State of Alabama Unified Judicial System	Appendix to Rule 32.1					Case Number
Form CS-47 Rev. 12/2021	DOMESTIC RELATIO	OMESTIC RELATIONS/CHILD SUPPORT INFORMATION SHEET				
		*				
IN THE (Circuit or District)		COURT	RT OF(Name of Count			, ALABAMA
(5.1.54.1.51.1				-	,	
Plaintiff		v	Defendant			
Information Concerning the I	Parties:					
Plaintiff (☐Mother, ☐Father, ☐Other)or Other party (Specify) ()		•	Defendant (☐ Mother,☐ Father,☐ Other)or Other party (Specify) ()			
Address (including city, state, and zip code):			Address (including city, state, and zip code):			
		_	Email A	ddress:		
Email Address: Cell Phone #:			Cell Phone #:			
Cell Phone Service Provider:			Cell Phone Service Provider:			
Last four numbers of Social Security	v No.: Date of Birth:		Loot form	umbara af (Pagial Cognity No.	Data of Pirth
**			Last four numbers of Social Security No.: Date of Birth: ***__			
Sex:			Sex:			
Place of Employment (if app Employer (including city, sta		_			nent (if applicat ng city, state, a	ole) and Address of nd zip code):
Work Telephone No:		- -		elephone	No:	
Are there minor children un	der the age of 19 who are	subject			Yes No	
If you marked yes, you mu	_	-			res in	o
Information Concerning the Minor Child(ren): Name(s) Address(es)				Sex(es)	Date(s) of Birth	Last four numbers of Social Security Number(s)
Numo(o)				Jun(100)		***_**_
						***_**_
						***_**_
						***_**_
THE CHILD SUPPORT REFORM HUMAN RESOURCES MAINTAIN PATERNITY ACTIONS. THIS INCLUACTION.	THE ABOVE INFORMATION IN	THE REC	ORD FOR A	LL PARTIE	S IN DOMESTIC	HAT THE DEPARTMENT OF RELATIONS, SUPPORT, OR
Completed By		Date Completed:				
	(Print Name)	Dayt	ime Phone	No.:		· · · · · · · · · · · · · · · · · · ·