTIFF'S NAME:	DEFENDANT'S NAME:
PLAINTIFF'S ADDRESS:	DEFENDANT'S ADDRESS:
PLAINTIFF'S SOCIAL SECURITY NO.:	DEFENDANT'S SOCIAL SECURITY NO.:
TOTAL NUMBER OF PLAINTIFFS:	TOTAL NUMBER OF DEFENDANTS:
B. COMMENCEMENT OF FAMILY ACTION: <input type="checkbox"/> PROTECTION FROM ABUSE – Action # _____ <input type="checkbox"/> DIVORCE <input type="checkbox"/> CUSTODY <input type="checkbox"/> ANNULMENT <input type="checkbox"/> EMANCIPATION <input type="checkbox"/> FOREIGN PROTECTION FROM ABUSE <input type="checkbox"/> FOREIGN DIVORCE DECREE <input type="checkbox"/> FOREIGN CUSTODY _____ Plaintiff(s) speaks English Yes ____ No ____ * Defendant(s) speaks English Yes ____ No ____ * *If no, what language is spoken _____	C. RELATED FAMILY CASES: <input type="checkbox"/> PROTECTION FROM ABUSE: Has a PFA action been filed in the past 24 months? Yes ____ No ____ If yes, please list information below. Docket # _____ Action # _____ <input type="checkbox"/> DIVORCE: Docket # _____ Action # _____ <input type="checkbox"/> CUSTODY: Docket # _____ Action # _____ <input type="checkbox"/> HAVE LISTED PARTIES HAD PRIOR MEDIATION? YES ____ NO ____ <input type="checkbox"/> SUPPORT: Docket # _____ Action # _____ <input type="checkbox"/> DEPENDENCY: Docket # _____ Action # _____
D. NAME OF PLAINTIFF'S ATTY/PRO SE PARTY: _____ SUPREME COURT ID # :	ADDRESS: PHONE NO.: