

**CLIENT INFORMATION FORM FOR ADR PLAN ELIGIBILITY DETERMINATION**

(Please print clearly)

Cause No: \_\_\_\_\_ Your Legal Name: \_\_\_\_\_

First M.I. Last

Other Names Used by You (Birth name, previous married names, aliases): \_\_\_\_\_

Your Birth Date: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Your Sex \_\_\_\_\_ Your Race/Ethnicity \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

AA=African American  
C=Caucasian (non-Latino)  
HL=Hispanic/Latino  
NA=Native American  
A/PI=Asian/Pacific Islander  
MR=Multiracial

City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Party's Legal Name: \_\_\_\_\_

First M.I. Last

Other Names Used by Other Party (Birth name, previous married names, aliases): \_\_\_\_\_

Other Party's Birth Date: \_\_\_\_\_ Other Party's Social Security No: \_\_\_\_\_

Other Party's Sex \_\_\_\_\_ Other Party's Race/Ethnicity \_\_\_\_\_

Number of Children of this Union (born or adopted): \_\_\_\_\_

Child #1 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Sex \_\_\_\_\_

Child #2 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Sex \_\_\_\_\_

Child #3 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Sex \_\_\_\_\_

Child #4 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Sex \_\_\_\_\_

Child #5 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Sex \_\_\_\_\_

Child #6 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Sex \_\_\_\_\_

Your Attorney's Name: \_\_\_\_\_

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

City State Zip

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Is there a current Protective Order between you and the other Party? Yes \_\_\_ No \_\_\_

Are you or the other Party afraid to be in the same room with each other to discuss your issues with a neutral professional?

Yes \_\_\_ No \_\_\_

Have you or the other Party been convicted of, or are currently charged with, any crime listed on page 2 of this form?

Yes \_\_\_ No \_\_\_ (Complete page 2)

This completed form and **proof of your income** (recent pay stub, W-2, tax form) or **proof of public assistance** (Social Security, TANF, Food Stamps, Unemployment Compensation) is to be delivered or faxed to:

**Domestic Relations Counseling Bureau**  
**227 W. Jefferson Blvd., 8<sup>th</sup> Floor**  
**South Bend, IN 46601-1870**  
**Office: 574.235.9662 Fax: 574.235.5029**

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**PAGE 2**

**Please check all that apply:**

	<b>You</b>	<b>Other Party</b>
Homicide/Murder	_____	_____
Causing/Assisting Suicide	_____	_____
Voluntary/Involuntary Manslaughter	_____	_____
Reckless Homicide	_____	_____
Feticide	_____	_____
Transferring contaminated bodily fluids	_____	_____
Sale/distribution of HIV testing equipment	_____	_____
Failure of carriers of dangerous communicable disease to warn person of risk	_____	_____
Battery/Domestic battery	_____	_____
Aggravated battery	_____	_____
Criminal recklessness	_____	_____
Provocation	_____	_____
Obstruction of Traffic	_____	_____
Overpass mischief	_____	_____
Railroad mischief	_____	_____
Battery by bodily waste	_____	_____
Tattooing/body piercing a minor	_____	_____
Obstruction of delivery of prescription drug	_____	_____
Strangulation	_____	_____
Kidnapping	_____	_____
Criminal confinement	_____	_____
Interference with custody	_____	_____
Promotion of human trafficking; sexual trafficking of a minor; human trafficking	_____	_____
Rape	_____	_____
Criminal deviate conduct	_____	_____
Child molesting	_____	_____
Child exploitation/possession of child porn	_____	_____
Vicarious sexual gratification; sexual conduct in presence of a minor child	_____	_____
Child solicitation/child seduction	_____	_____
Sexual battery	_____	_____
Sexual misconduct with a minor	_____	_____
Robbery	_____	_____
Car jacking	_____	_____

**Failure to provide requested information may result in the delay of eligibility determination of subsidized fees or denial of eligibility.**