

REQUEST FOR HOME INVESTIGATION

(This form must be completed in its entirety before an investigation will be assigned).

_____ Case Number

Name of PLAINTIFF/First Petitioner

Street

City, State, Zip Code

Home Phone/Work Phone

I *have/will have* deposited \$_____ in my law office trust account specifically to pay Home Investigation charges for this action.

Attorney Signature

Attorney for Plaintiff/First Petitioner

Telephone

Vs./and

Name of DEFENDANT/Second Petitioner

Street

City, State, Zip Code

Home Phone/Work Phone

I *have/will have* deposited \$_____ in my law office trust account specifically to pay Home Investigation charges for this action.

Attorney Signature

Attorney for Defendant/Second Petitioner

Telephone

AND

Name of THIRD PARTY - Pltf./Def.

Street

City, State, Zip Code

Home Phone/Work Phone

I *have/will have* deposited \$_____ in my law office trust account specifically to pay Home Investigation charges for this action.

Attorney Signature

Attorney for Third Party

Telephone

INVESTIGATION DETAILS

Prior family involvement with ECCSB?
(Yes/No)

Previous Home Investigation?
(Yes/No)

Date Judgment Entry filed and paternity established, if this is a Paternity (JP) case.

OTHER: _____

APPROVED: _____

(Judge/Magistrate)

(Date)

NOTE: **CHARGES FOR HOME INVESTIGATION are to be paid to the Home Investigator upon receipt of their bill.** FINAL HEARING DATE will not be set until ALL charges relating to Home Investigation are PAID IN FULL.