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**PATERNITY
CLIENT INTERVIEW SHEET**

Today's Date: _____

How did you hear about us? _____

1. YOUR FULL LEGAL NAME:

(First) (Middle) (Last) (Maiden)

Nicknames: _____

2. Current Residence:

(Street) (City) (County)

(State) (Zip Code) (Residential Telephone Number)

3. Mailing Address for use by this office for confidential documents:

4. TELEPHONE NUMBERS AND PRIVATE EMAIL ADDRESS WHERE YOU CAN BE REACHED:

Home: _____ Work: _____

Cell: _____ Email: _____

5. How long have you lived in that county? _____ In Texas? _____

6. Social Security: _____ Driver's License: _____

7. Birth Date: _____ Age: _____

City of Birth: _____ State of Birth: _____

8. Rent or Own Home? _____ Monthly Rent/Mortgage: \$ _____

Subdivision in which home is located? _____

9. **Your Employer:** _____

10. Work Address: (Street, City, State, Zip)

11. Hourly Pay: \$ _____ Annual Gross Pay: \$ _____

12. Job Title: _____ Length of Employment: _____

13. Highest Level of Formal Education Attained: _____

14. Have you ever been convicted/indicted for any crimes: _____ Yes; _____ No.

If so, explain: _____

15. Name of Present Spouse:

OPPOSING PARTY

Provide the following information about the opposing party:

1. **FULL LEGAL NAME OF OPPOSING PARTY:**

(First) (Middle) (Last) (Maiden)

2. Current Residence:

(Street) (City) (County)

(State) (Zip Code) (Residential Telephone Number)

3. Home Telephone: _____

Cellular: _____ Email: _____

4. How long has he/she lived in that county? _____

5. How long has he/she lived in Texas? _____

6. Social Security: _____ Driver's License: _____

7. Birth Date: _____ Age: _____

City of Birth: _____ State of Birth: _____

Opposing Party Continued

8. Rent or Own Home? _____ Monthly Rent/Mortgage: \$ _____

9. Name of Employer: _____

10. Work Address: (Street, City, State, Zip)

11. Work Telephone Number: _____

12. Hourly Pay: \$ _____ Annual Gross Pay: \$ _____

13. Job Title: _____ Length of Employment: _____

14. Highest Level of Formal Education Attained: _____

15. Has the person ever been convicted/indicted for any crimes: _____ Yes; _____ No.

If so, explain: _____

16. Name of his/her present spouse: _____

**INFORMATION ABOUT THE CHILD(REN)
THE SUBJECT OF THE PATERNITY ACTION**

1. Provide the following information for each child affected by this action:

Full legal name of child: _____

Sex: _____ Date of Birth: _____ Age: _____

City, County, and State of Birth: _____

Social Security: _____ Driver's License: _____

With whom does the child reside: _____ me; _____.

Does the child have special educational needs? If so describe: _____

Does the child have special medical needs? If so describe: _____

In what extracurricular events/activities does the child participate? _____

2. Full legal name of child:

Sex: _____ Date of Birth: _____ Age: _____

City, County, and State of Birth: _____

Social Security: _____ Driver's License: _____

Information About Child Continued

With whom does the child reside: _____ me; _____.

Does the child have special educational needs? If so describe: _____

Does the child have special medical needs? If so describe: _____

In what extracurricular events/activities does the child participate? _____

POTENTIAL PATERNITY DISPUTES

1. Will the opposing party deny paternity? If so, on what basis?

2. During what period of time did the parties have sexual relations?

Did the parties live together for any period of time, and if so when and where?

From _____ to _____

City and State: _____

3. Was the mother engaging in sexual relationships with more than one man during the period she conceived? If so, please give the men's' names.

4. Have the parties discussed the possibility of a paternity action being brought? If so, state the general nature of said discussions.

5. Have any blood tests been done to determine paternity? If so:

When: _____

Name of Testing Laboratory: _____

City and State performed: _____

Results: _____

Paternity Disputes Continued

6. What issues will be raised by you in this action?

7. What issues will be raised by the opposing party in this action?

POTENTIAL CUSTODY DISPUTES

Will custody be disputed? _____ Yes; _____ No; _____ Uncertain.

If not, with whom will the children primarily reside? _____

If there will be disputes, what are the natures of those disputes? _____

Do the children own property, other than furniture and personal effects? If so, describe:

YOUR MARRIAGES AND OTHER CHILDREN

How many times have you been married? _____

What are the names and ages of your other children?

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Do you pay child support? _____ Yes; _____ No. Amount per month: \$_____

Do you receive child support? _____ Yes; _____ No. Amount per month: \$_____

OPPOSING PARTY's MARRIAGES AND OTHER CHILDREN

How many times has the opposing party been married? _____

What are the names and ages of his/her other children?

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Does he/she pay child support? _____ Yes; _____ No. Amount per month: \$_____

Does he/she receive child support? _____ Yes; _____ No. Amount per month: \$_____

LAST WILL AND TESTAMENT

Do you presently have a last will and testament? _____

If so, when was it prepared? _____ In what state? _____

RELATIVE OR FRIEND

Give the name and phone number of persons who will always know how to locate you.

GOALS AND CONCERNS AND QUESTIONS

What are your goals, concerns, or questions, which have brought you to this office?

ATTORNEY NOTES:
