



STATE OF RHODE ISLAND

FAMILY COURT

STATEMENT LISTING CHILDREN

Plaintiff	Civil Action File Number
Defendant	

<input type="checkbox"/> Murray Judicial Complex Newport County 45 Washington Square Newport, Rhode Island 02840-2913 (401) 841-8340	<input type="checkbox"/> Noel Judicial Complex Kent County 222 Quaker Lane Warwick, Rhode Island 02886-0107 (401) 822-6725
<input type="checkbox"/> McGrath Judicial Complex Washington County 4800 Tower Hill Road Wakefield, Rhode Island 02879-2239 (401) 782-4111	<input type="checkbox"/> Garrahy Judicial Complex Providence/Bristol County One Dorrance Plaza Providence, Rhode Island 02903-2719 (401) 458-3200

List below names, addresses, and dates of birth for all children under eighteen (18) years of age.

NAME	ADDRESS	DATE OF	
		BIRTH	GENDER



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Do any of these children receive Public Assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has anyone applied for Public Assistance for any of these children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there presently in this court any outstanding Order of Support which resulted from an action brought by the Department of Human Services, Office of Child Support Services (OCSS) under the Reciprocal Enforcement of Support Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

_____ Name of <input type="checkbox"/> the Plaintiff or <input type="checkbox"/> the Defendant
_____ Signature

State of _____
County of _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____
 personally known to me or proved to me through satisfactory evidence of identification, which was _____, to be the person who signed above in my presence, and who swore or affirmed to me that the contents of the document are truthful to the best of his or her knowledge.

Notary Public: _____
My commission expires: _____
Notary identification number: _____