

**CLIENT INFORMATION SHEET
PATERNITY**

Personal Information

1. Name _____
(Last) (First) (Middle) (Maiden)
2. Home Address _____
City _____ State _____ Zip Code _____
3. Home Telephone _____
4. Cell/Mobile Phone _____
5. Fax _____
6. Email _____
Is it OK to communicate with you through email? _____
7. Name of Employer _____
8. Work Address _____
City _____ State _____ Zip Code _____
9. Work Telephone _____
Is it OK to call you while you are at work? _____
10. Length of time with this employer _____
11. What address do you want mail sent to? _____
12. What is the best phone number to reach you? _____
13. Date of birth _____
14. Social security number _____
15. Driver's License Number _____ State _____

16. How did you learn about the Law Office of Carie P. Mack (name of referral source)?

17. Reason for seeking legal services of the Law Office of Carie P. Mack (divorce, custody, etc.)?

18. Are you and your child's other parent separated? _____

19. Date of separation _____

20. If yes, what name? _____

Information about Child's Other Parent

21. Name _____

22. Address _____

City _____ State _____ Zip Code _____

23. Telephone number where child's other parent can be reached _____

24. Name of employer _____

25. Employer's address _____

City _____ State _____ Zip Code _____

26. Length of time with this employer _____

27. Date of birth _____

28. Social security number _____

29. Driver's License Number _____ State _____

20. Does your child's other parent have an attorney? _____

31. Name of attorney _____

Information regarding adjudication of paternity

- 32. Has paternity of the child been adjudicated? _____
- 33. When was paternity adjudicated? _____
- 34. In what court was paternity adjudicated? (county, state, court, and cause number, if known) _____
- 35. Name of your prior attorney, if any _____
- 36. Name of child's other parent's attorney, if any _____
- 37. Reason(s) for seeking adjudication of paternity _____

Information about Children

- 38. Name of first child _____
Age _____
Date of Birth _____
Place of Birth (city, county, and state) _____
Social Security Number _____
Where is child currently residing? _____
Type of conservatorship currently in place (joint managing, sole managing)

Who has the right to determine the child's primary residence? _____
List any restrictions on either parent regarding visitation with this child (supervised visitation, no alcohol consumption, etc.) and identify the parent to whom the restriction applies _____

Identify any special needs this child has _____

Name of school or daycare child attends _____

Address of school _____

Name of child's primary teacher _____

39. Name of second child _____

Age _____

Date of Birth _____

Place of Birth (city, county, and state) _____

Social Security Number _____

Where is child currently residing? _____

Where is child currently residing? _____

Type of conservatorship currently in place (joint managing, sole managing)

Who has the right to determine the child's primary residence? _____

List any restrictions on either parent regarding visitation with this child (supervised visitation, no alcohol consumption, etc.) and identify the parent to whom the restriction applies _____

Identify any special needs this child has _____

Name of school or daycare child attends _____

Address of school _____

Name of child's primary teacher _____