

CUYAHOGA COUNTY  
JUVENILE COURT  
CLERK'S OFFICE  
Phone: (216) 698-4711  
Fax: (216) 698-4717

REQUEST FOR INFORMATION

Request Date: \_\_\_\_\_ Information Taken By: \_\_\_\_\_

CASE INFORMATION:

Case Number: \_\_\_\_\_

Name of Child: \_\_\_\_\_ DOB of Child: \_\_\_\_\_

Name of Mother: \_\_\_\_\_ DOB of Mother: \_\_\_\_\_

Name of Father: \_\_\_\_\_ DOB of Father: \_\_\_\_\_

EXPLANATION OF REQUEST: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

REQUESTED BY:

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

When request is complete...  
(choose one)

email to: \_\_\_\_\_

Fax to: \_\_\_\_\_

Mail to: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_