



PATERNITY INTAKE SHEET

CLIENT: Full Name: _____ Male ___ Female ___

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: _____

Employer: _____ Address: _____

City: _____ Country: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____

OTHER PARENT:

Full 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: _____ Employer: _____

Address: _____

City: _____ Country: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____

CHILDREN:

Full Name: _____

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

Place of Birth: _____

Full Name: _____

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

Place of Birth: _____

Full Name: _____

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

Place of Birth: _____

Full Name: _____

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

Place of Birth: _____

UCCJEA REQUIREMENT - CHILD'S RESIDENCE FOR THE PAST 5 YEARS:

FROM	TO	ADDRESS	WITH WHOM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WHAT IS BEING REQUESTED?

_____ Child Support _____ Custody _____ Parenting Time-sharing

PARENTING TIME SCHEDULE

CURRENT SCHEDULE:

DAY(S)	TIME FRAME	WITH WHOM
_____	_____	_____
_____	_____	_____
_____	_____	_____

REQUESTED SCHEDULE:

DAY(S)	TIME FRAME	WITH WHOM
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 children? \$ _____ per month (Please ask your human resources department 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 from Florida or any state to help raise this/these child(ren)?
Yes or No

Has the other parent ever received financial assistance from Florida 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 the child(ren) in the military? Yes or No

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

Do you have any objection to an Associate Judge hearing? 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 No: _____

Explanation:

Has the Florida 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:

Have 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 charge with any crime other than traffic tickets? Yes or No

If so, please give details:

Has the mother of the child(ren) 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 any other circumstance 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	_____

