

In The Court of Common Pleas, Lucas County, Ohio  
Juvenile Division

Case Number: \_\_\_\_\_

**PERSONAL IDENTIFIER INFORMATION FORM**

1. \_\_\_\_\_  
Child's Full Name  
\_\_\_\_\_  
DOB \_\_\_\_\_ Last 4 Digits of SS # \_\_\_\_\_

3. \_\_\_\_\_  
Child's Full Name  
\_\_\_\_\_  
DOB \_\_\_\_\_ Last 4 Digits of SS # \_\_\_\_\_

5. \_\_\_\_\_  
Child's Full Name  
\_\_\_\_\_  
DOB \_\_\_\_\_ Last 4 Digits of SS # \_\_\_\_\_

2. \_\_\_\_\_  
Child's Full Name  
\_\_\_\_\_  
DOB \_\_\_\_\_ Last 4 Digits of SS # \_\_\_\_\_

4. \_\_\_\_\_  
Child's Full Name  
\_\_\_\_\_  
DOB \_\_\_\_\_ Last 4 Digits of SS # \_\_\_\_\_

6. \_\_\_\_\_  
Child's Full Name  
\_\_\_\_\_  
DOB \_\_\_\_\_ Last 4 Digits of SS # \_\_\_\_\_

**Notice:** Effective July 1, 2009, documents filed in, or submitted to this Court **SHOULD NOT** contain "PERSONAL IDENTIFIERS".

**THE FOLLOWING INFORMATION WILL BE MAINTAINED SEPARATELY FROM THE CASE FILE DOCUMENTS.**

**1. CHILD PROTECTION CASES**

**A child's name in an Abuse, Neglect or Dependency case is confidential. The child's actual identity will be referenced ON THIS FORM ONLY. Please indicate below how each child listed above will be identified on pleadings. Use only initials, a generic abbreviation or "child" (i.e., John Smith Jr. could be JS Jr., or Child 1, Child 2, etc.)**

Child 1 Named Above Identifier \_\_\_\_\_  
Child 3 Named Above Identifier \_\_\_\_\_  
Child 5 Named Above Identifier \_\_\_\_\_

Child 2 Named Above Identifier \_\_\_\_\_  
Child 4 Named Above Identifier \_\_\_\_\_  
Child 6 Named Above Identifier \_\_\_\_\_

**2. ALL OTHER CASE TYPES**

**Full Social Security Numbers (except for the last 4 digits), Phone Numbers and Email Addresses are considered confidential. This information should NOT be shown on pleadings and should be recorded below ON THIS FORM ONLY.**

**1. Party Name:** \_\_\_\_\_  
Last 4 Digits of SS #: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_  
Cell Phone Carrier\*: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**2. Party Name:** \_\_\_\_\_  
Last 4 Digits of SS #: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_  
Cell Phone Carrier\*: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**3. Party Name:** \_\_\_\_\_  
Last 4 Digits of SS #: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_  
Cell Phone Carrier\*: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**4. Party Name:** \_\_\_\_\_  
Last 4 Digits of SS #: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_  
Cell Phone Carrier\*: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**3. If DOMESTIC VIOLENCE is indicated, the Victim's Address, Phone Numbers and Email Address should NOT be included on pleadings, record this information below ON THIS FORM ONLY.**

**Victim's Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_  
Cell Phone Carrier\*: \_\_\_\_\_  
Email Address: \_\_\_\_\_

\* Please provide the name of the company you receive cell phone service through (i.e., Verizon, T-Mobile, AT&T, etc.)