

# REQUEST FOR LEGAL INFORMATION

CASE IDENTIFICATION				
COUNTY	RECORD NUMBER	CATEGORY	CTR. DIG.	DISTRICT
CASELOAD NUMBER	WORKER	DATE OF REQUEST		

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

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

REAL ESTATE <i>(PLEASE LIST INFORMATION FOR ADDITIONAL PROPERTIES ON REVERSE)</i>				
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 NUMBER	PAGE NUMBER	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	PAGE NUMBER
PLACE					

<input type="checkbox"/> SPECIAL REQUEST