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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 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 _____
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 _____

1ST CHILD Male Female

Full Name _____
Birth Date _____
Social Security _____

2ND CHILD n/a Male Female

Full Name _____
Birth Date _____
Social Security _____

3RD 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

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 _____
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'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 _____
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 _____

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

INFORMATION FOR NEW BIRTH CERTIFICATE

CHILD NO. 1

Race
 Caucasian Hispanic Black Asian Indian
Birth - City County State

CHILD NO. 2

Race
 Caucasian Hispanic Black Asian Indian
Birth - City County State

CHILD NO. 3

Race
 Caucasian Hispanic Black Asian Indian
Birth - City County State

CLIENT'S CURRENT SPOUSE

Race
 Caucasian Hispanic Black Asian Indian
Birth - City County State

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

CLIENT

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

* * * * *
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 Address at time of **CHILD 3 birth**

Street City County State

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

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 \$_____