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CLIENT INFORMATION SHEET

PATERNITY

Date: _____

1. Your 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

Emergency Contact Name and Relation to you: _____

Emergency Contact phone number: _____

Emergency Contact e-mail address: _____

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

Do you have a Florida Driver's License? Yes No If yes, Date of Issue: _____

Employer Name: _____

Job Title: _____ Length of Employment? _____

Annual Salary: _____ Do you have any other sources of income? If so, from where,
how often, and how much? _____

Have you ever been convicted of a crime? ____ Yes ____ No If yes, when? _____

Type(s) of Crime(s) [Circle applicable]: _____ Felony _____ Misdemeanor _____

Please explain: _____

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

Does the opposing party have a Florida Driver's License? ____ Yes ____ No

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

Employer Name: _____

Annual Salary: _____ Any other sources of income? If so, from where, how often, and
how much? _____

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

If no, please explain: _____

Has the opposing party ever been convicted of a crime? ___Yes ___No If yes, when? _____

Type(s) of Crime(s) [Circle applicable]: Felony Misdemeanor

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? _____

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

4. Priorities

What do you see as the issues to be resolved in this matter, and how would you like to see them settled? _____

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

Please explain: _____

5. Children (please complete for each child at issue in this matter and from any previous relationship)

Child #1

Child's Full Legal name: _____ Sex: _____

DOB: _____ Age: _____ Social Security Number: _____

Born of relationship at issue _____ Born of previous relationship _____

Is the child currently living with you or the opposing party? _____

What school and grade? _____

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 _____ Born of previous relationship _____

Is the child currently living with you or the opposing party? _____

What school and grade? _____

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 _____ Born of previous relationship _____

Is the child currently living with you or the opposing party? _____

What school and grade? _____

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 child(ren) 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 the child(ren) 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 agreement regarding custody/visitation? ___ Yes ___ No

Please explain: _____

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

Under whose health insurance policy is the child(ren) covered? (Circle one) Father Mother

Monthly amount for health insurance for *the child(ren) only*: _____

Do you have any day care expenses for the child(ren)? _____ Yes _____ No Amount? _____

Where does the child(ren) attend daycare? _____

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

1. _____

2. _____

3. _____

4. _____

6. 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?: _____

7. 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: _____

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 a Retainer Agreement for Legal Services with attorney and pay the required retainer.

Printed Name

Signature

Date