

**INITIAL CLIENT INTAKE SHEET**  
**PATERNITY**

CLIENT NAME:	SSN:
Address:	DOB:
Mailing Address:	Place of Birth:
County:	Occupation:
	Employer:
	Monthly Income:
Length of Residence in State:	Second Occupation:
Length of Residence in County:	Second Employer Name:
	Second Income:
Telephone:	Government Support:
HOME:	Education:
WORK:	HIGH SCHOOL:
CELL:	COLLEGE:
FAX:	POST GRADUATE STUDY:
E-MAIL:	

OTHER PARTY NAME:	SSN:
Address:	DOB:
Mailing Address:	Place of Birth:
County:	Occupation:

Employer:

Monthly Income:

Length of Residence in State:

Second Occupation:

Length of Residence in County:

Second Employer:

Second Income:

Telephone:

Government Support:

HOME:

Education:

WORK:

HIGH SCHOOL:

CELL:

COLLEGE:

FAX:

POST GRADUATE STUDY:

E-MAIL:

<i>CHILDREN(S) NAME(S) - DATE OF BIRTH &amp; SSN:</i>	<i>CITY, COUNTY AND STATE OF BIRTH</i>	<i>CHILD CURRENTLY RESIDING WITH:</i>

What is being requested?

Child Support       Custody

Medical Insurance and Expenses       Birth Expense Reimbursement

Health insurance: provided by client or other party?

Number of children of client not involved in this action:

a. Amount of child support received:

Number of children of other party not involved in this action:

UCCJEA REQUIREMENT

For each child, list the places the child has resided during the last five years, and name and addresses of the persons with whom the child has lived during such periods.

**FROM**

**TO**

**ADDRESS**

**WITH WHOM**

Support Paid:

**STATEMENT OF INCOME AND EXPENSES OF**

**SSN: \_\_\_\_\_**

I. INCOME

A.

Employer

Address:

\_\_\_\_ Check if unemployed

PAID: (check one)

\_\_\_\_ Hourly

Wage rate per hour: \_\_\_\_\_

Average hours per week: \_\_\_\_\_

Average monthly wages: \$ \_\_\_\_\_

\_\_\_\_ Salary

Average Monthly Salary: \$ \_\_\_\_\_

Gross Salary/Wages and Commission \$ \_\_\_\_\_

Each Pay Period:

Average Monthly Wages:

Paid: \_\_\_\_ Weekly \_\_\_\_ Bi-Weekly

\_\_\_\_ Semi-Monthly \_\_\_\_ Monthly

Number of Dependents Claimed:

Number of Exemptions Claimed:

**PAYROLL DEDUCTIONS:**

FICA (Social Security Tax)	\$ _____
Federal Withholding Tax	\$ _____
State Withholding Tax	\$ _____
Medicare	\$ _____
Union Dues	\$ _____
Health Insurance	\$ _____
<b>OTHER DEDUCTIONS:</b>	
	\$ _____

TOTAL DEDUCTIONS EACH PAY PERIOD	\$ _____
NET TAKE HOME PAY EACH PAY PERIOD	\$ _____

B. ADDITIONAL INCOME from Rentals, Dividends and Business Enterprises, Social Security, AFDC, VA Benefits, Pensions, Annuities, Bonuses, Commissions and all other sources (give monthly average and list sources of income)

Bonuses	\$ _____
Draw	\$ _____
Pension/Retirement	\$ _____
Annuity	\$ _____
Interest Income	\$ _____
Dividend Income	\$ _____
Trust Income	\$ _____
Social Security	\$ _____
Overtime/Commission	\$ _____
Workers Compensation	\$ _____
Public Aid/Food Stamps	\$ _____
Rental Income	\$ _____
Business Income	\$ _____
Royalty	\$ _____
Fellowship/Stipends	\$ _____
Unemployment	\$ _____
Disability Payments	\$ _____
Other Income	\$ _____
Child Support received for children not of this proceeding	\$ _____
Maintenance received from third party	\$ _____

