

FAMILY LAW CLIENT INFORMATION

PATERNITY

IF YOU DO NOT LIVE IN TRAVIS COUNTY; OR, IF YOU ARE NOT CERTAIN IF YOU HAVE RESIDED IN YOUR COUNTY FOR THE PAST THREE (3) CONSECUTIVE MONTHS, PLEASE ADVISE THE ATTORNEY.

Referred by: _____ Today's Date _____

SECTION I - PERSONAL INFORMATION

MOTHER

Full Name _____ Age _____

Original Surname _____ Birth date _____

Birthplace (city) _____ State _____

Social Security No. _____ Driver's License Number _____

Home Street Address _____

City, State and Zip _____ Phone _____

E-mail address _____

COUNTY OF RESIDENCE _____ Mobile No. _____ Fax No. _____

Employer _____ Hours _____

Business Street Address _____

City, State and Zip _____ Phone _____

Salary/income: _____

FATHER

Full Name _____ Age _____

Birth date _____ Birthplace (city) _____ State _____

Social Security No. _____ Driver's License Number _____

Home Street Address _____

City, State and Zip _____ Phone _____

COUNTY OF RESIDENCE _____ Mobile No. _____ Fax No. _____

Employer _____ Hours _____

Business Street Address _____

City, State and Zip _____ Phone _____

Salary/income: _____

Please put an asterisk (*) at which address you prefer to receive mail.

THERE WILL BE A CONSULTATION FEE PAYABLE AT THE END OF YOUR APPOINTMENT. IF YOU HAVE ANY QUESTIONS, PLEASE CHECK WITH THE RECEPTIONIST AT THE FRONT DESK.

SECTION II - CHILD(REN) INFORMATION

Child (ren) _____

Full Name	Sex	COUNTY	Birthplace City, State	Birth Date	Social Security #	Driver's License # (if applicable)
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- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____

Present Residence Address _____

If your child has lived at another address or addresses in the last five years, please list child's name, address, person with whom child lived and their current address, and dates child lived at that address

<u>Name</u>	<u>Past address</u>	<u>Dates at that address</u>	<u>Person child lived with and that person's current address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child(ren)'s Health Insurance Information

Name of person providing insurance for children: _____

Name of Insurance Company: _____

Group/Policy/ID No: _____

Amount of Monthly Premiums: _____

Is this coverage provided through the party's employment? Yes _____ No _____

If the coverage is provided through CHIP or other state or federal program, please state the name of the program:

[If possible, please allow receptionist to make a copy of the insurance card related to the children's coverage.]