

**TINDALL ENGLAND PC**  
**CONFIDENTIAL FAMILY LAW QUESTIONNAIRE**  
**(Paternity)**

Date: \_\_\_\_\_

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of your family law matter. All information will be held in strict confidence.

**PERSONAL DATA:**

1. Please give your **full** name, date and place of birth:

- a. Name: \_\_\_\_\_  
(First) (Middle) (Last)
- b. Date of Birth: \_\_\_\_\_
- c. Place of Birth: \_\_\_\_\_

2. Where are you living now and what is your telephone number?

- a. Street Address: \_\_\_\_\_
- b. City, State & Zip: \_\_\_\_\_
- c. Residence telephone number: \_\_\_\_\_
- d. Mobile phone: \_\_\_\_\_
- e. E-Mail address: \_\_\_\_\_

*NOTE: We recommend you refrain from communicating with us on any device provided by your employer or any computer, smart phone, tablet computer, or other device shared with someone else. In addition, when communicating with us, please do not use your work email address or a shared email account. You should utilize only a private email account that is password protected and accessed solely by you when you communicate with us.*

3. Please complete the following concerning your employment?

- a. Employer: \_\_\_\_\_ Job Title \_\_\_\_\_
- b. Street Address: \_\_\_\_\_
- c. City, State & Zip: \_\_\_\_\_
- d. Telephone Number: \_\_\_\_\_
- e. Fax No.: \_\_\_\_\_
- f. Length of Employment: \_\_\_\_\_
- g. Gross Salary per month or annually: \_\_\_\_\_
- h. Education: \_\_\_\_\_

**CHILD(REN):**

4. Please give the **full** name, date and place of birth, and sex of each child who will be the subject of this suit:

- | Name and Sex (M/F) | Date and Place of Birth |
|--------------------|-------------------------|
| a. _____           | _____                   |

b. \_\_\_\_\_  
c. \_\_\_\_\_

**PRESENT MARRIAGE:**

5. Information regarding your **present** spouse:

a. Name: \_\_\_\_\_  
(First) (Middle) (Last)  
b. Date of Marriage to present spouse: \_\_\_\_\_  
c. Present spouse's employer: \_\_\_\_\_  
d. Present spouse's work number: \_\_\_\_\_

6. Please give **full** name, date and place of birth, and sex of each child of your **present** marriage:

Name and Sex (M/F)	Date and Place of Birth
a. _____	_____
b. _____	_____
c. _____	_____

**PRIOR MARRIAGE:**

7. Have you been married before? \_\_\_\_\_ If so, how many times? \_\_\_\_\_  
Do you have children by a previous marriage? \_\_\_\_\_ If so, give **full** name, date and place of birth, and sex of each child of your present marriage(s):

Name and Sex (M/F)	Date and Place of Birth
a. _____	_____
b. _____	_____
c. _____	_____

8. With whom do these children reside? \_\_\_\_\_

9. Do you pay/receive child support? \_\_\_\_\_ If so, how much? \$ \_\_\_\_\_

10. Was the mother of the child(ren) married to anyone other than the alleged father on the date the child(ren) was conceived or born? \_\_\_\_\_. If so, please complete the following regarding that spouse:

a. Name: \_\_\_\_\_  
(First) (Middle) (Last)  
b. Date of Marriage to Spouse: \_\_\_\_\_

- c. Date and county of divorce (if any): \_\_\_\_\_
- d. Street Address: \_\_\_\_\_
- e. City, State and Zip: \_\_\_\_\_

- f. Residence Telephone No.: \_\_\_\_\_
- g. Spouse's Employer: \_\_\_\_\_
- h. Spouse's Work Number: \_\_\_\_\_
- i. State/county/date of divorce from mother of child: \_\_\_\_\_

11. Please complete the following concerning the mother/alleged father of the child(ren):

- a. Name: \_\_\_\_\_  
(First) (Middle) (Last)
- b. Date of Birth: \_\_\_\_\_
- c. Place of Birth: \_\_\_\_\_
- d. Street Address: \_\_\_\_\_
- e. City, State & Zip: \_\_\_\_\_
- f. Residence telephone number: \_\_\_\_\_
- g. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_
- h. Street Address: \_\_\_\_\_
- i. City, State & Zip: \_\_\_\_\_
- j. Telephone Number: \_\_\_\_\_
- k. Length of Employment: \_\_\_\_\_
- l. Gross Salary per month or annually: \_\_\_\_\_
- m. Education: \_\_\_\_\_

12. Will there be a dispute over custody of the child(ren)? \_\_\_\_\_

13. Where is/are the child(ren) living at this time? \_\_\_\_\_

14. List all property (other than furniture and clothing) owned by the child(ren). \_\_\_\_\_

15. At what address do you wish to receive mail from this office?  
\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

16. Who referred you to this office? \_\_\_\_\_

I understand that there will be an initial consultation fee equal to the hourly rate for the attorney with whom I am consulting. This consultation fee is to be paid on the same date as the consultation.

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(Your Signature)