INITIAL CLIENT INTAKE SHEET
Paternity

Paternity cases can be an emotionally draining and legally complicated process. In the course of representing you, I will need to know virtually everything about your relationships with your family and your financial situation. I realize discussing these matters and providing the information I request will be difficult. Nevertheless, I must ask for it. The personal information will enable me to represent your best interests in court. The court will require most of the financial data to divide your marital property and determine support levels. If you do not understand what information is required, or have specific questions about the form, please complete what you can, then call me and ask all your questions at once.

Name: _____

I am the : _____ Parent ____IV-D Agency ___Other _____

This case involves these dependents:

Child 1: _____ Date of Birth: _____ Social Security # _____

Child 2: _____ Date of Birth _____ Social Security # _____

Child 3: _____ Date of Birth: _____ Social Security #_____

CONTACT INFORMATION

Please provide the following information about yourself:

Home #: _____ Cell #: _____ Other Phone #: _____

Email: _____

Current Mailing Address: _____

Date of Birth _____ Social Security # _____

Please provide the following information about the other parent

Name _____ Social Security #_____

Mailing Address _____

Email address _____

Phone #_____ Date of Birth _____

CHILD(REN)

A. How many children live in your household currently? _____
B. How many children do you have that are not part of this court order? _____
C. What children reside with you in your home? _____None

Child 1: _____ Year of Birth: _____ Relationship: _____

Child 2: _____ Year of Birth: _____ Relationship: _____

Child 3: _____ Year of Birth: _____ Relationship: _____

Child 4: _____ Year of Birth: _____ Relationship: _____

Child 5: _____ Year of Birth: _____ Relationship: _____

Child 6: _____ Year of Birth: _____ Relationship: _____

D. For which children do you pay child support?
_____ None _____ Court Order _____ Verbal Agreement
Child 1: _____ Year of Birth: _____ State of Order: _____
Child 2: _____ Year of Birth: _____ State of Order: _____
Child 3: _____ Year of Birth:_____ State of Order: _____

E. Do you have any parenting agreements for these children?
_____ None ____ Court Order ____ Verbal Agreement

F. Who claims the child(ren) for tax purposes?
_____ Mother claims every year _____ Alternate
_____ Other Arrangement _____ Unknown ____ No One

EDUCATION & TRAINING

Check all levels of education you have completed:
__G.E.D. ___High School Diploma ___Associate Degree ___Bachelor's Degree
___ Graduate Degree/Professional License/Trade/Certification: _____

YOUR CURRENT WORK & OTHER INCOME

I am currently:
___Not Working ___Employed through an employer ___Have more than one job
___Self-Employed ___A stay-at-home parent __Other _____
Employer Name:_____ Employer Address: _____
Employer Phone: _____ Employer Fax: _____
Type of Work: _____ Position or Title: _____

__I am paid hourly, the amount is $____ per hour. I usually work ___hours each week.
__I am paid salary; the amount is $____ every ___week ___two weeks __month ___ year

Please list information about any other jobs you currently have and/or information about previous jobs:
Type of job/position:_____ Wage/Salary $_____
Type of job/position: _____ Wage/Salary $_____
__I pay $_____ for work-related expenses such as union dues or uniform.
Explain: _____
__I have $_____ income from other sources (side business, odd jobs, investments, etc.).
Explain: _____

I receive $_____ __Unemployment Compensation __Workers Compensation __Social Security Disability Insurance (SSDI) __Supplemental Security Income (SSI) __ VA Disability __Other Disability __Other: _____

I receive $_____ each month Social Security benefits for a child on this case.

OTHER PARENT'S CURRENT WORK & OTHER INCOME

The other parent is currently:
__Not working __Employed through an employer __Has more than one job
__Self-employed __A stay-at-home parent ___Other _____
Employer Name: _____
Employer Address: _____
Employer Phone: _____ Employer Fax:_____
Type of Work: _____ Position or Title:_____
__The other parent is paid hourly; the amount is $_____ per hour. The other parent usually works ____ hours each week.
__The other parent is paid salary; the amount is $_____ every __week __two weeks ___month ___week

Please list information about any other jobs the other parent currently has and/or information about previous jobs:
Type of job/position:_____ Wage/Salary $_____
Type of job/position: _____ Wage/Salary $_____
__The other parent pays $_____ for work-related expenses such as union dues or uniform.
Explain: _____
__The other parent has $_____ income from other sources (side business, odd jobs, investments, etc.).

