



DAVID LEE WELLS LAW OFFICE

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PATERNITY INTAKE SHEET and EMPLOYMENT CONTRACT

The following information will be needed by your attorney in order to properly advise you and handle your case. Please *print* and fill out every applicable question. If a question is not applicable, please write N/A in the space. DO NOT LEAVE BLANKS. **This information will help us help you.**

DATE: _____ NEW CLIENT: PRESENT CLIENT:
HOW DID YOU FIND OUR OFFICE? WALK IN INTERNET REFERRED BY: _____

NAME: _____ **OTHER PARENT NAME:** _____

ADDRESS: _____ ADDRESS: _____

SSN: _____ DOB: _____ SSN: _____ DOB: _____

WHERE WERE YOU BORN? _____ WHERE WERE YOU BORN? _____

U.S. CITIZEN? YES NO U.S. CITIZEN? YES NO

Notice: Fax, Cellular phone and e-mail communications are not secure. By providing our office the email address, fax number or cellular number is consent for us to use that conduit to contact you. You will need to provide an emergency contact number where we may leave a message for you.

SELF

CELL PHONE: () _____

HOME PHONE: () _____

BUSINESS PHONE: () _____

FAX LINE: () _____

EMAIL: _____

EMERGENCY CONTACT: _____

LENGTH RESIDENCY IN MO: _____

LENGTH RESIDENCY IN COUNTY: _____

HIGHEST YR EDUCATION: _____

RACE: _____

SERVING IN ARMED FORCES? YES NO

OTHER PARENT

CELL PHONE: () _____

HOME PHONE: () _____

BUSINESS PHONE: () _____

FAX LINE: () _____

EMAIL: _____

EMERGENCY CONTACT: _____

LENGTH RESIDENCY IN MO: _____

LENGTH RESIDENCY IN COUNTY: _____

HIGHEST YR EDUCATION: _____

RACE: _____

SERVING IN ARMED FORCES? YES NO

NOTICE: David Lee Wells does not give immigration advice or tax advice. You must discuss those issues with a specialized attorney. If you are not a United States Citizen and plead guilty or are found guilty of a crime, abuse, protective order and/or for other reasons you may be deported.

EMPLOYMENT INFORMATION

EMPLOYER: _____

ADDRESS: _____

YEAR HIRED: _____

DO YOU HAVE A PENSION PLAN? _____

MONTHLY NET SALARY: \$ _____

EMPLOYER: _____

ADDRESS: _____

YEAR HIRED: _____

DO YOU HAVE A PENSION PLAN? _____

MONTHLY NET SALARY: \$ _____

MONTHLY GROSS SALARY: \$ _____
HEALTH INSURANCE PREMIUM: _____
PROVIDER: _____

MONTHLY GROSS SALARY: \$ _____
HEALTH INSURANCE PREMIUM: _____
PROVIDER: _____

Children Information

1. WERE YOU AND THE OTHER PARENT PHYSICALLY INTIMATE: _____
2. HOW LONG WERE THE TWO OF YOU INVOLVED PHYSICALLY: _____
3. PLEASE PROVIDE FULL NAMES, BIRTH DATE AND AGES OF ALL CHILDREN OF THIS RELATIONSHIP:

FULL NAME	DATE OF BIRTH	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. WHO HAS PHYSICAL CUSTODY OF THE CHILD/CHILDREN: _____
5. HAVE YOU ACKNOWLEDGED PATERNITY, AND IF YES, HOW, WHEN AND TO WHOM? _____

6. ARE YOU LISTED ON THE BIRTH CERTIFICATE AS A PARENT? _____
7. HAVE YOU CONTRIBUTED FINANCIALLY FOR THE SUPPORT OF THIS CHILD/CHILDREN? _____
AND IF YES, HOW MUCH AND HOW OFTEN: _____

8. HAS A PATERNITY ACTION BEEN FILED AGAINST YOU? _____
Court: _____
Case No. _____ Date Filed: _____ Date Served: _____
Is there a hearing date: _____

9. HAVE YOU BEEN TESTED FOR PATERNITY: _____
Testing Facility: _____
Date of Testing: _____
Results of Test: _____

10. ARE YOU DENYING PATERNITY? _____

FILE DESTRUCTION POLICY: The attorney will retain the paperwork generated on a legal matter for one (1) year after the conclusion of the legal matter in storage. After one (1) year, unless you instruct my office otherwise, in writing, to the contrary we have the authority to destroy the file including your original documents without further notice to the client. The client should obtain all documents the client desires from the file at the time of the conclusion of the matter, and no later than three (3) months after the file is closed.

I have read and understand the above and foregoing and the information I have provided is true and accurate to the best of my knowledge and belief and I am only seeking advice on the matter and/or matter(s) I have listed above.

SIGNATURE _____ DATE _____

