

Plaintiff

# STATE OF RHODE ISLAND

### **FAMILY COURT**

## STATEMENT LISTING CHILDREN

**Civil Action File Number** 

Defendant						
☐ Murray Judicial Complex Newport County 45 Washington Square			Noel Ju Kent Co 222 Qua		-	
Newport, Rhode Island 02840-2913 (401) 841-8340	3	Warwick, Rhode Island 02886-0107 (401) 822-6725				
☐ McGrath Judicial Complex Washington County 4800 Tower Hill Road Wakefield, Rhode Island 02879-22 (401) 782-4111	39		Garrahy Judicial Complex Providence/Bristol County One Dorrance Plaza Providence, Rhode Island 02903-2719 (401) 458-3200			
List below names, addresses, and dates of	f birth for all	l chil	dren und	ler eighte D <i>i</i>	een (18) years o ATE OF	i age.
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Do any of these children receive Public Assistance?	☐ Yes	□ No
Has anyone applied for Public Assistance for any of these children?	☐ Yes	□ 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?	☐ Yes	□ No
	***************************************	
Name of □ the Plaintiff or □ the Defendant		
Signature	**************************************	
State of County of		
County of		
On this day of, 20, before me, the public, personally appeared personally known to me or \Boxed proved to me through satisfactory eviden	undersigned	d notary
personally known to me or proved to me through satisfactory eviden which was	ce of identi , to be the	fication, e person
which was who signed above in my presence, and who swore or affirmed to me that document are truthful to the best of his or her knowledge.	the content	s of the
Notary Public:		
My commission expires:		
Notary identification number:		