

PATERNITY INFORMATION SHEET

Date:		File No.	
CLIENT PERSONAL INFORMATION			
Name		Birthdate	
Maiden Name		Work Phone	
Address		Email Address Home Phone Cellular Phone	
Birthplace		Social Security No.	
Length of Residence in Current County		Driver's License No.	
Employer		Occupation	
Salary \$ _____ per _____		Business Address	
Highest Grade Level		Religion	
PERSONAL INFORMATION CONCERNING OTHER PARENT			
Name		Birthdate	
Maiden Name		Work Phone	
Address		Home Phone Cellular Phone	
Birthplace		Social Security No.	
Length of Residence in Current County		Driver's License No.	
Occupation		Business Address	
Employer		Salary \$ _____ per _____	
Highest Grade Level		Religion	
CHILDREN			
Name	Place of Birth	Birthdate	Social Security No.

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RESIDENCES OF CHILDREN

Name	Person Living With	Address	Since

Custody desired of which children?

Are there children not of this marriage?

Father's children: (number) _____ Now living with:	Names and Ages:
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Mother's children: (number) _____ Now living with:	Names and Ages:
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Is Mother pregnant now? _____ If yes, expected date of birth: _____

Do any of the children have special needs?

INSURANCE

Child and Type	Cost and Who is Paying

TAXES

Who currently claims the children for tax purposes:

PROPERTY

If the children own property, please describe:

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EXPENSES

If medical expenses are pending for the children, please identify:

Name and Address of Creditor	Date and reason incurred	Balance in \$	Monthly Payment