

## Client Intake Form

### *Paternity*

Information About You				
First Name	Middle Name	Last Name	Former/Maiden Name	
Social Security Number		Driver License Number		State
Address		City	County	State ZIP
Date of Birth		Place of Birth		Employer
Employer's Mailing Address		City	State	ZIP
<b>Please indicate how our firm may securely contact you (<i>select all that apply</i>):</b>				
Home phone	Work phone	Cell phone	E-mail	Home address
Home Phone	Work Phone	Cell Phone	E-Mail Address	

Information About Other Parent				
First Name	Middle Name	Last Name	Former/Maiden Name	
Social Security Number		Driver License Number		State
Address		City	State	ZIP
Date of Birth		Place of Birth		Employer
Employer's Mailing Address		City	State	ZIP

Children					
1.	Full Name	Sex	Date of Birth	Place of Birth	Social Security Number
Child's Current Residence			Special Health Care Problems		
2.	Full Name	Sex	Date of Birth	Place of Birth	Social Security Number
Child's Current Residence			Special Health Care Problems		
3.	Full Name	Sex	Date of Birth	Place of Birth	Social Security Number
Child's Current Residence			Special Health Care Problems		
4.	Full Name	Sex	Date of Birth	Place of Birth	Social Security Number
Child's Current Residence			Special Health Care Problems		

Additional Information		
Have any documents been executed acknowledging paternity of the child(ren)?	Yes	No
Has DNA testing been performed?	Yes	No

Referral

Who referred you to GoransonBain Ausley: (please select one)

Advertisement   Attorney   Client   Financial Advisor   Internet Search   Organization   Realtor

Other(explain) \_\_\_\_\_

Referral's name or specific publication: \_\_\_\_\_

If possible, referral's e-mail address: \_\_\_\_\_

Payment

If you do not retain GoransonBain Ausley as your counsel today, payment in full is due at the conclusion of the consultation.

\_\_\_\_\_  
Initials

Acknowledgement

I understand and acknowledge that my personal information may be used and disclosed in conjunction with GoransonBain Ausley's representation of me. I hereby authorize GoransonBain Ausley to use and disclose my personal information. I understand that the information to be used and disclosed may include my Social Security number, driver license number, date of birth, financial account numbers, or any other sensitive personal information.

\_\_\_\_\_  
Signature