

TINDALL & ENGLAND, P.C.
CONFIDENTIAL FAMILY LAW QUESTIONNAIRE
(Paternity)

Date: _____

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of your family law matter. All information will be held in strict confidence.

PERSONAL DATA:

1. Please give your **full** name, date and place of birth:

- a. Name: _____
(First) (Middle) (Last)
- b. Date of Birth: _____
- c. Place of Birth: _____
- d. Social Security Number: _____
- e. Driver's License Number: _____

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

- a. Street Address: _____
- b. City, State & Zip: _____
- c. Residence telephone number: _____
- d. Mobile phone: _____
- e. E-Mail address: _____

3. Please complete the following concerning your employment?

- a. Employer: _____ Job Title _____
- b. Street Address: _____
- c. City, State & Zip: _____
- d. Telephone Number: _____
- e. Fax No.: _____
- f. Length of Employment: _____
- g. Gross Salary per month or annually: _____
- h. Education: _____

CHILD(REN):

4. Please give the **full** name, date and place of birth, social security number, and sex of each child who will be the subject of this suit:

- | Name and Sex (M/F) | Date and Place of Birth |
|----------------------------|-------------------------|
| a. _____ | _____ |
| Social Security No.: _____ | _____ |
| b. _____ | _____ |
| Social Security No.: _____ | _____ |

c. _____
Social Security No.: _____

PRESENT MARRIAGE:

Information regarding your **present** spouse:

- a. Name: _____
(First) (Middle) (Last)
- b. Date of Marriage to present spouse: _____
- c. Present spouse's employer: _____
- d. Present spouse's work number: _____
- e. Present spouse's Social Security Number: _____

6. Please give **full** name, date and place of birth, social security number, and sex of each child of your **present** marriage:

Name and Sex (M/F)	Date and Place of Birth
a. _____ Social Security No.: _____	_____
b. _____ Social Security No.: _____	_____
c. _____ Social Security No.: _____	_____

PRIOR MARRIAGE:

7. Have you been married before? _____ If so, how many times? _____
Do you have children by a previous marriage? _____ If so, give **full** name, date and place of birth, sex, and social security number of each child of your present marriage(s):

Name and Sex (M/F)	Date and Place of Birth
a. _____ Social Security No.: _____	_____
b. _____ Social Security No.: _____	_____
c. _____ Social Security No.: _____	_____

8. With whom do these children reside? _____

9. Do you pay/receive child support? _____ If so, how much? \$ _____

10. Was the mother of the child(ren) married to anyone other than the alleged father on the date the child(ren) was conceived or born? _____. If so, please complete the following regarding that spouse:

- a. Name: _____
(First) (Middle) (Last)
- b. Date of Marriage to Spouse: _____
- c. Date and county of divorce (if any): _____
- d. Street Address: _____
- e. City, State and Zip: _____
- f. Residence Telephone No.: _____
- g. Spouse's Employer: _____
- h. Spouse's Work Number: _____
- i. Spouse's Social Security Number: _____
- j. State/county/date of divorce from mother of child: _____

11. Please complete the following concerning the mother/alleged father of the child(ren):

- a. Name: _____
(First) (Middle) (Last)
- b. Date of Birth: _____
- c. Place of Birth: _____
- d. Social Security Number: _____
- e. Driver's License Number: _____
- f. Street Address: _____
- g. City, State & Zip: _____
- h. Residence telephone number: _____
- i. Employer: _____ Job Title: _____
- j. Street Address: _____
- k. City, State & Zip: _____
- l. Telephone Number: _____
- m. Length of Employment: _____
- n. Gross Salary per month or annually: _____
- o. Education: _____

12. Will there be a dispute over custody of the child(ren)? _____

13. Where is/are the child(ren) living at this time? _____

14. List all property (other than furniture and clothing) owned by the child(ren). _____

15. At what address do you wish to receive mail from this office?

(Street Address) (City) (State) (Zip)

16. Who referred you to this office? _____

I understand that there will be an initial consultation fee, as follows, regardless of whether I decide to take any legal action.

Harry L. Tindall Consultation Fee -	\$550.00
Angela Pence England Consultation Fee -	\$350.00
Jennie R. Smith Consultation Fee -	\$150.00

(Your Signature)