

REQUEST FOR LEGAL INFORMATION

CASE IDENTIFICATION				
COUNTY	RECORD NUMBER	CATEGORY	CTR. DIG.	DIST.
CASELOAD NO.	WORKER	DATE OF REQUEST		

CASE INFORMATION			
RECORD NAME (Last, First, M.I.)			BIRTHDATE MO. DAY YEAR
PERSON FOR WHOM INFORMATION IS REQUESTED		SOCIAL SECURITY NO.	BIRTHDATE MO. DAY YEAR
IF APPLICABLE - MAIDEN NAME	PREVIOUS MARRIED NAME	AKA - ALSO KNOWN AS	
CURRENT ADDRESS (No., Street, P.O. Box, Apt. No., City, State, Zip Code)			

PLEASE PROVIDE LEGAL INFORMATION FOR ITEMS CHECKED () BELOW AND RECORD ANY ADDITIONAL INFORMATION ON THE REVERSE SIDE OF THIS FORM.

<input type="checkbox"/> REAL ESTATE (PLEASE LIST INFORMATION FOR ADDITIONAL PROPERTIES ON REVERSE)					
NAME AND ADDRESS OF OWNER			LOCATION OF PROPERTY		
DATE OF DEED OR ARTICLES	DATE DEED OR ARTICLES SIGNED	DATE DEED OR ARTICLES RECORDED	DEED BOOK	PAGE	
ASSESSED VALUATION	ANNUAL TAXES	DELINQUENT - YEARS	PENALTIES \$	TOTAL AMOUNT \$	
MORTGAGE NO.1	PRINCIPAL \$	INTEREST \$	NAME AND ADDRESS OF MORTGAGE COMPANY		
MORTGAGE NO.2	\$	\$	NAME AND ADDRESS OF MORTGAGE COMPANY		
TOTAL AMOUNT	\$				
JUDGMENT	DATE	AMOUNT	NAME AND ADDRESS OF PLAINTIFF		

<input type="checkbox"/> INHERITANCES				
DECEDENT'S NAME		APPROXIMATE DATE OF DEATH	HAS WILL BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
VOLUME NO.	PAGE NO.	HAVE LETTERS OF ADMINISTRATION OR TESTAMENTARY BEEN TAKEN OUT?		<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME AND ADDRESS OF EXECUTOR OR ADMINISTRATOR			NAME AND ADDRESS OF ATTORNEY FOR THE ESTATE	

<input type="checkbox"/> LEGAL INFORMATION						
DEPENDENT(S) BIRTH DATE(S)	MO. DAY YEAR	MO. DAY YEAR	<input type="checkbox"/> DIVORCE	<input type="checkbox"/> SUPPORT OR ALIMONY	<input type="checkbox"/> CIVIL CASE	<input type="checkbox"/> CRIMINAL CASE
DEFENDANT	PLAINTIFF		TRIAL DATE			

<input type="checkbox"/> MARRIAGE VERIFICATION						
MAN	AGE	WOMAN	AGE	DATE	VOL.	PAGE NO.
PLACE						

<input type="checkbox"/> SPECIAL REQUEST

SIGNATURE OF PERSON OBTAINING INFORMATION

DATE INFORMATION OBTAINED