



TYRONE WATSON LAW, P.A.

PATERNITY INTAKE FORM

CLIENT: Full Name: _____ Male ___ Fem ___

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

OTHER PARENT:

Full Name: _____ Maiden Name: _____

Address: _____ Apt No: _____

City: _____ County: _____ State: _____ Zip: _____

How long in County? _____ Years _____ Months _____ U.S. Citizen? _____

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

Place of Birth: _____

City County State Country

Employer: _____ Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Pager No: (____) _____

Mobile No: (____) _____ Home E-mail Address: _____

CHILDREN:

1. Full Name: _____

First Middle Last

Sex: _____ Social Security No.: _____ Date of Birth: _____

Place of Birth: _____

City County State

2. Full Name: _____

First Middle Last

Sex: _____ Social Security No.: _____ Date of Birth: _____

Place of Birth: _____

City County State

3. Full Name: _____

First Middle Last

Sex: _____ Social Security No.: _____ Date of Birth: _____

Place of Birth: _____

City County State

Have you ever been married to the mother of this/these child(ren)? Yes or No
If yes, Date of Marriage: _____ City _____

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? _____

If you are not the biological or adoptive parent of this/these child(ren), what is your relationship to them?

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
If yes, What is the cost of insuring just the child(ren)? \$ _____ per month (Please ask your human resources person to write a letter showing the cost of insuring just the child(ren).)
Policy information: Please submit your health insurance card so that we may make a copy.

Have you ever received financial assistance to help raise this/these child(ren)? Yes or No Has the other parent
ever received financial assistance 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

Has any man filed an Intent to Claim Paternity on child(ren)? 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 _____ Where _____ Case # _____
Explanation: _____

Has the Texas Attorney General ever been involved with the child(ren) in this case? Yes or No
If yes, please explain fully when, where, and why. _____

Has any person seeking custody of child(ren) ever been accused of, or committed acts of family violence?
Yes or No 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:

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: _____

<input type="checkbox"/>	<input type="checkbox"/>
Yes or No	

Have you or any one associated with this case been the subject of a:

- 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:

OFFICE USE ONLY

Uncontested Divorce: _____
Contested Divorce: _____
Child Custody: _____
Other: _____
Petition: _____
Answer: _____
Waiver: _____
Citation: _____
Temporary Restraining Order: _____
Protective Order: _____
Cross-Action: _____
Appearance: _____
Affidavit: _____
AG a party: _____
Insupportability: _____
Adultery: _____
Mental Cruelty: _____
Other: _____
No Service: _____
Personal Service: _____
 Home _____
 Work _____
 Time _____
Alternate Service: _____
 Publication _____
 Posting _____

Uncontested Retainer:	\$ _____	Contested Retainer:	\$ _____
Court Costs:	\$ _____	Court Costs:	\$ _____
Total Retainer:	\$ _____	Total Retainer:	\$ _____
Down Payment:	\$ _____	Down Payment:	\$ _____

Payments: \$ _____ Weekly/ Bi-weekly/ Monthly

Other Fees: substituted service/ ad litem/ social study/ counseling/ mediation/investigators/ deposition

COMMENTS: _____

