

WRIGHT FAMILY LAW GROUP

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Referred By: _____

PATERNITY INTAKE FORM

Confidential Client History

The following questionnaire is designed to help you more accurately provide information that will help us prepare court pleadings on your behalf. Please complete this form as fully and comprehensively as possible. If exact information is not known, please provide your best estimate. You may be asked at some future date to provide more precise information.

Confidential information provided on this form is protected by the attorney-client privilege and is intended for the use of your legal counsel. Any information provided in this form which is detrimental to you will not be revealed by counsel without your consent unless it is in your best interests to do so except in certain narrow and limited situations required or authorized by law. If you have any questions about the confidentiality of this information we will be pleased to answer them. Because this information is provided in confidence, we ask that your answers be as truthful, complete and accurate as possible.

Date: _____

YOUR INFORMATION

Full Name: _____

Address: _____

Date of Birth: _____ Tel. _____ (cell) _____ (work)

Gross Weekly Pay: _____ Paid: Weekly Bi-Weekly Monthly

email: _____

OTHER PARENT

Full Name: _____

Address: _____

How long in County? _____ Years _____ Months U.S. Citizen? Yes No

Social Security No: _____ Driver's License No: _____ Date of Birth: _____

Place of Birth: _____

Employer: _____



Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home E-mail Address: _____

CHILD(REN)

1. Full Name: First _____ Middle _____ Last _____

Sex: Male Female

Social Security No.: _____ Date of Birth: _____

Place of Birth: _____

2. Full Name: First _____ Middle _____ Last _____

Sex (circle one): Male Female

Social Security No.: _____ Date of Birth: _____

Place of Birth: _____

3. Full Name: First _____ Middle _____ Last _____

Sex (circle one): Male Female

Social Security No.: _____ Date of Birth: _____

Place of Birth: _____

Have you ever been married to the moth /father of this/these child(ren)? Yes or No

If yes, Date of Marriage: _____ Place _____

Have you ever been married to anyone at anytime since the conception of the child? Yes or No

If yes, Name of spouse: Are you still married to that person? Yes or No

If no, Date of divorce: _____

Name of Biological Mother of Child(ren) _____

Name of Biological Father of Child(ren) _____

How old was the mother at the time the oldest child was conceived?

How old was the father at the time the oldest child was conceived?

Where do(es) the child(ren) reside? _____ With Whom? _____



Child(ren) have resided with said party since (date) _____

Do you currently provide health insurance for the child (ren)? Yes or No

Please state the name of the health insurer: _____

If yes, What is the cost of insuring just the child(ren)? \$_____ per

Have you ever received financial assistance from Massachusetts or any state to help raise this/these child(ren)? Yes or No

Has the other parent ever received financial assistance from Massachusetts or any state to help raise this/these child(ren)? Yes No Don't know

Are you in the military? Yes No, Active Reserves Retired

Is the mother of child(ren) in the military? Yes or No

Is the father of child(ren) in the military? Yes or No

Was an Acknowledgement of Paternity signed? Yes or No Do you have a copy? Yes or No

Have there been any others claims to paternity filed by anyone? Yes or No

Has a DNA test been performed? Yes or No Results?

Do/does child(ren) own any property? Yes or No

Do/does child(ren) have any physical or mental disability? Yes or No

Has there ever been a Court Order involving this/these child(ren)? Yes No Don't know

If yes: When _____ Name of Case _____

Explanation: _____

Has any person seeking custody of child(ren) ever been accused of, or committed acts of family violence?
If yes, please explain: _____

Has any person seeking custody/visitation of/with child(ren) ever been accused of or found guilty of child neglect or abuse? If yes, please explain: _____

Have you ever been charged with any crime other than traffic tickets? Yes or No
If so, please give details: _____

Has the mother of the child ever been charged with any crime other than traffic tickets? Yes or No If so, please give details: _____

Have you ever filed Bankruptcy? If so, please explain where, when, and the disposition.

Are there other circumstances which may be a factor in your case? Yes or No
If so, please give details: _____



OTHER INFORMATION:

Does your case involve allegations of: (circle each that apply and provide details)

- Physical Violence _____
- Criminal Record _____
- Excessive Alcohol Use _____
- Adultery _____
- Use of Illegal Drugs _____
- Child Abuse _____
- Financial Problems _____
- Computer Abuse _____

If Physical violence, has a Protective Order ever been Issued?

If so, please give details: _____

Have you or any one associated with this case been the subject of a: (circle each that apply)

- a) Protective Order
- b) Restraining Order
- c) Child Protective Services Investigation
- d) Mental Health Professional Treatment
- e) Questionable Paternity Status
- f) Substance Abuse Treatment
- g) Welfare or Aid to Families with Dependent Children
- h) Common-Law or Informal Marriage
- i) Termination of Parental Rights
- j) Prenuptial Agreement or Partitioning Agreement
- k) Personal Injury Lawsuits

If so please explain for

each: _____

Please set forth in detail what you believe to be the highest priority in your case, setting forth the details of any current arrangements (i.e. support and parenting time) you have with the other parent, whether and whether or not it is part of a current court order: _____

