

**LAW OFFICES OF
LANDRITH & KULESZ, L.L.P.**
A REGISTERED LIMITED LIABILITY PARTNERSHIP

*601 W. Abram
Arlington, TX 76010
(817) 226-1100
(817) 226-2727/Facsimile*

Legal Assistant: _____

Please answer the following questions to the best of your ability. The information and answers will be kept confidential and will aid the firm in more efficiently and quickly helping you with your legal problem. Thank you for your assistance.

CLIENT QUESTIONNAIRE - PATERNITY

About you:

1. Please give your full name, date and place of birth, and Social Security number.

Full name: _____

Birth date: _____ State where born: _____

Social Security number: _____

Driver's license number: _____

2. Where are you living now, and what is your phone number?

Address: _____

City: _____

County: _____ State: _____ Zip: _____

Home phone: _____

Fax: _____

Pager: _____

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Mobile Phone: _____

E-Mail Address: _____

3. Please complete the following information concerning your employment.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Telephone number: _____

Gross salary per month or annually: _____

About Other Person

4. Please give the other person's full name, date and place of birth, and Social Security number.

Full name: _____

Birth date: _____ State where born: _____

Social Security #: _____

Driver's license #: _____

5. Where is the other person living now, and what is his or her phone number?

Address: _____

City: _____

County: _____ State: _____ Zip: _____

Home phone: _____

Fax: _____

Pager: _____

Mobile Phone: _____

6. Please complete the following information concerning the other person's employment.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Telephone number: _____

Gross salary per month or annually: _____

About your children:

7. Are you pregnant at this time? Yes _____ No _____

8. Do you have any children UNDER 18? Yes _____ No _____

9. Are any of these children adopted? Yes _____ No _____

10. Please give the full name, date and place of birth, sex, Social Security number, etc. of each child of this relationship:

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Date of Adoption: _____

Place of birth: _____

Social Security number: _____

Name of Hospital where child was born, including city and county? _____

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Date of Adoption: _____

Place of birth: _____

Social Security number: _____

Name of Hospital where child was born, including city and county? _____

11. Will there be a dispute over the children? _____

If *not*, with whom will custody be? _____

12. Where and with whom are the children living now? _____

13. Give name, address, and telephone number of the day-care service or sitter:

14. During the last five years, please list the address(es) where the children resided, the dates during that time and with whom they resided (***This Information is required by the Court - Must be filed with the initial pleadings**)?

Other Information:

15. Have you lived in Tarrant County for the previous 90 days: Yes _____ No _____

Have you lived in Texas for the previous 6 months? Yes _____ No _____

16. Does the other person have an attorney? _____ If so, who? _____

17. What is the full maiden name of mother? _____

18. Are there any court proceedings pending on this matter? _____

If so, give name of court, name of judge, date of filing, court docket number, and status of case:

Referral Information:

By whom were you referred to our firm?

_____ Friend Name: _____

_____ Yellow pages: Mansfield _____ Arlington _____ Fort Worth _____

_____ I am a present client

_____ Arlington Bar Association

_____ Internet - If so, what site? _____

_____ Other: _____