

## 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_