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PERSONAL AND CONFIDENTIAL

INTERVIEW FORM - PATERNITY

Please complete this *Interview Form*. If you answer all of the applicable questions, you will give us the background information necessary to understand your family law matter. All information will be held in confidence.

1. IMPORTANT INFORMATION ABOUT YOU:

- A. Your name _____
(First) (Middle) (Last) (Maiden)
- B. Age _____
- C. Date of birth _____
- D. Place of birth _____
- E. Driver's License Number and State _____
- F. Social Security Number _____
- G. Your spouse's name _____
(First) (Middle) (Last) (Maiden)
- H. Spouse's Age _____
- I. Spouse's Date of birth _____
- J. Spouse's Place of birth _____

- K. Spouse's Driver's License Number and State _____
- L. Spouse's Social Security Number _____

2. YOUR RESIDENCE

Where are you living now?

- A. Address _____
- B. City, County, State, zip _____
- C. Residence telephone number _____
- D. Mailing Address _____
- E. How long have you been at your current residence address? _____

3. YOUR EMPLOYMENT

- A. Your employer _____
- B. Job title _____
- C. Nature of job _____
- D. Street address _____
- E. City, State, zip _____
- F. Telephone number _____
- G. Gross salary per month or annually _____
- H. Net per pay period _____ Paid how often _____
- I. Length of employment _____

4. OTHER PARTY (child's biological mother):

- A. Name _____
(First) (Middle) (Last) (Maiden)

- B. Age _____
- C. Date of birth _____
- D. Place of birth _____
- E. Driver's License Number and State _____
- F. Social Security Number _____
- G. Residence Address _____
- H. City, County, State, zip _____
- I. Residence telephone number _____
- J. Mailing Address _____
- K. How long at this residence address? _____
- L. Employer _____
- M. Job title _____
- N. Nature of job _____
- O. Street address _____
- P. City, County, State, zip _____
- Q. Telephone number _____

5. OTHER PARTY (child's biological father):

- A. Name _____
(First) (Middle) (Last)
- B. Age _____
- C. Date of birth _____
- D. Place of birth _____
- E. Driver's License Number and State _____

- F. Social Security Number _____
- G. Residence Address _____
- H. City, County, State, zip _____
- I. Residence telephone number _____
- J. Mailing Address _____
- K. How long at this residence address? _____
- L. Employer _____
- M. Job title _____
- N. Nature of job _____
- O. Street address _____
- P. City, County, State, zip _____
- Q. Telephone number _____

6. CHILDREN

- A. _____
(Name and sex)
Social Security Number _____
Place of birth (City & State) _____
Date of birth ____/____/____
Lives with: _____
- B. _____
(Name and sex)
Social Security Number _____
Place of birth (city & state) _____

Date of birth ____/____/____

Lives with: _____

C. _____
(Name and sex)

Social Security Number _____

Place of birth (city & state) _____

Date of birth ____/____/____

Lives with: _____

7. Health Insurance for the Child(ren)

A. Are your children covered by health insurance? _____

B. Who carries the insurance on the children, i.e. you or your spouse and is it an individual policy or one carried through an employer? _____

C. Which company provides the coverage? _____

D. How are the premiums paid? _____

E. Please state the amount of each premium and whether it is paid monthly, quarterly, etc. _____

8. List any significant property (other than furniture, clothing, etc.) owned by the children _____

9. How long have you lived in Texas? _____

10. What county do you reside in? _____

11. How long have you resided in that county? _____

12. Describe previous litigation involving the children:

A. Case number: _____

B. Court: _____

C. Attorney representing you: _____

D. Attorney representing your ex-spouse: _____

13. Does the other party have an attorney? _____

If so, who? _____

14. Does the other party pay child support (how much)? _____

15. Have you, your spouse (if applicable), or the other parent ever been contacted or investigated by Child Protective Services? If so, please briefly explain the circumstances, including when you or your spouse was contacted or investigated:

16. Have you, your spouse (if applicable), or the other parent ever been arrested for or convicted of a crime other than a traffic ticket? _____ Yes _____ No. If "yes", please explain:

17. MAIL

At what address do you wish to receive mail from this office?

(Address) (City) (State)(Zip)

18. REFERRAL

Who may we thank for referring you?

19. ATTORNEYS

If you have consulted with another attorney on this matter,
give name _____

Signature of Client
Date:

PRIVACY POLICY AS TO SOCIAL SECURITY NUMBERS

SOCIAL SECURITY INFORMATION WILL ONLY BE USED IN THE EVENT YOU HIRE THE FIRM TO REPRESENT YOU IN THIS FAMILY LAW MATTER AND THEN ONLY WHEN NECESSARY IN LIMITED USE DURING THE COURSE OF YOUR CASE.

- **SOCIAL SECURITY NUMBERS ARE COLLECTED BY THE LAW FIRM FROM THE CLIENT, AND ALL CLIENTS WILL PROVIDE SUCH INFORMATION TO THE LAW FIRM IN WRITING.**
- **SOCIAL SECURITY NUMBERS ARE USED TO IDENTIFY PARTIES WHETHER FOR INITIAL SERVICE IN COURT ORDERS, IN ORDERS TO WITHHOLD WAGES FOR CHILD SUPPORT, IN REQUIRED REPORTS FILED WITH THE STATE OF TEXAS, OR TO OBTAIN RETIREMENT INFORMATION USED TO DIVIDE RETIREMENT BENEFITS.**
- **ALL RECEIVED INFORMATION FROM A CLIENT IS CONFIDENTIAL, PARTICULARLY SOCIAL SECURITY NUMBERS. SOCIAL SECURITY NUMBERS ARE NOT RELEASED FROM THE FIRM UNLESS AUTHORIZED BY THE CLIENT OR REQUIRED IN THE COURSE OF REPRESENTATION AS PREVIOUSLY RESTATED HEREIN.**
- **THE EMPLOYEES OF LEWIS & PASSONS, P.C. HAVE ACCESS TO THIS PERSONAL INFORMATION.**
- **EVERY STEP IS TAKEN TO PROTECT YOUR PRIVACY. THIS INFORMATION IS KEPT SECURE WITHIN THE OFFICE OF THE FIRM IN FILE FOLDERS AND FILE DRAWERS, UNTIL SUCH TIME THAT THE FILE IS RETIRED AND THE FILE REMOVED TO STORAGE IN A LOCKED, STORAGE FACILITY WHICH MAY BE ON OUR PREMISES OR OFF-PREMISES. THE CLIENT INFORMATION WILL EVENTUALLY BE SHREDDED.**

I acknowledge that I have read the foregoing and that I have provided the above information.

SIGNATURE

DATE