

FOR OFFICE USE ONLY:

INITIALS BELOW:

In Amicus, entered:

____ both parties name, address, phone, email
____ case # entered
____ court # entered
____ status "closed"

In Amicus, was either party previously in Amicus ____ (y/n)

Fee Collected _____

Copies Made _____

Copied Driver's License or ID _____

Provide Pen _____

CLIENT QUESTIONNAIRE

[Paternity Establishment – Adults Only; No Minor Children]

- Answer all questions completely. If you need more space, please use additional paper and attach it to this questionnaire.
- If a particular question does not apply, enter "n/a".
- **CONFIDENTIALITY:** The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law. However, if are requesting the presence of another person, such as _____, in the consultation with you, you will be waiving the Attorney-Client Privilege. _____ (your initials)
- Please attach consult fee of \$_____.
- Please provide your driver's license for copying.

A. CLIENT INFORMATION:

Name: _____ Soc. Sec. No.: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ DOB: _____ State of Birth: _____

Home Phone: _____ Work Phone: _____

Other Number: _____ Facsimile Number: _____

E-mail Address: _____

Driver's License Number: _____ Issuing State: _____

B. Alleged Mother's Information:

Name: _____ Soc. Sec. No.: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
County: _____ DOB: _____ State of Birth: _____
Home Phone: _____ Work Phone: _____
Other Number: _____ Facsimile Number: _____
E-mail Address: _____
Driver's License Number: _____ Issuing State: _____

C. Alleged Father's Information:

Name: _____ Soc. Sec. No.: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
County: _____ DOB: _____ State of Birth: _____
Home Phone: _____ Work Phone: _____
Other Number: _____ Facsimile Number: _____
E-mail Address: _____
Driver's License Number: _____ Issuing State: _____

HEALTH INSURANCE

1. Do the children have health insurance? Yes / No (circle)
2. How is the insurance provided (circle one)?:
 - a) A parent's employer (parent's name _____)
 - b) public health insurance (Medicaid, CHIPs, Medicare)
 - c) private health insurance not through employment
3. If so, provide the following:

Name of insurance company: _____

Policy number: _____ Group: _____

Party responsible for premium: _____

Monthly cost of premium: _____

Describe any other issue pertaining to the situation that you feel should be noted in reference to this case that has not been provided through previous answers:
