## MICHAEL T. WEBSTER

## PATERNITY INTAKE

| DATE                                     |                                       |   |
|--|---------------------------------------|---|
|  |                                       |   |
| CLIENT NAME<br>ADDRESS<br>PHONE          |                                       |   |
|  |                                       |   |
| OPPOSING PARTY ADDRESS PHONE             |                                       |   |
|  |                                       |   |
| CLIENT EMAIL                             |                                       |   |
|  |                                       |   |
| CHILD'S CURRENT NAME                     |                                       |   |
|  |                                       |   |
| NAME CHANGE FOR<br>CHILD?                |                                       |   |
|  |                                       |   |
| CHILD'S DATE OF BIRTH                    |                                       |   |
|  |                                       |   |
| CHILD'S PLACE OF BIRTH                   |                                       |   |
|  |                                       |   |
| FATHER'S EMPLOYMENT<br>AND INCOME        |                                       | : |
|  | · · · · · · · · · · · · · · · · · · · |   |
| MOTHER'S EMPLOYMENT<br>AND INCOME        |                                       |   |
|  | · · · · · · · · · · · · · · · · · · · |   |
| MEDICAL INSURANCE<br>AVAILABLE FOR CHILD |                                       |   |