

PATERNITY INFORMATION SHEET

Client Information

Date: _____

Name _____
First Middle Last Maiden

Address: _____ Home Phone: _____
Bus. Phone: _____
Mobile Phone: _____

Mailing Address: _____ DOB: _____
AGE: _____
DL#: _____
SSN: _____

Employer: _____
Name Address City State Zip

Mother/Alleged Father of the Child Information

Name _____
First Middle Last Maiden

Address: _____ Home Phone: _____
Bus. Phone: _____
Mobile Phone: _____

Mailing Address: _____ DOB: _____
AGE: _____
DL#: _____
SSN: _____

Employer: _____
Name Address City State Zip

Personal Information

Who referred you? Friend or other Attorney (please provide name and address):

Internet _____ Yellow Pages _____ Other (please specify) _____

If you are currently seeing a mental health professional, please provide the name address and phone number:

May we contact your mental health professional? _____ Yes

Please list any medications you are currently taking for mental health reasons?

Paternity Information: If you are a male client, you are the alleged father.

Have you lived in Texas 6 months or more? Yes/No Has the Mother/Alleged Father of the Child? Yes/No

Have you lived in Tarrant County 90 days or more? Yes/No Has the Mother/Alleged Father of the Child? Yes/No

Has a paternity test been done? _____ Yes _____ No _____ Unknown

Is the alleged father's name on the birth certificate? _____ Yes _____ No _____ Unknown

Has the alleged father registered with the Paternity Registry? _____ Yes _____ No _____ Unknown

Has a court case started? _____ Yes _____ No _____ Unknown

Were you married, in a legal ceremony, prior to or after the child was born? _____ Yes _____ No

Do you believe you were common law married prior to or after the child was born? _____ Yes _____ No

Children Information

Name: _____ Sex: _____ Age: _____ DOB: _____ SSN: _____

Present Residence: _____

Name: _____ Sex: _____ Age: _____ DOB: _____ SSN: _____

Present Residence: _____

Name: _____ Sex: _____ Age: _____ DOB: _____ SSN: _____

Present Residence: _____

Name: _____ Sex: _____ Age: _____ DOB: _____ SSN: _____

Present Residence: _____

Name: _____ Sex: _____ Age: _____ DOB: _____ SSN: _____

Present Residence: _____

A) If private health insurance is in effect on children:

Name of Insurance Company: _____

Policy Number: _____

Which parent is responsible for payment of insurance premium: _____

Is coverage provided through parent's employment: YES / NO

If yes, which parent: _____

If no, who provides coverage: _____

B) If private health insurance is not in effect:

Is child receiving medical assistance under a government sponsored or subsidized plan? If so, list all sources of medical assistance and cost of any premium on each.

C) If you answered no to A & B or Yes to B: Does either parent have access to private

insurance? If yes, which parent and what is the cost?