

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

DOCKET NO. \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_

OFFICE NO. \_\_\_\_\_ PRA ACCT. I \_\_\_\_\_

PLAINTIFF(M/F) PRA REF.# \_\_\_\_\_ DEFENDANT(M/F) PRA REF.# \_\_\_\_\_

NAME \_\_\_\_\_ NAME \_\_\_\_\_  
 (Last) (First) (M.) (Last) (First) (M.)

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

TEL. (H) \_\_\_\_\_ (W) \_\_\_\_\_ TEL. (H) \_\_\_\_\_ (W) \_\_\_\_\_

SS# \_\_\_\_\_ SS# \_\_\_\_\_

DOB \_\_\_\_\_ POB \_\_\_\_\_ DOB \_\_\_\_\_ POB \_\_\_\_\_

PARENTS' NAMES \_\_\_\_\_ PARENTS' NAMES \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_ EMPLOYER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

AFDC

AFDC

GENERAL RELIEF

UNEMPLOYMENT COMPENSATION

GENERAL RELIEF

UNEMPLOYMENT COMPENSATION

OTHER ASSISTANCE \_\_\_\_\_

OTHER ASSISTANCE \_\_\_\_\_

MEDICAL INSURANCE \_\_\_\_\_

MEDICAL INSURANCE \_\_\_\_\_

ATTY. NAME \_\_\_\_\_

ATTY. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL. # \_\_\_\_\_

TEL. # \_\_\_\_\_

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CHILDREN INVOLVED IN THIS CASE:

NAME	DOB	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER AGENCY INVOLVEMENT: \_\_\_\_\_

OFFICIAL USE ONLY

OTHER INFORMATION: DATE OF MARRIAGE: \_\_\_\_\_ DATE OF SEPARATION: \_\_\_\_\_

PROBATION OFFICER SIGNATURE \_\_\_\_\_