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CLIENT INFORMATION SHEET - PATERNITY

Date: _____

1. Personal Information

Full Name: _____

Preferred Name/Nickname: _____

Aliases/Prior Names: _____

Birthdate: _____ Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Is this the address where you would like us to contact you? ☐ Yes ☐ No

If no, please provide a contact address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Home: _____

Work: _____

Cell: _____

Secure E-mail address: _____

Is it Ok to contact you regarding your case at the above e-mail address? ☐ Yes ☐ No

Does anyone else (Spouse, child, etc.) have access to this e-mail address? ☐ Yes ☐ No

Are you a resident of the State of Florida? ☐ Yes ☐ No If yes, how long? _____

Driver's License Number _____ Date of Issue: _____

Employer Name: _____

Job Title: _____ Length of Employment? _____

Annual Salary: _____ Do you have any other sources of income? _____

2. Opposing Party Information

Full Name: _____

Aliases/Prior Names: _____

Birthdate: _____ Social Security Number: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Home: _____

Work: _____

Cell: _____

E-mail address: _____

Is the opposing party a resident of the State of Florida? _____ Yes _____ No

If no, in which state is the opposing party a resident? _____

Driver's License Number _____ Date of Issue: _____

Employer Name: _____

Annual Salary: _____ Any other sources of income? _____

Has the opposing party been continuously employed since the child's birth? _____ Yes _____ No

If no, please explain: _____

Has the opposing party retained an attorney in this matter? _____ Yes _____ No

If yes, attorney's name: _____

3. Service and Case Status

Have you been served any papers regarding this matter? _____ If yes, date served _____

Have you retained a previous attorney in this matter? _____ Yes _____ No

If yes, attorney's name(s): _____

Has either party ever sought a determination of paternity for the child(ren) in this matter before in any County in Florida, or another state? _____ Yes _____ No

If yes, when and where? _____

Have you been to mediation in this matter? _____ Yes _____ No

If yes, when and where? _____

Do you believe that this case can be settled amicably? _____ Yes _____ No

Please explain: _____

Does either party question paternity and/or request a DNA test? _____ Yes _____ No

4. Domestic Violence

Has the opposing party ever physically or mentally abused you? ____ Yes ____ No

If yes, please explain: _____

Has the opposing party ever accused you of physical or mental abuse? ____ Yes ____ No

If yes, please explain: _____

Has either party ever sought an injunction for protection against domestic violence? ____ Yes ____ No

If yes, when and was it granted: _____

5. Department of Children & Families or Child Abuse

Has there ever been a report to Department of Children and Families about you, the opposing party or your children? ____ Yes ____ No

If yes, please explain: _____

Has any party physically or mentally abused the children? ____ Yes ____ No

If yes, please explain: _____

6. Children (please complete for each child at issue in this matter and from your previous relationships)

Child #1

Child's Full Legal name: _____ Sex: _____

DOB: _____ Age: _____ Social Security Number: _____

____ Born of Relationship at issue ____ Previous relationship

With whom is child presently living? _____ Do you desire custody? ____ Yes ____ No

Special Needs or Concerns: _____

Child #2

Child's Full Legal name: _____ Sex: _____

DOB: _____ Age: _____ Social Security Number: _____

____ Born of Relationship at issue ____ Previous relationship

With whom is child presently living? _____ Do you desire custody? ____ Yes ____ No

Special Needs or Concerns: _____

Child #3

Child's Full Legal name: _____ Sex: _____

DOB: _____ Age: _____ Social Security Number: _____

_____ Born of Relationship at issue _____ Previous relationship

With whom is child presently living? _____ Do you desire custody? ____ Yes ____ No

Special Needs or Concerns: _____

Is either party currently pregnant? ____ Yes ____ No If yes, due date: _____

Where and with whom have the children in this matter resided in the past five (5) years?

Dates (from/to)	Address (including city and state) where the child lived	Name and present address of the person child lived with	Relationship to child

Are you aware of any other cases, orders or petitions regarding custody or child support for these children in Florida or any other state? ____ Yes ____ No

If yes, case number and brief description: _____

Do you desire shared parental responsibility (decision making)? ____ Yes ____ No

If no, why not? _____

What is the current custody and visitation arrangement?

Have you and opposing party come to any agreements regarding custody/visitation? ____ Yes ____ No

Please explain: _____

What custody and visitation schedule would you like to see implemented? _____

Names, addresses and phone numbers of all persons who can testify regarding custody or visitation factors:

Under whose health insurance policy are the children covered? (Circle one) Father Mother

Monthly amount for health insurance for the children only: _____

Do you have any day care expenses for the children? ____ Yes ____ No Amount? _____

7. Priorities

What do you see as the issues to be resolved in this matter? How would you like to see them settled? Please rank these issues in order of importance to you: _____

8. How did you hear about our firm?

Referred by: _____
_____ Internet _____ Driving by _____ Newspaper _____ Other: _____

I understand that the attorney has agreed to meet with me for the purpose of an initial consultation and that the attorney has not undertaken representation of me in this matter and will not do so until I sign an Agreement for Legal Services with attorney and pay the required retainer.

Printed Name

Signature

Date

If you wish to pay for your consultation by credit card, please provide the following information:

Credit Card No./expiration date: _____

Type of Card (i.e. Mastercard, Visa, Discover, AmEx): _____

Address & Zip Code where you receive the bill for the credit card: _____