

PATERNITY INFORMATION FORM

TODAY'S DATE: _____

PLEASE BRIEFLY DESCRIBE THE NATURE OF YOUR LEGAL PROBLEM:

CLIENT REQUESTS:

1. SUPPORT AMOUNT REQUESTED: _____
2. DO YOU WANT THE CHILD'S LAST NAME CHANGED TO THE FATHER'S NAME: _____
3. DO YOU ANTICIPATE ANY PROBLEMS WITH PARENTING TIME OR DO YOU WANT RESTRICTED PARENTING TIME: _____
4. WAS THERE ANY BALANCE DUE ON MEDICAL EXPENSES OF PREGNANCY AND BIRTH WHICH ARE UNPAID OR WERE NOT PAID BY MEDICAL INSURANCE: _____

AMOUNT _____

(Include any expense which you personally paid)

(Attorney use only) _____

CLIENT NAME: _____

COMPLETE ADDRESS: _____ STATE _____ ZIP _____

PHONE NUMBER: HOME _____ WORK _____
CELL/CAR _____

E-MAIL ADDRESS: _____

Can receive private communication at above e-mail: yes ___ no ___

SOCIAL SECURITY NUMBER: _____ DOB: _____

COUNTY OF BIRTH: _____ STATE OF BIRTH: _____

EMPLOYER: _____

EMPLOYER COMPLETE ADDRESS: _____

GROSS PAY: _____ (Circle One: Weekly/Bi-Weekly/Monthly)

MEDICAL INSURANCE PROVIDED FOR CHILDREN: _____

AVAILABLE TO YOU: _____

FOR ATTORNEY USE ONLY:

Fee Agreement Given: _____ Financial Declaration Given: _____

Hourly Rate: \$ _____ Retainer Quoted: \$ _____ Paid: \$ _____

OTHER PARTY'S NAME: _____

COMPLETE ADDRESS: _____

PHONE NUMBER: HOME _____ WORK _____

SOCIAL SECURITY NUMBER: _____ DOB: _____

COUNTY OF BIRTH: _____ STATE OF BIRTH: _____

EMPLOYER: _____

EMPLOYER COMPLETE ADDRESS: _____

GROSS PAY: _____ (Circle One: Weekly/Bi-Weekly/Monthly)

MEDICAL INSURANCE PROVIDED FOR CHILDREN: _____

AVAILABLE FOR THE CHILDREN: _____

CHILD(REN) BIRTH INFORMATION

NAME: _____ DOB: _____ SS#: _____

NAME: _____ DOB: _____ SS#: _____

DATE YOU BECAME PREGNANT WITH THE ABOVE CHILD(REN): _____

DATE OF LAST MENSTRUAL PERIOD PRIOR TO BECOMING PREGNANT: _____

HOSPITAL IN WHICH THE CHILD WAS BORN: _____

WEIGHT AT BIRTH: _____ LENGTH AT BIRTH: _____

HAVE YOU EVER BEEN MARRIED: _____ IF YES STATE YOUR SPOUSE'S OR EX-SPOUSE'S NAME: _____

YOUR/EX-SPOUSE'S MAIDEN NAME: _____

DATE OF DISSOLUTION OF LAST MARRIAGE: _____

ARE THERE ANY OTHER CASES PENDING INVOLVING YOU, THE OTHER PARTY AND/OR THE CHILDREN? YES _____ NO _____ IF SO, STATE CASE TYPE, CAUSE NUMBER, NAME(S) OF PARTY(IES) INVOLVED AND THE COURT WHERE THE CASE IS PENDING: _____

