

Confidential Client History

PATERNITY PROCEEDINGS

The following questionnaire is designed to help you more accurately provide information that will help counsel to prepare the proper court pleadings on your behalf. Please complete this form as fully and comprehensively as possible. If exact information is not known, please provide your best estimate. You may be asked at some future date to provide more precise information.

Confidential information provided on this form is protected by the attorney-client privilege and is intended for the use of your legal counsel. Any information provided in this form which is detrimental to you will not be revealed by counsel without your consent unless it is in your best interests to do so except in certain narrow and limited situations required or authorized by law. If you have any questions about the confidentiality of this information we will be pleased to answer them. Because this information is provided in confidence, we ask that your answers be as truthful, complete and accurate as possible.

Name: _____

Mailing Address: _____

Telephone: (_____) _____ - _____

Mobile: (_____) _____ - _____

Work: (_____) _____ - _____

Email: _____

Other Parent's Attorney: _____

Other Parent's Attorney Telephone: (_____) _____ - _____

FOR OFFICE USE ONLY

Client #: _____

Docket #: _____

ABOUT YOU

Full Name _____
(maiden name, if applicable)

Date of Birth: ____/____/19____

Social Security Number: _____-____-_____

Place of Birth: _____

Citizenship: _____

Home Address _____
(if different from _____
mailing address) _____

Lived at present address since _____

All home addresses for past two years:

_____ From _____ To _____

_____ From _____ To _____

Educational Background _____

Who referred you to us? _____

EMPLOYMENT

Employer _____ Telephone: (____) _____

Address _____

Job Title _____ Employed since _____

Nature of job _____

Monthly Salary:

Base _____

Gross _____

Net _____

Monthly Deductions:

FICA _____

State _____

Federal _____

Other _____

Overtime and Bonuses:

Gross _____

Net _____

Previous Employment and Dates:

OTHER PARENT INFORMATION

Other Parent's Full Name _____
(maiden name, if applicable)

Date of Birth: ____/____/19____

Social Security Number: _____-____-_____

Other Parent's Home Address _____

Home Telephone _____

Other Parent's Business Telephone _____

Employer _____ Telephone: (____) _____

Address _____

Job Title _____ Employed since _____

Gross Salary _____ Overtime/ Bonus _____

CHILD(REN) AT ISSUE

<u>Full Name</u>	<u>Date of Birth</u>	<u>Grade</u>	<u>Living With</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List the names of any children of yourself or other parent other than those listed above, state with whom children live, who has their legal custody and whether they have been adopted.

You: _____

Other parent: _____

If any of your children has special education needs please explain:

