



PATERNITY AND POST-DIVORCE INTAKE FORM

DATE: _____

The information requested in this form is all required by the court. Please answer all questions as completely as possible to the best of your knowledge. If a question does not apply to your situation, write "N/A" in the space provided, rather than leaving the question blank.

CLIENT INFORMATION:

Client Name: _____
FIRST FULL MIDDLE NAME LAST

Address: _____
STREET ADDRESS CITY STATE ZIP

Mailing Address (if different): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Preferred Method of Contact: _____

Date of Birth _____ Social Security No. _____
MO. DAY YEAR

EMPLOYMENT AND INCOME:

(Please do not abbreviate employer's name or your occupation.)

YOUR EMPLOYMENT:

Employer: _____ Occupation: _____

Address: _____
STREET ADDRESS CITY STATE ZIP

HOW ARE YOU PAID:

Salary: _____ (per month/year) Commission - Average gross monthly income: _____

Hourly Wage: _____ Number of hours worked per week: _____

Frequency of Paychecks: _____

II. OTHER PARENT'S INFORMATION:

Name: _____
FIRST FULL MIDDLE NAME LAST

Address: _____
STREET ADDRESS CITY STATE ZIP

Mailing Address (if different): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Date of Birth _____ Social Security No. _____
MO. DAY YEAR

OTHER PARENT'S EMPLOYMENT:

Employer: _____ Occupation: _____

Address: _____
STREET ADDRESS CITY STATE ZIP

HOW ARE THEY PAID:

Salary: _____ (per month/year) Commission - Average gross monthly income: _____

Hourly Wage: _____ Number of hours worked per week: _____

Frequency of Paychecks: _____

III. MINOR CHILDREN OF THIS RELATIONSHIP:

Full Name	Date of Birth	Social Security No.	Age	Place of Birth	Gender
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List ALL addresses of the children's residence in the last five years:

List the names and present addresses of all persons with whom the children have resided in the last five years:

IV. MINOR CHILDREN OF OTHER RELATIONSHIPS:

Your children of previous/current relationships (not including this relationship):

Full Name	Date of Birth	SSN	Age	Custodian	Child Support Paid/Received?
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

Other parent's children of previous/current relationships (not including this relationship):

Full Name	Date of Birth	SSN	Age	Custodian	Child Support Paid/Received?
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

V. CHILD EXPENSES

Work Related Child Care Expenses:

Name of Provider: _____ Children Provided For: _____

Address: _____

Weekly Cost During School Year: _____ Weekly Cost During Summer: _____

Paid for by: _____

Health Insurance Expenses: Is the child covered? ___ Yes ___ No

Name of Health Insurance Company: _____

Provided by (circle one): You Other Parent

Cost for Family Coverage: _____ Cost for Individual Coverage: _____

VI. CURRENT MONTHLY EXPENSES	You	Other Parent
a. House payment, rent, or mortgage	\$ _____	\$ _____
b. Food	\$ _____	\$ _____
c. <u>Utilities:</u>		
Trash Service	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Gas	\$ _____	\$ _____
Electricity	\$ _____	\$ _____
Water	\$ _____	\$ _____
Cable	\$ _____	\$ _____
d. <u>Insurance:</u>		
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Car	\$ _____	\$ _____
House/Rental	\$ _____	\$ _____
e. Uninsured health	\$ _____	\$ _____
f. Child Care	\$ _____	\$ _____
g. Clothing	\$ _____	\$ _____
h. School Expenses	\$ _____	\$ _____
i. Hair Cuts and Personal Care	\$ _____	\$ _____
j. Car Repair	\$ _____	\$ _____
k. Gas and Oil	\$ _____	\$ _____
l. Personal Property Tax	\$ _____	\$ _____
m. Miscellaneous (specify)	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

VII. OTHER PERTINENT INFORMATION

Do you, your spouse, or your children have any health problems or medical conditions? If yes, please explain: _____

I have been institutionalized in the following hospitals or jails: _____

for _____

My spouse has been institutionalized in the following hospitals or jails: _____

for _____

My previous attorneys have been: _____

My spouse's previous attorneys have been: _____

Have you or the other party ever been represented by, or participated in Limited Case Management with, an attorney at Cameron & Herrman, P.A.? _____ Yes _____ No

How I heard about Cameron Family Law, P.A.: _____

How long have you resided in the State of Kansas? _____

I swear that the above is true to the best of my knowledge and ability.

Client

Please be prepared to submit the following documents to our office before your pleadings can be drafted:

- 1) Copy of most recent pay stubs for both parties.
- 2) Documentation from employer reflecting cost of insurance (family of dependent coverage cost v. single).