AVERAGE MONTHLY TOTAL \$ \_\_\_\_\_

**C. TOTAL AVERAGE NET MONTHLY INCOME**

\$ \_\_\_\_\_

—

**D. Your share of the gross income shown on last year's income tax returns**

**YEAR:** \_\_\_\_\_

\$ \_\_\_\_\_

—

**II. EXPENSES on a MONTHLY average HOMEOWNERS EXPENSES**

Rent \$ \_\_\_\_\_

Mortgage \$ \_\_\_\_\_

Second Mortgage \$ \_\_\_\_\_

Real Estate Taxes \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Lot Rent \$ \_\_\_\_\_

Association Fees \$ \_\_\_\_\_

Maintenance of Home \$ \_\_\_\_\_

Lawn Service \$ \_\_\_\_\_

Pest Control \$ \_\_\_\_\_

Veterinarian and General Pet Care \$ \_\_\_\_\_

**TOTAL HOME EXPENSES**

\$ \_\_\_\_\_

**UTILITIES**

Natural Gas \$ \_\_\_\_\_

Water \$ \_\_\_\_\_

Electricity \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

Trash Service \$ \_\_\_\_\_

Cable/Satellite \$ \_\_\_\_\_

Sewer \$ \_\_\_\_\_

Cellular Phone/Pager \$ \_\_\_\_\_

Internet Provider \$ \_\_\_\_\_  
\$ \_\_\_\_\_

TOTAL UTILITIES EXPENSES \$ \_\_\_\_\_

MEDICAL EXPENSES

General Care \$ \_\_\_\_\_  
Dental Care \$ \_\_\_\_\_  
Health Insurance \$ \_\_\_\_\_  
Prescription Drugs \$ \_\_\_\_\_  
Over the Counter Drugs \$ \_\_\_\_\_  
Eye Care \$ \_\_\_\_\_  
Mental Health Care \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

TOTAL MEDICAL EXPENSES \$ \_\_\_\_\_

PERSONAL HYGIENE & BEAUTY

Hair Cuts/Perm \$ \_\_\_\_\_  
Personal Products \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

TOTAL PERSONAL HYGIENE & BEAUTY EXPENSES \$ \_\_\_\_\_

AUTOMOBILE AND TRANSPORTATION

Gasoline \$ \_\_\_\_\_  
Routine Maintenance \$ \_\_\_\_\_  
Personal Property Tax \$ \_\_\_\_\_  
Auto Insurance \$ \_\_\_\_\_  
\$ \_\_\_\_\_

\$ \_\_\_\_\_

TOTAL AUTOMOBILE  
EXPENSES

\$ \_\_\_\_\_

GENERAL LIVING

Food \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Life Insurance \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

TOTAL GENERAL LIVING  
EXPENSES

\$ \_\_\_\_\_

CREDIT CARDS & OTHER INSTALLMENTS

American Express \$ \_\_\_\_\_

VISA \$ \_\_\_\_\_

Mastercard \$ \_\_\_\_\_

Discover Card \$ \_\_\_\_\_

Other Bank Cards \$ \_\_\_\_\_

Store Credit Cards \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

TOTAL CREDIT CARD &  
OTHER INSTALLMENT  
EXPENSES

\$ \_\_\_\_\_

CHILD SUPPORT PAID BY CLIENT FOR CHILDREN NOT INVOLVED IN THIS PROCEEDING:

\$ \_\_\_\_\_

ALIMONY OR MAINTENANCE PAID TO FORMER SPOUSE: \$ \_\_\_\_\_

OTHER MISC EXPENSES

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

TOTAL OTHER EXPENSES \$ \_\_\_\_\_

MINOR AND/OR DEPENDENT CHILDREN:

Health Insurance \$ \_\_\_\_\_  
Medical Including Co-Pay \$ \_\_\_\_\_  
Dental \$ \_\_\_\_\_  
Vision \$ \_\_\_\_\_  
Psychological \$ \_\_\_\_\_  
Other Health \$ \_\_\_\_\_  
Educational \$ \_\_\_\_\_  
Childcare \$ \_\_\_\_\_  
Extraordinary Expenses \$ \_\_\_\_\_

TOTAL CHILDREN'S EXPENSES \$ \_\_\_\_\_

TOTAL AVERAGE MONTHLY EXPENSES \$ \_\_\_\_\_