



**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? Yes or No  
If so, please give details: \_\_\_\_\_

\_\_\_\_\_

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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_