COURT OF COMMON PLEAS OF BERKS COUNTY FAMILY COURT COVER SHEET	Revised 7/2020 For the Prothonotary Use Only (Docket Number)
A. PARTIES INVOLVED (Plaintiffs) PLAINTIFF'S NAME:	**PARTIES INVOLVED (Defendants)** DEFENDANT'S NAME:
PLAINTIFF'S ADDRESS:	DEFENDANT'S ADDRESS:
PLAINTIFF'S PHONE NO:	DEFENDANT'S PHONE NO:
PLAINTIFF'S EMAIL:	DEFENDANT'S EMAIL:
PLAINTIFF'S SSN:	DEFENDANT'S SSN:
PLAINTIFF'S NAME:	DEFENDANT'S NAME:
PLAINTIFF'S ADDRESS:	DEFENDANT'S ADDRESS:
PLAINTIFF'S PHONE NO:	DEFENDANT'S PHONE NO:
PLAINTIFF'S EMAIL:	DEFENDANT'S EMAIL:
PLAINTIFF'S SSN:	DEFENDANT'S SSN:
TOTAL NUMBER OF PLAINTIFFS:	TOTAL NUMBER OF DEFENDANTS:
B. COMMENCEMENT OF FAMILY ACTION: ☐ PROTECTION FROM ABUSE – Action # ____ ☐ DIVORCE ☐ CUSTODY ☐ ANNULMENT ☐ EMANCIPATION ☐ FOREIGN PROTECTION FROM ABUSE ☐ FOREIGN DIVORCE DECREE ☐ FOREIGN CUSTODY **Plaintiff(s) speaks English Yes ___ No ___*** **Defendant(s) speaks English Yes ___ No ___*** ***If no, what language is spoken** _____	**C. RELATED FAMILY CASES:** ☐ PROTECTION FROM ABUSE: Docket # Action # ☐ DIVORCE: Docket # Action # ☐ CUSTODY: Docket # Action # ☐ SUPPORT: Docket # Action # ☐ DEPENDENCY: Docket # Action # **D. NAME OF PLAINTIFF'S ATTY/PRO SE PARTY:** SUPREME COURT ID #: ADDRESS: PHONE NUMBER: