

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.

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:

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

Fernandez, Socci & Nieves
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.