

\*\*\*\*\* EACH PARTY MUST COMPLETE AS MUCH IDENTIFYING INFORMATION AS POSSIBLE FOR ALL OTHER PARTIES TO THE ACTION \*\*\*\*\*

**AMADOR SUPERIOR COURT CASE INTAKE SHEET**

Upon filing of a civil or family law action, each party is to complete ALL information regarding every party to the action on the form.

Amador Rule of Court 11.20

**Please print legibly**

**THIS FORM IS CONFIDENTIAL AND WILL BE DESTROYED**

Date: \_\_\_\_\_

Case #: \_\_\_\_\_

**Indicate other Amador Superior Court cases in this Court, i.e.: Family Law, Guardianship, Juvenile, Criminal relative to these parties:**

Case no.: \_\_\_\_\_ Title of Case: \_\_\_\_\_

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**vs.**

**Plaintiff/Petitioner**  (Party completing this form)

Aka's (other names used)

\_\_\_\_\_

\_\_\_\_\_  
Mailing Address

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

\_\_\_\_\_  
Telephone Number / Message Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License #

**Defendant/Respondent**  (Party completing this form)

Aka's (other names used)

\_\_\_\_\_

\_\_\_\_\_  
Mailing Address

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

\_\_\_\_\_  
Telephone Number / Message Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License #

**vs.**

**Plaintiff/Petitioner**  (Party completing this form)

Aka's (other names used)

\_\_\_\_\_

\_\_\_\_\_  
Mailing Address

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

\_\_\_\_\_  
Telephone Number / Message Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License #

**Defendant/Respondent**  (Party completing this form)

Aka's (other names used)

\_\_\_\_\_

\_\_\_\_\_  
Mailing Address

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

\_\_\_\_\_  
Telephone Number / Message Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License #

List other parties on an attached piece of paper, completing the same information as above

\*\*\*\*\*EACH PARTY MUST COMPLETE AS MUCH IDENTIFYING INFORMATION AS POSSIBLE FOR ALL OTHER PARTIES TO THE ACTION\*\*\*\*\*