STATE OF VERMONT

SUPERIOR COURT Unit

FAMILY DIVISION Docket No.

Plaintiff Name		Defendant Name
	v.	

SUPPLEMENTAL INFORMATION SHEET RE: COMPLAINT TO ESTABLISH PARENTAGE

	t):	
Name:	Date of Birth:	
Street Address:	City/State/Zip:	
Mailing Address (if different from Street Address):		
City/State/Zip:	Email Address:	
Daytime Phone:	Evening Phone:	
Attorney Name:	Attorney Phone:	
The nature of the relationship between _	and (Name of Other Possible Parent) (Name of Child(ren)	is
	(Name of Other Possible Parent) (Name of Child(ren)	
	t):	
er possible parent, if any (notice will be sent	t): Date of Birth:	
er possible parent, if any (notice will be sent Name: Street Address:	t): Date of Birth:	
er possible parent, if any (notice will be sent Name: Street Address: Mailing Address (if different from Street Address):	t): Date of Birth: City/State/Zip:	
er possible parent, if any (notice will be sent Name: Street Address: Mailing Address (if different from Street Address): City/State/Zip:	t): Date of Birth: City/State/Zip:	
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er possible parent, if any (notice will be sent Name:	t): Date of Birth: City/State/Zip: Email Address: Evening Phone:	