



PATERNITY INFORMATION SHEET

The following information will be needed by your attorney in order to properly advise you and handle your case. Please print and answer every applicable question. If a question does not apply, please write "N/A" in the space. **Do not leave any blanks.** This information will help us help you. **THIS INFORMATION WILL BE KEPT CONFIDENTIAL.**

Today's Date: _____

1. PERSONAL INFORMATION - CLIENT

A. Full name: _____
(Last) (First) (Middle) (Maiden)

B. Have you ever been known by any other names? If so, what name(s)?

C. Present address: _____

(City) (County) (State) (Zip)

D. Mailing address (if different from above) for mail during pendency of case
where the other party will not have access:

(City) (County) (State) (Zip)

E. _____ / _____ / _____ / _____
(Social Security Number) (Home Phone) (Home Fax) (E-Mail Address)

(Work Phone) (Work Fax) (Cell Phone)

F. How long have you lived at your present address? _____

G. How long have you lived in this State? _____

H. Which County do you live in? _____

I. Do you _____ own, _____ rent, or _____ live with relatives?

Missouri:
3300 NE Ralph Powell Road
Lee's Summit, Missouri 64086
Tel: (816) 246-9981

Kansas:
4901 W 136th Street
Leawood, Kansas 66224
Tel: (913) 827-4101

J. Date of birth: _____ Age: _____

K. State of your birth: _____

L. Highest grade you completed in school: _____
(High School) (College) (Degree)

M. Marital status: _____

If married previously, how many marriages were ended due to the death of your spouse? _____. How many were ended due to divorce or dissolution? _____.

If you are divorced, in what county and state was/were the divorce(s) granted?

N. Are you an active member of the Armed Forces? _____

O. Do you have any physical disabilities? If so, please describe: _____

P. Do you have a will? _____

Q. Who referred you to this law office? _____

2. **EMPLOYMENT INFORMATION - CLIENT**

A. Are you presently employed? _____ Yes _____ No

B. Name and full address of employer: _____

(City) (County) (State) (Zip)

C. How long have you been so employed? _____

D. What is your approximate gross salary (**before** deductions):

\$_____ per hour \$_____ per week \$_____ per month

E. What is your job title? _____

F. Do you have a pension or profit sharing plan through your employer? __Yes __No

G. If you are not presently employed, when and where were you last employed?

When: _____ Where: _____ Job Title: _____

Salary at time of employment termination: \$_____

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Why was employment terminated? _____

H. Do you have any source of income other than from your employment? _____

If so, explain in detail: _____

3. PERSONAL INFORMATION - OTHER PARTY

A. Name: _____
(Last) (First) (Middle) (Maiden)

B. Address: _____

(City) (County) (State) (Zip)

C. _____/_____/_____
(Social Security Number) (Home Phone) (Work Phone)

D. How long has he/she lived at present address? _____

E. How long has he/she lived in this State? _____

F. Does he/she _____ own, _____ rent, or _____ live with relatives?

G. His/her date of birth: _____ Age: _____

H. State of his/her birth: _____

I. Highest grade he/she completed in school: _____
(High School) (College) (Degree)

J. Is the other party an active member of the Armed Forces? _____

K. Does the other party have any physical disabilities? If so, describe: _____

L. Does the other party have a will? _____

4. EMPLOYMENT INFORMATION - OTHER PARTY

A. Is he/she presently employed? _____ Yes _____ No

B. Name and full address of employer: _____

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(City) (County) (State) (Zip)

C. How long has he/she been so employed? _____

D. Approximate gross salary (**before** deductions):

\$_____ per hour \$_____ per week \$_____ per month

E. What is his/her job title? _____

F. Does he/she have a pension or profit sharing plan through his/her employer?

G. If he/she is not presently employed, when was he/she last employed?

When: _____ Where: _____ Job Title: _____

Salary at time of employment termination: \$_____

Why was employment terminated? _____

H. Does he/she have any source of income other than from employment? _____

If so, explain in detail: _____

5. RELATIONSHIP STATISTICS

A. Date relationship began: _____

B. Period of time relationship was a sexual one: _____

C. Is there a dispute as to who the father is? _____ If so, who are other the potential fathers? _____

D. Date of termination of relationship: _____

E. Is the other party pregnant at this time? _____ Yes _____ No

6. CHILD (REN)

List child(ren) born to and/or adopted by you and the other party, listing the oldest child first. Indicate whether the child was born to or adopted by you. Do not include child(ren) of a previous marriage who have not been adopted by you or the other party.

Full Name	Date of Birth	Age	Marital Status	Born to / Adopted by	Health	Grade	School

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7. CUSTODY OF CHILD(REN)

A. Who has actual physical custody of the minor child(ren) at this time?

_____ Mother _____ Father _____ Joint

B. With whom and where has the child(ren) resided for the last sixty (60) days?:

C. Who do you feel is best suited to have legal custody of the minor child(ren):

_____ Mother _____ Father _____ Joint

Why? Be specific: _____

D. Is the other party a good parent to the minor child(ren)? ____ Yes ____ No

E. Has the minor child(ren) ever lived with anyone other than you or the other party? _____Yes _____No

F. Please list the addresses where the child(ren) has lived for the last five (5) years and the dates lived at such addresses:

Address

Date

G. Has there ever been any litigation concerning custody of this child(ren) in this or in any other state? If so, when and where? _____

H. Have there been any discussions or agreements concerning child support? If so, please describe and state amounts agreed upon: _____

8. RELATIONSHIP PROBLEMS

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A. Please state briefly your view of the basic relationship problems: _____

B. Please state briefly any complaints the other party would have against you at this time regardless of whether said complaints are true or accurate:

C. List and describe briefly all evidence in your possession or knowledge (including names and addresses of all witnesses with a brief description of what can be proven by each) which will substantiate any misconduct by the other party: _____

D. What possible accusations might the other party raise in a contest to this action? _____

E. Have either you or the other party filed a prior paternity action? If so, please state when and where, the ultimate disposition, and the attorneys who represented each party: _____

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F. Have you or the other party ever received counseling? If so, please give approximate dates and the person with whom you counseled: _____

G. Has the minor child(ren) received any counseling? If so, please give approximate dates and the person with whom they counseled: _____

9. ADDITIONAL INFORMATION

State the name, address and telephone number of your mother, father, **and** nearest relative not living with you:

Name	Address	Relationship	Telephone

10. Please state any other facts or comments which you feel your attorney should know regarding this matter:

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