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**RETAINER DATA - PATERNITY - LEGAL PARENTAGE**  
**PLEASE PRINT LEGIBLY AND IN BLACK INK**

**FOR ALL NAMES - PROVIDE LEGAL NAME - FIRST, MIDDLE, LAST + ANY SUFFIX - ie: Jr. or III**

New Case  Pending Court Case No. \_\_\_\_\_  Unknown Div. \_\_\_\_ County: \_\_\_\_\_

**CLIENT**

Full Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
PO Box Address \_\_\_\_\_  
City, State ZIP \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security \_\_\_\_\_  
DL No. \_\_\_\_\_  
DL State Issued \_\_\_\_\_  
DL Expiration Date \_\_\_\_\_  
Phone - Home \_\_\_\_\_  
Phone - Cell \_\_\_\_\_  
Phone - Message \_\_\_\_\_  
Phone - Work \_\_\_\_\_  
Phone - Fax \_\_\_\_\_  
Email Address \_\_\_\_\_  
Employer Name \_\_\_\_\_  
Employer Street \_\_\_\_\_  
Employer PO Box \_\_\_\_\_  
Employer City, State \_\_\_\_\_  
Title - Job Description \_\_\_\_\_

**OPPOSING BIRTH PARENT**

Full Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
PO Box Address \_\_\_\_\_  
City, State ZIP \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security \_\_\_\_\_  
DL No. \_\_\_\_\_  
DL State Issued \_\_\_\_\_  
DL Expiration Date \_\_\_\_\_  
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Phone - Work \_\_\_\_\_  
Phone - Fax \_\_\_\_\_  
Email Address \_\_\_\_\_  
Employer Name \_\_\_\_\_  
Employer Street \_\_\_\_\_  
Employer PO Box \_\_\_\_\_  
Employer City, State \_\_\_\_\_  
Title - Job Description \_\_\_\_\_

**1<sup>ST</sup> CHILD**  Male  Female  
Full Name \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Social Security \_\_\_\_\_

**2<sup>ND</sup> CHILD**  n/a  Male  Female  
Full Name \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Social Security \_\_\_\_\_

**3<sup>RD</sup> CHILD**  n/a  Male  Female  
Full Name \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Social Security \_\_\_\_\_

**RESIDENTIAL PARENT TO DATE**  
 Father  Mother  Other

**RESIDENTIAL PARENT TO DATE**  
 Father  Mother  Other

**RESIDENTIAL PARENT TO DATE**  
 Father  Mother  Other

**OFFICE USE ONLY - NOT FOR PROSPECTIVE CLIENT SUBMISSION**

Charge Card:  MasterCard  VISA Account No. \_\_\_\_\_  
\$ \_\_\_\_\_  American Express  Discover Expiration Date: \_\_\_\_\_ PIN: \_\_\_\_\_

DATE: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
PROSPECTIVE CLIENT'S SIGNATURE

**PROSPECTIVE CLIENT LAST NAME** \_\_\_\_\_

**CLIENT'S CURRENT SPOUSE**

n/a - not currently married

Full Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
PO Box Address \_\_\_\_\_  
City, State ZIP \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security \_\_\_\_\_  
DL No. \_\_\_\_\_  
DL State Issued \_\_\_\_\_  
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Phone - Message \_\_\_\_\_  
Phone - Work \_\_\_\_\_  
Phone - Fax \_\_\_\_\_  
Email Address \_\_\_\_\_  
Employer Name \_\_\_\_\_  
Employer Street \_\_\_\_\_  
Employer PO Box \_\_\_\_\_  
Employer City, State \_\_\_\_\_  
Title - Job Description \_\_\_\_\_

**OPPOSING BIRTH PARENT'S CURRENT SPOUSE**

n/a - not currently married

Full Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
PO Box Address \_\_\_\_\_  
City, State ZIP \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security \_\_\_\_\_  
DL No. \_\_\_\_\_  
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Phone - Fax \_\_\_\_\_  
Email Address \_\_\_\_\_  
Employer Name \_\_\_\_\_  
Employer Street \_\_\_\_\_  
Employer PO Box \_\_\_\_\_  
Employer City, State \_\_\_\_\_  
Title - Job Description \_\_\_\_\_

**COURT CASE**

Client's Relation with Opposing Birth Parent \_\_\_\_\_  
Date of Cohabitation  n/a  \_\_\_\_\_  
Date of Separation  n/a  \_\_\_\_\_  
Date of Marriage  n/a  \_\_\_\_\_

Opposing Birth Parent's Counsel  
Law Firm: \_\_\_\_\_  
Attorney Name \_\_\_\_\_  
Atty Registration No. \_\_\_\_\_  
Address \_\_\_\_\_  
PO Box No. \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Cell \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

**COURT CASES**

Court \_\_\_\_\_  District Court  
Court Case No. \_\_\_\_\_  Unknown  
Location: County \_\_\_\_\_ State \_\_\_\_\_  
Support Order Date \_\_\_\_\_  
Amount Ordered \$ \_\_\_\_\_  
First Due Date \_\_\_\_\_  
Periodic Due Dates  1st  15th Last  \_\_\_\_\_  
Intervals Due  monthly  weekly  bi-weekly  semi-monthly  
Support paid within last 12 months  Yes  No  
Last support paid \$ \_\_\_\_\_ Date \_\_\_\_\_  
No Months Delinquent \_\_\_\_\_ Approx Amt Past Due \$ \_\_\_\_\_  
Number of Prior Income Assignments \_\_\_\_\_  
Children's New Names per  Client  per Client's Spouse \_\_\_\_\_  
Paternity Disputed  No  Yes - blood testing needed  
Anticipate Opposing Parent  consent  court fight  
Anticipated Issues Which May Be Contested by Either Party  
 child support amount  retroactive child support  
 custody  visitation

PROSPECTIVE CLIENT LAST NAME

INFORMATION FOR NEW BIRTH CERTIFICATE

CHILD NO. 1

Race
[ ] Caucasian [ ] Hispanic [ ] Black [ ] Asian [ ] Indian
Birth - City County State

CLIENT

Race
[ ] Caucasian [ ] Hispanic [ ] Black [ ] Asian [ ] Indian
Birth - City County State

CHILD NO. 2

Race
[ ] Caucasian [ ] Hispanic [ ] Black [ ] Asian [ ] Indian
Birth - City County State

CLIENT Address at time of CHILD 1 birth

Street City County State

Inside City Limits [ ] Yes [ ] No
Occupation at time of Child 1 Birth

CHILD NO. 3

Race
[ ] Caucasian [ ] Hispanic [ ] Black [ ] Asian [ ] Indian
Birth - City County State

CLIENT Address at time of CHILD 2 birth

Street City County State

Inside City Limits [ ] Yes [ ] No
Occupation at time of Child 2 Birth

CLIENT'S CURRENT SPOUSE

Race
[ ] Caucasian [ ] Hispanic [ ] Black [ ] Asian [ ] Indian
Birth - City County State

CLIENT Address at time of CHILD 3 birth

Street City County State

Inside City Limits [ ] Yes [ ] No
Occupation at time of Child 3 Birth

Address at time of CHILD 1 birth

Street City County State

Inside City Limits [ ] Yes [ ] No
Occupation at time of Child 1 Birth

CURRENT SPOUSE Address at time of CHILD 2 birth

Street City County State

Inside City Limits [ ] Yes [ ] No
Occupation at time of Child 2 Birth

CURRENT SPOUSE Address at time of CHILD 3 birth

Street City County State

Inside City Limits [ ] Yes [ ] No
Occupation at time of Child 3 Birth

PROSPECTIVE CLIENT LAST NAME

\_\_\_\_\_

EXISTING GUARDIAN AD LITEM  n/a

Law Firm: \_\_\_\_\_  
Attorney Name \_\_\_\_\_  
Atty Registration No. \_\_\_\_\_  
Address \_\_\_\_\_  
PO Box No. \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Cell \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

FINANCIAL INFORMATION

Real Property Parcel 1

- Client  Current Spouse  
 Opposing Party  Current Spouse

Street Address \_\_\_\_\_

Market Value \$ \_\_\_\_\_ Estimated Net Equity \$ \_\_\_\_\_

Legal Description \_\_\_\_\_

\* \* \* \* \*

Real Property Parcel 2

- Client  Current Spouse  
 Opposing Party  Current Spouse

Street Address \_\_\_\_\_

Market Value \$ \_\_\_\_\_ Estimated Net Equity \$ \_\_\_\_\_

Legal Description \_\_\_\_\_

\* \* \* \* \*

- Real Property Opposing Party Unknown  
 Real Property Opposition Current Spouse Unknown

FINANCIAL INFORMATION

Motor Vehicle  Client  Current Spouse

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN \_\_\_\_\_

Market Value \$ \_\_\_\_\_ Estimated Net Equity \$ \_\_\_\_\_

Motor Vehicle  Client  Current Spouse

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN \_\_\_\_\_

Market Value \$ \_\_\_\_\_ Estimated Net Equity \$ \_\_\_\_\_

Motor Vehicle  Client  Current Spouse

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN \_\_\_\_\_

Market Value \$ \_\_\_\_\_ Estimated Net Equity \$ \_\_\_\_\_

\* \* \* \* \*

Motor Vehicle  Opposing Party  Current Spouse

opposing party's motor vehicles unknown

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN \_\_\_\_\_

Market Value \$ \_\_\_\_\_ Estimated Net Equity \$ \_\_\_\_\_

Motor Vehicle  Opposing Party  Current Spouse

opposing party's motor vehicles unknown

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN \_\_\_\_\_

Market Value \$ \_\_\_\_\_ Estimated Net Equity \$ \_\_\_\_\_

Motor Vehicle  Opposing Party  Current Spouse

opposing party's motor vehicles unknown

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN \_\_\_\_\_

Market Value \$ \_\_\_\_\_ Estimated Net Equity \$ \_\_\_\_\_

**PROSPECTIVE CLIENT LAST NAME**

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**CO-MAKER No. 1**

Relation to Client  Father  Mother  Sibling  
 Grandparent  Friend  Other

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

PO Box Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security \_\_\_\_\_

DL No. \_\_\_\_\_

DL State Issued \_\_\_\_\_

DL Expiration Date \_\_\_\_\_

Phone - Home \_\_\_\_\_

Phone - Cell \_\_\_\_\_

Phone - Message \_\_\_\_\_

Phone - Work \_\_\_\_\_

Phone - Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Street \_\_\_\_\_

Employer PO Box \_\_\_\_\_

Employer City, State \_\_\_\_\_

Title - Job Description \_\_\_\_\_

**CO-MAKER No. 2**

Relation to Client  Father  Mother  Sibling  
 Grandparent  Friend  Other

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

PO Box Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security \_\_\_\_\_

DL No. \_\_\_\_\_

DL State Issued \_\_\_\_\_

DL Expiration Date \_\_\_\_\_

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Phone - Message \_\_\_\_\_

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Phone - Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Street \_\_\_\_\_

Employer PO Box \_\_\_\_\_

Employer City, State \_\_\_\_\_

Title - Job Description \_\_\_\_\_