

# FISHER LAW LLC

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## PATERNITY QUESTIONNAIRE

Consult date: \_\_\_\_\_

Referred by:  Avvo  FindLaw  
 Firm website  Personal Referral (Name) \_\_\_\_\_  
 Super Lawyers  Lawyer Referral (Name) \_\_\_\_\_  
 Google  Previous client

### CLIENT = YOU

### OTHER PARENT = OTHER PARTY

Full name: \_\_\_\_\_ Full name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

County \_\_\_\_\_ How Long \_\_\_\_\_ County \_\_\_\_\_ How Long \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Length of Residence in State: \_\_\_\_\_ Length of Residence in State: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is your e-mail secure? Y or N Preferred method of contact: \_\_\_e-mail \_\_\_phone \_\_\_mail

### EMERGENCY CONTACT\*\*

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*Will only be used if we have communicated with you yet have not heard back within 10 days.

### CHILD/REN

| First Middle Last | DOB | SS#** | M/F | AGE: | Resides with?<br>(Mom/Dad/Both) |
|-------------------|-----|-------|-----|------|---------------------------------|
|                   |     |       |     |      |                                 |
|                   |     |       |     |      |                                 |
|                   |     |       |     |      |                                 |
|                   |     |       |     |      |                                 |

Is Father listed on birth certificate/s? Yes or No

**FINANCIAL INFORMATION (PARTIES OF THIS ACTION)**

**Client's Information**

Client's Gross Income: \_\_\_\_\_ Paid Monthly/Bi-Weekly/Weekly? \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Employer **address**: \_\_\_\_\_  
Base Wage or Salary: \_\_\_\_\_ Average Overtime: \_\_\_\_\_ Other: \_\_\_\_\_

**Other Party's Information**

Other parent's Gross Income: \_\_\_\_\_ Paid: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Employer **address**: \_\_\_\_\_  
Base Wage or Salary: \_\_\_\_\_ Average Overtime: \_\_\_\_\_ Other: \_\_\_\_\_

**Support Information**

Any other proceedings regarding custody and/or child support for child/ren of this action?  
Yes **or** No      If yes, Case # \_\_\_\_\_ State/county: \_\_\_\_\_  
Child Support \$ \_\_\_\_\_ per month. Arrearage? \$ \_\_\_\_\_  
Admin Child Support # \_\_\_\_\_

Which parent provides insurance for family? \_\_\_\_\_  
Health care costs: \_\_\_\_\_ Childcare/Daycare Costs: \_\_\_\_\_  
Special health or education costs for child/ren: \_\_\_\_\_  
Have the child/ren ever received welfare or Medicaid? Yes **or** No      MACSS# \_\_\_\_\_

**Maintenance Information**

Maintenance paid to a previous spouse? \$ \_\_\_\_\_ per \_\_\_\_\_, duration \_\_\_\_\_  
Maintenance received from previous spouse? \$ \_\_\_\_\_ per \_\_\_\_\_, duration \_\_\_\_\_

**CHILDREN NOT OF THIS ACTION**

Child/ren name/s: \_\_\_\_\_  
Child Support Order: \$ \_\_\_\_\_ State/County: \_\_\_\_\_ Circle one: *Pay or Receive*  
Case # \_\_\_\_\_ Admin Child Sppt # \_\_\_\_\_  
Child/ren name/s: \_\_\_\_\_  
Child Support Order: \$ \_\_\_\_\_ State/County: \_\_\_\_\_ Circle one: *Pay or Receive*  
Case # \_\_\_\_\_ Admin Child Sppt # \_\_\_\_\_

*→ Please provide receptionist a copy of your photo ID (driver's license or other state ID) ←*

**FOR ATTORNEY USE:**

| <b>RETAINER QUOTE</b>                             |                           |
|---|---------------------------|
| Retainer  | \$                        |
| Atty hourly                                       | \$                        |
| NOTES:  |                           |
| <b>SIGNATURE APPT:</b>                            |                           |
|   |                           |
| <b>TO PARALEGAL:</b> _____                        |                           |
|   |                           |
| <b>DISCOVERY</b>                                  |                           |
| Given to client on: _____ / _____ / 20_____       |                           |
| Gave client due date of : _____ / _____ / 20_____ |                           |
| Gave client:                                      | ___ Advanced disco packet |
|   | ___ Standard disco packet |
|   | ___ No disco packet       |

SERVICE OF PROCESS: \_\_\_\_\_

NOTES: \_\_\_\_\_

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