

**PERSPECTIVE CLIENT INFORMATION**

Date Opened: \_\_\_\_\_ Ref by: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: (     )

zip: \_\_\_\_\_

TELEPHONE: (   ) - \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ Occupation: \_\_\_\_\_

County where born: \_\_\_\_\_

Hospital where born: \_\_\_\_\_

Are you married to anyone, if so who?: \_\_\_\_\_

**OTHER PARENTS INFORMATION**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: (     )

zip: \_\_\_\_\_

TELEPHONE: (   ) - \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ Occupation: \_\_\_\_\_

County where born: \_\_\_\_\_

Hospital where born: \_\_\_\_\_

**CHILD'S INFORMATION**

CHILD(REN): Name \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Age: \_\_\_\_\_

County where child born: \_\_\_\_\_

Hospital where child born: \_\_\_\_\_

Child new name: \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

WHO HAS PHYSICAL CUSTODY? \_\_\_\_\_

WHAT ARE THE VISITATION ARRANGEMENTS? \_\_\_\_\_

WHAT ARE SUPPORT ARRANGMENTS? \_\_\_\_\_

WHO WILL PAY FOR INSURANCE? \_\_\_\_\_

WHAT IS THE INSURANCE? \_\_\_\_\_

ARE THERE CHILD CARE EXPENSES? WHAT ARE THEY? \_\_\_\_\_

DOES EITHER PARTY HAVE AFTERBORN CHILDREN/HOW MANY? \_\_\_\_\_

DOES AFTERBORN CHILD(REN) LIVE WITH THE PARENT THAT'S A PARTY TO THIS CASE? \_\_\_\_\_

DOES EITHER PARTY PAY SUPPORT FOR AFTERBORN CHILDREN/HOW MUCH? \_\_\_\_\_

DOES EITHER PARTY HAVE PRIORBORN CHILDREN/HOW MANY? \_\_\_\_\_

DOES EITHER PARTY PAY SUPPORT FOR PRIOR BORN CHILDREN/HOW MUCH? \_\_\_\_\_

DOES PRIORBORN CHILD(REN) LIVE WITH THE PARENT THAT'S A PARTY TO THIS CASE? \_\_\_\_\_

ARE THERE ANY BIRTH EXPENSES THAT NEED TO BE RESOLVED? \_\_\_\_\_

DID THE FATHER SIGN THE PAPERWORK FOR THE BIRTH CERTIFICATE? \_\_\_\_\_

DID ANY OTHER MAN SIGN THE BIRTH CERTIFICATE? \_\_\_\_\_

IS THERE ANY OTHER PERSON CHALLENGING THE PATERNITY? \_\_\_\_\_

IS THE CHILD IN COLLEGE? PROVIDE DETAILS: \_\_\_\_\_

IS THE CHILD IN HIGH SCHOOL? PROVIDE DETAILS: \_\_\_\_\_

IS THE CHILD EMPLOYED? PROVIDE DETAILS: \_\_\_\_\_

DOES THE CHILD RECEIVE SUPPORT FROM ANY OTHER SOURCE? \_\_\_\_\_

IS THE CHILD IN THE MILITARY? \_\_\_\_\_

DOES THE CHILD HAVE CHILDREN? \_\_\_\_\_

DOES THE CHILD HAVE MENTAL OR PHYSICAL DISABILITIES? \_\_\_\_\_

DOES THE CHILD HAVE A CRIMINAL HISTORY? DETAIL: \_\_\_\_\_