## Tia E. Werdell, P.A. Basic Client Questionnaire Paternity

Please fill in the following information to the best of your ability. This information is necessary to keep in touch with you and to draft the initial pleadings in your case. <u>Please do not give a phone number if it is not safe to use. We will need your home address, but please specify if we should not send mail to this address.</u>

t Na	me:
1.	Cell Phone:
2.	Home Phone:
3.	Work Phone:
W	Email Address:
5.	Home Address:
6.	Mailing Address if Different from Home:
7.	Address Where Child's Other Parent Should be Served if Different from Home:
8.	Your Social Security No.:
9.	Your Date of Birth:
10.	Date of Conception: (estimate)
11.	Place of Conception:
	Date of Separation:  (when did you or spouse move out of home)

	13. Full n	ame of Child'	s Other Parer	ıt:		
	(purpo	's Other Paren ose: for family 's Other Paren	y law form –	UCCJEA an	d Not. SS)	
Minor C	Child(ren) Ple	ease List their Sta	· Name, Sex, ite Born Belo		and City, Co	unty and
		What is Curr M-N	ent Visitation Iom and D=I		?	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Inf	formation for	your Petitio	n for Paterr	nity	<del></del>
	v• <del>«</del> ppp-	details	where reque	sted.		P *****
		□ Child Sup	e Child Sup	port Case (if	yes, state case	e number
If ap	plicable, plea	ase list any pas	t incidences	of Domestic	Violence/Chi	ld Abuse:
If ap		se list any cur	rent incidenc	es of Domes	tic Violence/0	Child