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PATERNITY INTAKE SHEET

DATE: _____

PLAINTIFF:

Name: _____ Race: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: HM ()- _____ WK ()- _____

Telephone: Cell ()- _____ E-mail - _____

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

Employer: _____ F/T or P/T

Employer Address: _____

Salary: \$ _____

DEFENDANT:

Name: _____ Race: _____

Address: _____

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

Telephone: HM ()- _____ WK ()- _____

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

Employer: _____ F/T or P/T

Employer Address: _____

Salary: \$ _____

CHILDREN:

- 1. _____ Date of Birth _____
Social Security No. _____
- 2. _____ Date of Birth _____
Social Security No. _____
- 3. _____ Date of Birth _____
Social Security No. _____
- 4. _____ Date of Birth _____
Social Security No. _____

Who currently has custody of the children? _____

Have the children been in the custody of any other person, other than the mother or father, since the children's birth? _____

If Yes, who has had custody of the children, and when? _____

List each and every residence for the children for the past five (5) years:

Present Address: _____

From: ____/____/____ to ____/____/____

Past Address: _____

From: ____/____/____ to ____/____/____

Past Address: _____

From: ____/____/____ to ____/____/____

CHILD'S SURNAME:

Is the Child's last name that of the father? ____ YES ____ NO

Is the Father listed on the child's birth certificate as the natural father? ____ YES ____ NO

Are you requesting that the last name of the child be changed to that of the father?
____ YES ____ NO

CHILD CUSTODY INFORMATION:

Are both parents fit and proper parents for custody purposes? ___ YES ___ NO

Who will have **Primary Physical** Custody of the Children? ___ MOTHER ___ FATHER

Legal Child Custody shall be:

___ MOTHER Sole Custody ___ MOTHER/FATHER Joint Cust. ___ FATHER Sole Cust.

Has there ever been any other litigation involving the custody of the child(ren)? _____

If "Yes", please explain in detail: _____

CHILD VISITATION INFORMATION:

Does one parent currently live in another state? ___ Yes ___ No

Will Child Visitation need to be supervised? ___ Yes ___ No

Will Child Visitation be "Standard" (eg. Alternating Weekends & Holidays) ___ Yes ___ No

Please set forth any special visitation arrangements made between the parties: _____

CHILD SUPPORT:

Monthly amount to be paid: \$ _____, by: ___ FATHER ___ MOTHER

Note: Child Support Award Guidelines are governed by statute. The following chart details the minimum percentage of award based on the party's adjusted gross income:

Number of Children Due Support	Percentage That Should Be Awarded
1	14%
2	20%
3	22%
4	24%
5 or more	26%

Is Defendant able to pay child support? ___ YES ___ NO

Please detail any special allegations regarding Defendant's employment, earnings, assets, wealth, etc.: _____

PAST CHILD SUPPORT:

In the past twelve (12) months, how much child support has the father paid? \$ _____

MEDICAL BILLS RELATED TO PREGNANCY:

What amount of hospital and physician's bills were incurred subsequent to the birth of the minor child herein? \$ _____

HEALTH INSURANCE FOR THE CHILDREN:

Who Will Maintain a Policy of Health Insurance for the Child(ren)? _____

Who Will Pay Deductibles? ___ FATHER ___ MOTHER ___ 50% Each

Who Will Pay Charges Not Covered By Insurance? ___ FATHER ___ MOTHER ___ 50% Each

LIFE INSURANCE:

Who Will Maintain A Life Insurance Policy? ___ FATHER ___ MOTHER ___ Both

How Much? \$ _____

Who Will Be The Trustee of Life Insurance Proceeds For The Children? _____

COLLEGE COSTS:

Who Will Pay College Costs? ___ FATHER ___ MOTHER ___ 50% Each

TAX DEPENDENTS:

Who Will Claim the Minor Child(ren) for Tax Purposes? ___ FATHER ___ MOTHER ___

TEMPORARY HEARING:

Is an emergency temporary hearing needed? ___ YES ___ NO

If yes, what relief is requested? _____

YOUR SIGNATURE