

THE MACSIM FIRM

CHILD SUPPORT INTAKE FORM PATERNITY INTAKE FORM

You may not have all the answers to the questions asked. Please provide as much information as you can.



Please print all responses.

SECTION 1 - INFORMATION ABOUT YOU				
You are the children's: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other, explain:				
The children listed on this form live with you and are in your care and/or custody: <input type="checkbox"/> Yes <input type="checkbox"/> No				
⇒ If you are not the mother or the father of the children, attach a copy of the court order giving you custody of the children.				
Name (Last)		(First)	(Middle)	
Home Address (Number & Street)		(City)	(State)	(Country) (ZIP Code)
Mailing Address (Number & Street), <i>if different</i>		(City)	(State)	(Country) (ZIP Code)
Social Security Number	Driver's License #	Date of Birth	E-Mail Address	
Home Phone #		Cell Phone #	Work Phone #	
Employer Name				
Employer Address (Number & Street)		(City)	(State)	(ZIP Code)
Were the mother and father of the children ever married to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, what is the current relationship of the children's parents?				
<input type="checkbox"/> Married, date of marriage:		<input type="checkbox"/> Divorced, date of divorce:		
Place of marriage:				

SECTION 2 - INFORMATION ABOUT THE OTHER PARENTThe other parent is the children's: Mother Father Other, explain:

Name (Last)		(First)	(Middle)		
Home Address (Number & Street) <input type="checkbox"/> Current <input type="checkbox"/> Last Known		(City)	(State)	(Country)	(ZIP Code)
Mailing Address (Number & Street), <i>if different</i> <input type="checkbox"/> Current <input type="checkbox"/> Last Known		(City)	(State)	(Country)	(ZIP Code)
If the other parent is incarcerated, what is the name of the prison?		(City)	(State)	(ZIP Code)	
Social Security Number	Driver's License #	Date of Birth		E-Mail Address	
Home Phone #		Cell Phone #		Work Phone #	
Employer Name <input type="checkbox"/> Current <input type="checkbox"/> Last Known					
Employer Address (Number & Street)			(City)	(State)	(ZIP Code)
Other Parent's Mother's Maiden Name			Make, Model & Year of Other Parent's Car		

SECTION 3 - INFORMATION ABOUT THE CHILDREN

- List only the children you have with the other parent
- If you have more than three children with the other parent continue on the last page.

	Child 1	Child 2	Child 3
Name (First, Middle & Last)			
Date of Birth			
Place of Birth (City & State or City & Country, if outside US)			
Social Security Number			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name of father on birth certificate			
With whom does the child live?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other, who?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other, who?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other, who?

SECTION 4 - COURT ORDER INFORMATION - Child Support & Medical Support

Is there a court order for child support and/or medical support? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Court			
Court Address (Number & Street)		(City)	(State)	(ZIP Code)	(Country)
Date of Most Recent Order	Amount of Order: \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	Docket #			
Who is currently providing health insurance for the children? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other, who? <input type="checkbox"/> No insurance					

SECTION 5 - SAFETY ISSUES

Do you have concerns that receiving child support services could result in a risk to you or your child(ren's) safety?

Yes (Explain in space below.) No

Do you have a restraining order against the other parent? Yes No

Would disclosure of your address place you or your children at risk of physical or emotional harm? Yes (Explain in space below.) No

At what telephone number would you like us to call you at during the day to discuss your safety concerns?

Telephone #: _____ Is it okay to leave a message? Yes No

Please provide information related to your safety concerns

SECTION 6 - ALTERNATE / EMERGENCY CONTACT

Do you have a close friend or relative who will always be able to get in touch with you? * Yes No

** If you do not speak English, this person should be someone that can speak with us on your behalf.*

Name	Relationship to You	Telephone #	
Address (Number & Street)	(City)	(State)	(ZIP Code)

SECTION 8 - DOCUMENT CHECKLIST

- ⇒ Indicate below which documents you are attaching to this form.
- ⇒ Don't forget to make a copy of this form and any documents you are attaching if they are your only copies.

Court Orders: Copies of all orders relating to child and medical support for the children listed on this form.

Attached?

Yes No

Custody Order: If you are not the mother or father of the children.

Attached?

Yes No

SECTION 9 - RETURN INFORMATION

- ⇒ **Mail:** Send the completed form to The MacSim Firm, 1530 W. Boynton Beach Blvd., Suite 4681, Boynton Beach, FL 33424
- ⇒ **Fax:** Fax completed form with all documentation to (561) 536-3031

SECTION 10 - ADDITIONAL INFORMATION

Use this space if you would like to provide any additional information.

NOTICE: This firm does not represent you with regard to the matters set forth by you herein in this information sheet or discussed during your consultation, unless and until, both you and the Attorney execute a written Agreement for Representation.

Your signature below acknowledges only that you have received a copy of this completed information sheet and does not mean you have hired an Attorney.

Signature: _____

Date: _____