COVER SHEET

The information listed below must be filed with any new case filed in the Domestic Relations-Juvenile-Probate Court

| 1. | Your name: |
|-------|--|
| | Liliali. |
| | Thoric number. |
| | Date of Billi. |
| | Social Security #: |
| 2. | Other Party's name: |
| | Email: |
| | Email: Phone number: Date of Birth: |
| | Date of Birth: |
| | Date of Birth: Social Security #: |
| _ | |
| 3. | List all your Children's names, if any: |
| | |
| | |
| 4. | List other party's Children's names, if any: |
| | |
| | |
| F | Heure was a series of the seri |
| D. | Have you, your spouse or partner, your children or your parents ever been |
| Court | ed in a court case in Champaign County Domestic Relations, Juvenile or Probate |
| Jourt | |
| Yes | No |
| | No |
| | |
| f Yes | please tell us what type of case and give us the name(s) of the person or people |
| nvolv | ed. |
| | |
| | |
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