

PATERNITY INFORMATION SHEET

LOCATION OF APPOINTMENT: Peoria Morton Telephone Other DATE: _____

How did you hear about us?

- Radio Printed Ad Facebook Referral from a former client: _____
 Referral from an attorney: _____ Referral from a friend _____
 Google Search I am a previous client Other (please explain) _____

CLIENT

Name - First _____ Middle _____ Last _____ (Maiden) _____
Address - Street _____ County _____ City _____ State _____ Zip _____
Date of Birth _____ State of Birth _____ Age _____ Social Security No. _____ Driver's License No. _____

Client Phone Numbers: _____
Home _____ Work _____ Cell _____

Client Email: _____

(For Office Use Only): Full Conflict Check Completed By:

CHILDREN

	<u>FULL NAME</u>	<u>DATE OF BIRTH</u>	<u>AGE</u>	<u>SOCIAL SECURITY NO.</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

MOTHER OF CHILD

Name - First Middle Last (Maiden)

Address - Street County City State Zip

Date of Birth State of Birth Age Social Security No. Driver's License No.

Height Weight Race Hair Color Eye Color License Plate No.

Years of Schooling Degrees, Certificates, etc. Length of Residence in Illinois

Number of Previous Marriages How Each Ended (divorce, death, etc.)

FATHER OF CHILD

Name - First Middle Last (Maiden)

Address - Street County City State Zip

Date of Birth State of Birth Age Social Security No. Driver's License No.

Height Weight Race Hair Color Eye Color License Plate No.

Years of Schooling Degrees, Certificates, etc. Length of Residence in Illinois

Number of Previous Marriages How Each Ended (divorce, death, etc.)

GENERAL INFORMATION

1. Relationship between parents (i.e. married, living together, dating, etc.?) _____

2. Approximate date of conception? _____

3. Does the father admit to being the father? _____

4. Has the father paid any costs associated with the pregnancy/birth? _____

5. Has the father paid any support for the child since the birth? _____

ADDITIONAL INFORMATION

FOR OFFICE USE	
ISSUES TO BE ADDRESSED:	
DOCUMENTS TO DRAFT:	