

**PATERNITY
INTERVIEW FORM**

CLIENT INFORMATION:

Client's Name: _____

Client's Address: _____

_____ County: _____

Client's phone: office: _____ ext.: _____

fax: _____ hours: _____

employer's name: _____

home: _____ time to call: _____

cell: _____

Client's email: _____

Client's S.S.#: _____

Client's D.O.B.: _____

Has any other attorney represented client in this matter? _____

If so, provide Name, Address & Phone Number of prior attorneys.

INTERVIEW QUESTIONS:

Mother's Information

1. Name, if different then above: _____

2. Address, if different then above: _____

3. Current marital status:
__Married __Separated __Divorced __Single

Marital status at time of conception: _____

4. Names and ages of any other children that Mother is currently responsible for: _____

5. What are Mother's current living arrangements (own/rent, who resides in residence, etc.):

6. SSN, if different then above: _____
7. DOB, if different then above: _____
8. Place of employment: _____
9. Address:

10. Occupation: _____
11. Gross Income: _____
12. Benefits: _____

Father's Information

13. Name: _____
14. Address: _____

15. Phone: (Home) _____ (Work) _____
16. Name of Employer: _____
17. Employment address:

18. Approximate income (gross): _____
19. Benefits: _____
20. SSN: _____
21. DOB: _____
22. Current marital status:
__Married __Separated __Divorced __Single
- Marital status at time of conception: _____

23. Physical Description of Father:
- a. Height _____
 - b. Weight _____
 - c. Eye Color _____
 - d. Hair Color _____
 - e. Tattoos: ___ Yes ___ No: _____
 - f. Scars: ___ Yes ___ No: _____
 - g. Glasses: ___ Yes ___ No.
 - h. Piercings: ___ Yes ___ No.
24. Give make, model, year, color and license number of car Father is driving

25. When and where should paternity papers be served upon Father: _____

26. Dates of sexual relationships with Father: _____

27. Was Father living with you at time of conception:
___Yes ___No.
28. When did you tell father he had made you pregnant: _____
29. What did father say and how did father respond to learning you were pregnant: _____

30. Did father ever admit to being the father of the child(ren): _____
31. Did father pay for any costs associated with the pregnancy or birth:
___Yes ___No. If yes, what did father pay for: _____

32. Has father paid any other monies toward the support of the child(ren) since the birth: ___Yes ___
No. If yes, specify how much and what was paid: _____

Child(ren) Information

33. Child(ren) born of this relationship:

Name	Birthdate	Date of conception
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34. Mother's Relationship to child(ren)'s father (i.e. were you married, living together, dating...): _____

35. Where was/were the child(ren) born:

Hospital: _____ Hospital _____

Address: _____ Address: _____

(Client should provide copies of birth certificate and birth expense bills)

36. Where do child(ren) attend childcare and who are their teachers: _____

37. Where do child(ren) attend school, how long have they attended that school, what grade are children in and who are their teachers: _____

38. How are child(ren's) grades: _____

39. What extracurricular activities do the child(ren) participate in:

40. Do(es) child(ren) have any physical, mental or emotional disabilities:

41. Do you have reason to believe there will be a dispute as to the custody of your minor child(ren): _
Yes _No.

If yes, what will be the basis for the dispute over custody:

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42. Do you want: ___ Sole Custody ___ Joint Custody

43. What would you propose as a visitation schedule:

Support Obligations

44. Amount of support for child(ren): \$____ per ____

45. Who will cover medical insurance for child(ren): _____

46. How will uncovered medical expenses be divided: _____

47. Who will receive dependency exemption for child(ren): _____

48. Who will pay for childcare/private school for child(ren): _____

Miscellaneous

49. Comments: _____

CLIENT VERIFICATION:

The undersigned client in the above referenced matter, states that he/she has helped prepare the above entitled form and has reviewed the completed form and certifies that the information provided is true and correct.

Dated: _____
_____ CLIENT

***COMPLETING THIS FORM DOES NOT CREATE AN ATTORNEY/CLIENT RELATIONSHIP. THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY. ***