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New Client Questionnaire – Florida Paternity Case

(Confidential Attorney-Client Communication)

1. Client Information

Full Legal Name: _____

Date of Birth: _____

Social Security Number: _____

Driver's License No. & State: _____

Home Address: _____

Phone Numbers: (Home) _____ (Cell) _____

Email: _____

Employer: _____

Employer Address/Phone: _____

Occupation: _____

2. Opposing Party Information (Alleged Mother/Father)

Full Legal Name: _____

Date of Birth: _____

Address (if known): _____

Phone/Email (if known): _____

Employer/Occupation: _____

3. Relationship History

Date you met: _____

Were you ever married to the other party? ☐ Yes ☐ No

If yes, date of marriage: _____ Date of divorce: _____

Approximate dates of cohabitation (if any): _____

Was child conceived during relationship? ☐ Yes ☐ No

Were there other potential fathers/mothers at time of conception? ☐ Yes ☐ No

4. Child Information

Full Legal Name of Child: _____

Date of Birth: _____

Place of Birth (Hospital/City/State): _____

Social Security No. (if known): _____

Birth Certificate:

- Is the father listed? ☐ Yes ☐ No

- If yes, full name listed: _____

Has paternity already been established by:

- ☐ Acknowledgment of Paternity

- ☐ Administrative Order (Dept. of Revenue)

- ☐ Court Order

- ☐ Genetic Testing

- ☐ None

5. Custody & Timesharing

Has the child primarily resided with one parent? ☐ Yes ☐ No

If yes, with whom: _____

Current living arrangements: _____

Are there any safety concerns (domestic violence, substance abuse, neglect)? ☐ Yes ☐ No

If yes, explain: _____

Desired custody/timesharing outcome: _____

6. Child Support

Is there a current child support order? ☐ Yes ☐ No

If yes, which court/case number: _____

Has either parent applied through the Florida Dept. of Revenue (DOR)? ☐ Yes ☐ No

Father's monthly income (gross): \$ _____

Mother's monthly income (gross): \$ _____

Health insurance: Who provides coverage for the child?

Daycare/educational expenses: \$ _____ per month

7. Prior Court or Agency Involvement

Has any case regarding this child been filed before? ☐ Yes ☐ No

If yes, where (county/state): _____

Case Number: _____

Has the Department of Revenue been involved? ☐ Yes ☐ No

Any prior child support or custody orders? ☐ Yes ☐ No

8. Additional Information

Do you believe genetic testing will be required? ☐ Yes ☐ No

Do you anticipate disputes about custody, support, or visitation? ☐ Yes ☐ No

Any history of domestic violence or injunctions? ☐ Yes ☐ No

Any other children between the parties? ☐ Yes ☐ No

List names/ages if yes: _____

Any other relevant information for attorney review:

9. Documentation Checklist (Client to Provide)

☐ Driver's license / ID

☐ Child's birth certificate

☐ Social Security card(s)

☐ Pay stubs / proof of income (last 3 months)

☐ Health insurance information for child

☐ Prior court orders / DOR paperwork

☐ Any written agreements between the parties