

INFORMATION FOR PATERNITY CASE

Referral Source: _____

Date: _____

Plaintiff: _____ Please circle one. I am the: Mother Father Address: _____ _____ Driver's License #: _____ Place of Employment: _____ Address: _____ Salary: \$ _____ Education: _____ Comments: _____	Date of Birth: _____ Home Phone #: _____ Cell #: _____ Car Tag #: _____ Position: _____ Phone #: _____ Social Security #: _____
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Defendant: _____ Please circle one. I am the: Mother Father Address: _____ _____ Driver's License #: _____ Place of Employment: _____ Address: _____ Salary: \$ _____ Education: _____ Comments: _____	Date of Birth: _____ Home Phone #: _____ Cell #: _____ Car Tag #: _____ Position: _____ Phone #: _____ Social Security #: _____
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How long has the Plaintiff been a resident of the State of Florida? _____

How long has the Defendant been a resident of the State of Florida? _____

Children(s) Names:	Age	Date of Birth		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
Addresses for the last 5 years:	Dates From/To	With Whom	Relationship	
_____	_____ / _____	_____	_____	
_____	_____ / _____	_____	_____	
_____	_____ / _____	_____	_____	