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CLIENT INITIAL INFORMATION
QUESTIONNAIRE
PATERNITY

For Office Use Only

Atty/Paralegal _____

Date Opened _____

File No. _____

FEE: \$100.00 FOR INITIAL HALF HOURS CONSULTATION WITH ASSOCIATES. ANY TIME OVER THE FIRST ½ HOUR WILL CHARGED AT THE ATTORNEY'S APPLICABLE HOURLY RATE. MR. CURRY'S INITIAL CONSULTATION FEE FOR FAMILY LAW MATTERS IS \$500.00 FOR UP TO ONE HOUR. THIS SUM SHALL BE PAID IN ADVANCE TO RECEPTIONIST PRIOR TO SEEING YOUR ATTORNEY UNLESS PRIOR ARRANGEMENTS ARE MADE.

GENERAL INFORMATION

The Attorney you are seeing: _____ Date _____

Who referred you to Curry Law Group, P.A.?

Have you seen our advertisements in/on: _____ TV _____ Phone Book _____ (which)

_____ Magazines _____ Newspaper _____ (which)

Are You a Prior Client? _____ If Yes, When? _____

Name of Attorney that Represented You _____

PATERNITY ACTION DATA FORM

It is absolutely necessary that you answer all the questions in the following pages. With this information, your attorney is in a better position to answer the many questions you will have concerning your situation. He/She will be better able to render advice and to evaluate your and legal problems; and from this information, he will be better able to prepare the necessary legal papers. If any of the questions do not meet with your situation, pass on to the next question.

In conjunction with this questionnaire, you have also received a request for documentary data. This data should be secured before you attempt to fill out this form, if possible – they go together.

PATERNITY INFORMATION

Your Name:

(First) _____ (Middle) _____ (Last) _____

Age: _____ Date of Birth: _____ Religion: _____ Ethnic Origin: _____

Education: _____ Length of time resident in State: _____

Present address: _____
(Street) (City/suburb) (County) (Zip code)

Future (new) address: _____
(Street) (City/suburb) (County) (Zip code)

Mailing address (if different than above): _____

Telephone Nos.: Home: _____ Business: _____ Other: _____

Fax: _____ Cellular: _____

Which number should be used for contact? _____

Email address: _____

Closest relative: _____
(Name) (Address) (Relationship) (Phone)

Were you previously married? _____ If so, when and where divorced? _____

Are you receiving or paying any money for the support of children of a former marriage/relationship? _____ If so, number of children: _____ Amount: \$ _____

Are any arrearages due for support? _____ If so, give amount: \$ _____

Name of father/mother (adverse party: of Child(ren):

Age: _____ Date of Birth: _____ Religion: _____ Ethnic Origin: _____

Education: _____ Length of time resident in State: _____

Present address: _____
(Street) (City/suburb) (County) (Zip code)

Future (new) address: _____
(Street) (City/suburb) (County) (Zip code)

Telephone Nos.: Home: _____ Business: _____ Other: _____

Fax: _____ Cellular: _____

Closest relative: _____
(Name) (Address) (Relationship) (Phone)

Was father/mother previously married? _____ If so, when and where divorced? _____

Is father/mother receiving or paying any money for the support of children of a former marriage/relationship? _____ If so, number of children: _____

Amount: \$ _____

Are any arrearages due for support? _____ If so, give amount: \$ _____

Alimony to previous spouse: \$ _____ per _____ Arrears: \$ _____

Children of this relationship:

Full Name	Birth Date	Age	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The children listed above resided at the following addresses for the last five (5) years:
(dates, addresses and with whom)

Living with: _____

At: _____

Who has legal custody of these children? _____

Do any of the children have income? _____

What makes you feel you must institute this action? _____

Do you have reason to believe there will be a dispute as to the custody of your minor
child(ren)? _____ If so, why? _____

Who is, or is likely to be, the father/mother's attorney? _____

INCOME INFORMATION

FATHER/MOTHER's Occupation: Employment, and/or Business

Employment:

Employed by: _____ for _____ years

Address: _____ Phone _____

Gross Salary: \$ _____ per _____ Bonus: \$ _____ per _____

Net Salary (take home): \$ _____ per _____ Social Security No.: _____

Commission: _____ Expense account: _____ Profit sharing: _____

Stock interest: _____ Savings plan: _____ Pension Plan: _____

What other benefits are provided by the employer? _____

Does father/mother also do any additional part-time work? _____

Business:

Name of company: _____

Address: _____ Phone _____

Service or product: _____

Date acquired: _____ Cost of investment: _____

Position held: _____ Other partners: _____

Stock interest: _____ Number of shareholders: _____

Directors/Officers: _____

Interest of father/mother: _____

Father/Mother's previous work history and skills, including approximate dates: _____

