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)
FLAINTIFF S NAME.	DEFENDANT'S NAME:
PLAINTIFF'S ADDRESS:	DEFENDANT'S ADDRESS:
PLAINTIFF'S PHONE NO:	DEFENDANT'S PHONE NO:
PLAINTIFF'S EMAIL:	DETENDANTIC EMAIL.
PLAINTIFF 3 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:	C. RELATED FAMILY CASES:
☐ PROTECTION FROM ABUSE – Action #	☐ PROTECTION FROM ABUSE:
□ DIVORCE	Docket # Action #
□ CUSTODY	□ DIVORCE:
☐ ANNULMENT	Docket # Action #
☐ EMANCIPATION	☐ CUSTODY:
☐ FOREIGN PROTECTION FROM ABUSE	Docket # Action #
☐ FOREIGN DIVORCE DECREE	□ SUPPORT:
☐ FOREIGN CUSTODY	Docket # Action #
Plaintiff(s) speaks English Yes No*	☐ DEPENDENCY:
	Docket # Action #
Defendant(s) speaks English Yes No*	
*If no, what language is spoken	D. NAME OF PLAINTIFF'S ATTY/PRO SE PARTY:
,	SUPREME COURT ID #: ADDRESS:
	PHONE NUMBER: