

CLIENT INTAKE FORM INSTRUCTIONS – PATERNITY

Please complete this form as fully and accurately as possible. If any information is not known to you, please insert a question mark (“?”) in the space provided. If you know who has the information please indicate that.

If you retain our legal services and subsequently realize that information provided on this form is incorrect, inaccurate or incomplete, please contact this office and provide the correct information.

Confidential information provided on this form is intended for the use of your legal counsel and is protected by the attorney-client privilege, even if you choose not to retain our services, because the attorney-client privilege extends to preliminary communications looking toward representation, even where representation is never undertaken.

CLIENT CONSULTATION MEETING

Please note that there is a fee of \$150.00 for up to one (1) hour for the first consultation meeting with Attorney Patricia S. Fernandez.

The Attorney’s hourly rates are as follows:

Patricia S. Fernandez \$

Nicole K. Socci \$

Miguel A. Nieves \$

**RETAINER: \$**

**CLIENT INTAKE FORM – PATERNITY**

**DATE :**    /    /    \_\_\_\_\_

**PERSONAL INFORMATION**

1. FULL NAME: \_\_\_\_\_

2. SOCIAL SECURITY NUMBER: \_\_\_\_\_

3. DATE OF BIRTH (*month/date/year*): \_\_\_\_\_

4. HOME ADDRESS: \_\_\_\_\_  
*(street number & name) (city) (state) (zip) (county)*

5. MAILING ADDRESS: \_\_\_\_\_  
*(street number & name) (city) (state) (zip) (county)*

6. PHONE NUMBER: \_\_\_\_\_  
*(home) (work) (cell)*

7. E-MAIL ADDRESS\*: \_\_\_\_\_

**\*We contact clients primarily through e-mail. If you would like to be contacted in another manner, please specify:** \_\_\_\_\_

8. EMPLOYER NAME: \_\_\_\_\_

9. EMPLOYER ADDRESS: \_\_\_\_\_  
*(street number & name) (city) (state) (zip)*

10. JOB TITLE: \_\_\_\_\_

11. ANNUAL INCOME: \_\_\_\_\_

12. DO YOU HAVE HEALTH INSURANCE? YES / NO

13. HEALTH INSURANCE PROVIDER: \_\_\_\_\_

14. DURATION OF RELATIONSHIP WITH THE OTHER PARENT (“T.O.P.”)  
*(e.g.: 01/02/03 – 04/05/06):* \_\_\_\_\_

15. REASON FOR CESSATION OF RELATIONSHIP (*if applicable*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. DID YOU EVER LIVE TOGETHER WITH T.O.P.? YES / NO

17. IF SO, DURING WHAT TIME PERIOD?

18. AS BETWEEN YOU AND T.O.P., WHO IS THE PRIMARY CARETAKER OF ANY CHILD(REN) WHOSE CARE AND SUPPORT MAY BE AT ISSUE?

\_\_\_\_\_

19. PLEASE DESCRIBE THE EXTENT TO WHICH YOU SUPPORT AND/OR CARE FOR THE CHILD(REN): \_\_\_\_\_

**INFORMATION ABOUT THE OTHER PARENT (“T.O.P.”)**

1. FULL NAME OF T.O.P.: \_\_\_\_\_
2. SOCIAL SECURITY NUMBER OF T.O.P.: \_\_\_\_\_
3. T.O.P.’S DATE OF BIRTH (*month/date/year*): \_\_\_\_\_
4. FULL NAME AND ADDRESS OF T.O.P.’S COUNSEL: (*If T.O.P. is representing him/herself, or if you do not know whether the T.O.P. has counsel, please so indicate*):  
\_\_\_\_\_  
\_\_\_\_\_
5. ADDRESS OF T.O.P.: \_\_\_\_\_  
*(street number & name) (city) (state) (zip) (county)*
6. NAME OF T.O.P.’S EMPLOYER: \_\_\_\_\_
7. ADDRESS OF T.O.P.’S EMPLOYER: \_\_\_\_\_  
*(street number & name) (city) (state) (zip)*
8. ANNUAL INCOME: \_\_\_\_\_

**INFORMATION ABOUT THE CHILD(REN)**

FULL NAMES AND BIRTH DATES OF ALL CHILDREN BORN TO OR ADOPTED BY YOU OR T.O.P., INCLUDING ANY CHILD WHOSE FATHER/MOTHER IS NOT T.O.P., AND SPECIFY THE CHILD(REN) FOR WHOM SUPPORT MIGHT BE AT ISSUE: (*if any child is adopted, born to you but not to T.O.P., born to T.O.P. but not to you, or if the relationship otherwise requires explanation, please so explain*):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**SPECIAL CONCERNS**

1. Please describe any health concerns you or any of the above child(ren) might have:  
\_\_\_\_\_

**PRIOR LEGAL PROCEEDINGS**

1. Does your name appear on the child(ren)'s birth certificates? YES / NO
2. Have you executed a voluntary acknowledgement of paternity? YES / NO
3. Are there now or have there ever been any Abuse Prevention Orders (a/k/a 209A Orders or Restraining Orders) between you and T.O.P.? YES / NO
  - a. If so, from what court? \_\_\_\_\_
  - b. When was the most recent order entered? \_\_\_\_\_
  - c. What is the expiration date of that order? \_\_\_\_\_
4. Have there been any other court actions between you and T.O.P.? YES / NO
  - a. If so, in what court? \_\_\_\_\_
  - b. What order(s) has that court entered? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Has the Department of Children and Families (formerly known as D.S.S. or the Department of Social Services) been involved with you, T.O.P. or any child(ren) at issue? If so, when and why? YES / NO

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**IMPORTANT DOCUMENTS**

*If you retain the services of Patricia S. Fernandez & Associates, please remove and keep this page and provide to us as soon as possible the following documents:*

1. Your Income Tax Returns from the three (3) most recent years;
2. Your four (4) most recent pay stubs;
3. Any documents in your possession reflecting T.O.P.'s income; and
4. Birth certificate(s) for any child(ren) for whom child support may be at issue.

**MANDATORY PARENT EDUCATION PROGRAM**

Pursuant to Standing Order 6-08 effective November 1, 2008, parties to a Complaint to Establish Paternity, a Complaint for Custody/Support/Visitation or any case filed on or after July, 2008 involving custody, support or visitation of minor children of never married parents MUST attend and participate in a five (5) hour education program known as "For the Children."

"For the Children" is a supportive parent education program that focuses on the needs of children of never married parents. Topics will include the vital role of parents in children's lives, cooperative parenting, pitfalls for parents to avoid, understanding children's needs and supporting children when parents live apart.

Each party must register for the program within sixty (60) days of service of the Complaint. While parties to a Complaint may attend programs by the same provider, parties must attend different classes; they may not attend the program together. The five (5) hour program takes place over a period of two days. Each parent must attend both sessions totaling five (5) hours.

Currently, the "For the Children" parent education program is offered by the following providers at the following locations:

**ESSEX COUNTY**

**North Shore Counseling Center**

23 Broadway  
Beverly, MA 01915  
(978) 922-2280  
Contact: Linda Migdole  
Website: nscpsyc.com

**Divorce Workshop**

6 Norman Street  
Salem, MA 01970  
(978) 745-7808  
Contact: Madeline Segal

**Family Service Inc.**

430 North Canal Street  
Lawrence, MA 01840

Patricia S. Fernandez & Associates  
Attorneys at Law  
(978) 327-6600

**HAMPSHIRE COUNTY**

**Hampshire County Bar Association**

15 Gothic Street, Suite 10  
Northampton, MA 01060  
(413) 586-4597  
Contact: Rebecca Ryan

**SUFFOLK COUNTY**

**Family Health Choices**

Massachusetts General Hospital  
15 Parkman Street  
Boston, MA 02114  
(978) 887-6342  
Contact: Steven Nisenbaum

Please make arrangements with the provider of your choice to enroll and participate in the “For the Children” parent education program. Upon successful completion, please send me your original certificate of completion.