



**MASSACHUSETTS TRIAL COURT  
PROBATE AND FAMILY COURT DEPARTMENT INTAKE REPORT**

PP Case #:

Docket #:

Date:

Has there ever been a restraining order in this case?  NO  YES

If yes, is there one currently in effect?  NO  YES

Which Court?

Against Whom?

Name:

Address \_\_\_\_\_ (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MAIDEN)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Is Your Address Impounded By Court Order?  YES  NO

MAILING ADDRESS IF DIFFERENT:

Date of Birth: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ SSN: \_\_\_\_\_ Military Service  NO  YES

Gender:  Male  Female Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

YOUR FATHER'S NAME: \_\_\_\_\_ (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (M.I.)

YOUR MOTHER'S NAME: \_\_\_\_\_ (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MAIDEN)

EMPLOYER'S NAME:

ADDRESS:

Other Sources of Income:

Medical Insurance Provider: Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

**CHILDREN INVOLVED IN THIS CASE:**

NAME	BIRTH DATE	SOC. SECURITY #	LIVES WITH:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attorney's Name: \_\_\_\_\_ Attorney's Phone: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Date of Divorce: \_\_\_\_\_ Date of Adjudication: \_\_\_\_\_

OTHER AGENCY INVOLVEMENT:

DCF Office: \_\_\_\_\_ Worker: \_\_\_\_\_ Phone #: \_\_\_\_\_

DOR  YES  NO Other: \_\_\_\_\_

**-FOR OFFICE USE ONLY-**

CARI?  NO  YES PCF: \_\_\_\_\_

WMS?  NO  YES XREF: \_\_\_\_\_

Probation Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_