Explain: _____

The other parent receives $_____ __Unemployment Compensation
__Workers Compensation
__Social Security Disability Insurance (SSDI) __Supplemental Security Income (SSI) __ VA Disability __Other Disability __Other: _____

The other parent receives $_____ each month Social Security benefits for a child on this case.

Remember: Provide documentation for each type of employment and income.

IF YOU ARE NOT CURRENTLY WORKING

Have you had a job in the past? ___Yes ___No
If yes, when did you become unemployed? Month:_____ Year:_____
If yes, why did you become unemployed? __I was laid off __I was terminated __I quit
Are you looking for work? __Yes __No and I don't plan to
___Not currently, but I plan to in the future

Please list information about your last 2 jobs (if applicable):
Type of job/position:_____ Wage/Salary $_____
Type of job/position: _____ Wage/Salary $_____

Do you have trouble gaining/keeping employment or are you looking for work?
Explain: _____
_____
_____

If applicable, attach proof of layoff or medical records affecting your ability to work.

CHILDCARE AND HEALTH INSURANCE

Do you pay for childcare for the child(ren) on this case? __Yes __No
For which child(ren)? _____
Does DCF pay any portion of childcare? __Yes __No If yes, how much?_____
Do you pay childcare: __every month __summer only __after school only __other

Remember: Attach receipts, a bill, a letter from a provider on business letterhead, or a notarized letter from a provider.

Who pays for the child(ren)'s health insurance?

__I carry the child(ren)'s health insurance __Medicaid __The child(ren) have no insurance
__My current spouse carries the child(ren)'s health insurance
__The other party on this case carries the child(ren)'s insurance
__Someone else carries the child(ren)'s health insurance

If you or your current spouse carry private health insurance for the child(ren), provide your current plan info:
Insurance company name: _____
Insurance company address: _____

Which type of plan is it? __Employee only (Single) $_____
__Employee + Children $_____ __ Family $_____
__Other _____
Plan effective date:_____ Policy # _____ Group # _____
List all dependents covered on the plan: 1) _____ 2) _____
3) _____ 4) _____ 5) _____ 6) _____
If applicable, attach proof of health insurance costs.

ADJUSTMENTS

I am requesting that my Child Support Worksheet include the following adjustments:

__Parenting time adjustment
__Income tax consideration
__Special needs
__Agreement past majority
__Long-distance parenting time
__Overall financial conditions

Proposed Parenting Plan

The terms describing custodial arrangements can be confusing at times. Legal custody refers to the right to make major life decisions regarding the care and upbringing of the minor child or children; it does not denote where the child lives the majority of the time or minor decisions that are made is a child's life on a daily basis. Unless the parties agree or unless there are extreme circumstances (drug use or physical abuse), it is rare that a court will award sole legal custody. Courts tend to award parents joint legal custody of the child or children.

There is also "residential custody". This simply means the location and with whom the child lives most of the time. When one person has residential custody, the other person then has specific "parenting time" with the child or children. This is the normal arrangement.

However, there are also other types of residential custody. There can be a shared custody arrangement in which the child or children live in basically two homes spending approximately 50% of the time in dad's house and 50% of the time in mom's house. There is also a custodial arrangement in which one child lives with one parent and the other child lives with the other parent. This is called a split custody arrangement and it is rarely, if ever, ordered by the court unless the parents believe that it is the best custodial arrangement for the children.

There is one other thing you want to keep in mind is that regardless of the custodial arrangement, no custodial arrangement gives you the right to dictate how the other person cares for the child or children when they are with that person. A consequence of no longer living with or being married to the other parent is that you no longer have any say in that individual's parenting style. Learning this now can save you a lot of heartache in the long run.

This section allows me to see what custodial arrangement and parenting plan that you believe would be in your child or your children's best interest. Please keep in mind that this had to do with the child(ren) and not just your desires.

Current Parenting Plan:

_____
_____
_____
_____

□ **Other Considerations and Agreements:**

_____
_____
_____
_____
_____
_____
_____
_____
_____

Documents to provide to attorney:

Please provide copies of the following:

1. Last three paycheck stubs.

2. Income tax returns for the past three (3) years. Please include the W-2 form for last year if the income tax return is not yet completed for last year's taxes.

3. A statement showing how premiums for health insurance are paid. Include information on how much it costs for the primary insured alone to be covered, and the additional costs to cover the spouse, and minor child or children, if applicable.

4. Receipts for payment of child care expenses.