

CLIENT INFORMATION FORM FOR PATERNITY/CHILD CUSTODY

Today's Date: _____ Referred by: _____

Please briefly describe the nature of your legal problem:

Client Name: _____

Address: _____ County: _____

City: _____ State: _____ ZIP: _____

Phone Numbers: H: _____ C: _____ W: _____

E-Mail Address: _____

(Can you receive private communications at the above e-mail address?) Yes No

SS#: _____ Date of Birth: _____

Employer: _____ Date of Hire: _____

Complete Address, City, State, ZIP: _____

Gross Pay: \$ _____ (Circle One: Weekly / Bi-Weekly / Monthly)

Do you provide medical insurance for your child(ren)? Yes No

Is medical insurance for your child(ren) available to you? Yes No

Alternate Contact Name: _____ Phone Number: _____ E-Mail Address _____

.....
OTHER PARTY'S NAME: _____

Address: _____ County: _____

City: _____ State: _____ ZIP: _____

Phone Number: Home _____ Work _____ Cell _____

SS#: _____ Date of Birth: _____

Employer: _____ Date of Hire: _____

Complete Address, City, State, ZIP: _____

Gross Pay: \$ _____ (Circle One: Weekly / Bi-Weekly / Monthly)

Does other party provide medical insurance for your child(ren)? Yes No

Is medical insurance for your child(ren) available to the other party? Yes No

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FOR ATTORNEY USE ONLY:

New Client Letter Sent: _____ Financial Declaration Given: _____

Hourly Rate: _____ Retainer Quoted: _____ Paid: _____

Child(ren) of THIS relationship:

Name: _____ DOB: _____ Age: _____ SS#: _____ Sex: M F

Name: _____ DOB: _____ Age: _____ SS#: _____ Sex: M F

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Name: _____ DOB: _____ Age: _____ SS#: _____ Sex: M F

If paternity has been established, please give the date and method by which paternity was established: _____

Do either of you have other minor child(ren) not of this relationship?

Yes No IF SO, LIST NAME(S), DOB, AND SS# FOR EACH CHILD.

Weekly Child Care Cost: \$ _____ Child Support Paid/Received: \$ _____

Monthly Extracurricular Activities and Costs: \$ _____

Does your child(ren) have any special needs? If so, please explain: _____

Are there any other cases pending involving you, the other party and/or the child(ren)?

Yes No If so, state case type, cause number, name(s) of party(ies) involved and the court where the case is pending: