Form 240
Rev 6/20

The Family Court of the State of Delaware

INFORMATION SHEET - **PLEASE PRINT**

Date: _____ File No.: _____

Please fill in A to M pertaining to you the Applicant/Petitioner. (For additional petitioners use additional sheets)
PLEASE PRINT CLEARLY

A. Name: _____

B. Address: _____

City/State/Zip: _____

C. Phone – Home: _____ Work: _____ Cell: _____

D. Email Address: _____

☐ I authorize Family Court to deliver court orders in my case(s) to my email address instead of to my mailing address.*

*Please note that if you checked the email authorization box, all orders in your pending civil cases in Family Court will be sent in an encrypted email via Egress to the email address provided and will not be mailed to your physical address. For information on how to receive encrypted emails through Egress, please visit https://judicial.state.de.us/courtdox/Download.aspx?id=94888&court=readonly.

E. Employer & Address: _____

_____

_____

Hours/Shift: _____

F. Social Security No.: _____ G. Date of Birth: _____

H. Place of Birth (City & State): _____

I. Sex: ____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Marks/Scars/Tattoos: _____

J. Type of motor vehicle operated by you: _____

K. Driver's License No.: _____ State of Issue: _____ Expiration Date: _____

L. Your relationship to the Defendant/Respondent: _____

M. Attorney: _____

_____

_____

Please fill out the information below in reference to the child(ren) who are involved.

Children

Name	Relationship	Sex	Race	D.O.B.	SSN	Birthplace City & State

Please fill in N to AC pertaining to the Defendant/Respondent. (For additional respondents use additional sheets)

N. Defendant/Respondent is a: (Check One) ☐ **ADULT** ☐ **JUVENILE**

O. Name: _____

P. Address: _____

City/State/Zip: _____

Q. Phone – Home: _____ Work: _____ Cell: _____

R. Email Address: _____

S. Employer & Address: _____

_____

_____

Hours/Shift _____

T. Social Security No.: _____ U. Date of Birth: _____

V. Place of Birth (City & State): _____

W. Relationship to Child: ☐ Not Applicable ☐ Mother ☐ Father ☐ Relative ☐ Non-Relative
☐ Other (Please Describe)

X. Sex: _____ Race: Height: Weight: Hair: Eyes:

Marks/Scars/Tattoos: _____

Y. Driver's License State & No.: _____

Z. Type of vehicle operated by Defendant/Respondent: _____

AA. Parent's Name (if a juvenile): _____

AB. Time when Respondent is usually home: _____

_____

AC. Additional information about Respondent that may aid the process server in locating him/her to serve petition:

DIRECTIONS TO RESPONDENT'S RESIDENCE