Your Occupation: Employment, and/or Business

Employment:

Employed by: _____ for _____ years

Address: _____ Phone _____

Gross Salary: \$ _____ per _____ Bonus: \$ _____ per _____

Net Salary (take home): \$ _____ per _____ Social Security No.: _____

Commission: _____ Expense account: _____ Profit sharing: _____

Stock interest: _____ Savings plan: _____ Pension Plan: _____

What other benefits are provided by the employer? _____

Do you also do any additional part-time work? _____

Business:

Name of company: _____

Address: _____ Phone _____

Service or product: _____

Date acquired: _____ Cost of investment: _____

Position held: _____ Other partners: _____

Stock interest: _____ Number of shareholders: _____

Directors/Officers: _____

Your Interest: _____

Are there any babysitting costs incurred while working? _____

Your previous work history and skills, including approximate dates: _____

If no answers to previous questions, what has father/mother done or is capable of doing to help support themselves? _____

Do you or father/mother receive any financial assistance from a welfare department, Social Security, unemployment compensation, etc.? Yes _____ No _____

If so, from whom _____ for whom _____ and what amount \$ _____

Do you or father/mother have any state or federal tax refunds due? Yes _____ No _____

If so, from whom _____ for whom _____ and what amount \$ _____

Are you, father/mother, or both of you named as parties in any existing lawsuit? _____

If so, please describe the circumstances: _____

ASSETS

Homestead:

Address: _____
(Street) (City/suburb) (County) (Zip code)

Is this homestead abstract property or torrens property? _____

List Plat No. _____ And Parcel No. _____ Legal Description: _____

Date Purchased: _____ Price: \$ _____ In Name of: _____

Present mortgage balance: \$ _____ Payable: \$ _____ per _____

Name and address of contact for deed holder: _____

Your market value of property: \$ _____ Approx. equity: \$ _____

Real estate taxes: \$ _____ Insurance: \$ _____ Included in house payment? Yes ☐ No ☐

House payments are in arrears by \$ _____ Taxes are in arrears by \$ _____

State date, type, and cost of any major improvements since purchase: _____

Other Real Estate:

Location: _____ Type: _____

Legal description: _____

Date Purchased: _____ Price: \$ _____ In Name of: _____

Mortgage balance: \$ _____ Payable: \$ _____ per _____ Taxes: \$ _____

Contract for deed balance: \$ _____ Payable \$ _____ per _____

Any rental income from property? Yes _____ No _____ If so, state amount \$ _____

Life Insurance (privately obtained):

Policy No.: _____ with _____

On life of: _____ for \$ _____ Beneficiary: _____

Yearly premium: \$ _____ Cash surrender or loan value: \$ _____

Medical Insurance: Check any of the following which are applicable:

Medical Hospitalization _____ Major Medical _____ Dental _____ Glasses _____

Provided by your employer and/or labor union _____ Cost to You \$ _____

Purchased Privately _____ By Whom? _____ Cost \$ _____

If any of the above insurance does not cover the entire family, explain:

SERVICE: Please give an accurate physical description of the father/mother's: (height, weight, color of hair, color of eyes, distinctive physical characteristics, nickname, etc. This information is necessary in order to insure prompt service of papers on the father/mother. Give make, model, year, color and license number of car the father/mother is driving:

When and where should court papers be served:

In the event you must be reached by this office on short notice, give the name, address and telephone number of the person most likely to know how you can be reached:

Do you clearly understand that the attorney you hire to represent you looks to you for his fees and not to the father/mother? Yes _____ No _____

Reread the entire questionnaire again and be sure you have included everything that is asked of you.

ATTORNEY NOTES: _____

TO BE FILLED IN BY ATTORNEY

- A. Matter
(Accepted) _____ Retainer Agreement Signed _____

(Rejected) _____ Rejection Letter Sent _____

(Will Contact) _____ Future Contact Letter Sent _____
- B. Type of Matter: _____
- C. Action Requested: _____
- D. Follow-up Appointment: _____
- E. Thank you sent to referrer: _____

STATUTE OF LIMITATIONS: _____

CONFLICT OF INTEREST RUN: _____

By: _____

=====

FOR OFFICE/ BOOKKEEPING USE ONLY

Retainer	\$ _____	/	_____
Fee	\$ _____	/	_____
Fee (no invoice)	\$ _____	/	_____
Hourly Rate	\$ _____	/	_____

Attorney's Initials _____

COMMENTS: _____

