

# CAVEDA

LAW FIRM, P.A.

Marital & Family Law  
Personal Injury & Wrongful Death

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## CONFIDENTIAL QUESTIONNAIRE-PATERNITY CASE

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your case. All information will be held in strict confidence.

### I. Your Personal Information:

- a) Name (first, middle & last) \_\_\_\_\_
- b) Date of birth \_\_\_\_\_ Place of Birth \_\_\_\_\_
- c) Social Security Number \_\_\_\_\_
- d) Current address \_\_\_\_\_

Do you wish to have your mail from this office sent to a different address? If so, please list the address:

\_\_\_\_\_  
\_\_\_\_\_

- e) Telephone numbers where we may reach you: Home \_\_\_\_\_  
Office \_\_\_\_\_  
Cell \_\_\_\_\_

- f) If you wish to correspond via e-mail, please give your e-mail address: \_\_\_\_\_

Attorney Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Residency Information:**

a) How long have you lived in the State of Florida? \_\_\_\_\_

b) Please list other residential addresses during the past five (5) years and the dates you resided at that residence.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attorney Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education:**

a) Highest degree of education \_\_\_\_\_

Attorney Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment:**

a) Employer \_\_\_\_\_

b) Address \_\_\_\_\_

\_\_\_\_\_

c) What is your job title \_\_\_\_\_

d) Gross salary (annual) \_\_\_\_\_

e) Other sources of income (explain) \_\_\_\_\_

f) Average monthly income from other sources \_\_\_\_\_

Attorney Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. Information on Other Parent**

a) Name (first, middle, last) \_\_\_\_\_

b) Maiden/Former Name \_\_\_\_\_

c) Current address \_\_\_\_\_  
\_\_\_\_\_

d) Date of birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

e) Social Security Number \_\_\_\_\_

f) Telephone numbers: Home \_\_\_\_\_

Cell \_\_\_\_\_ Office \_\_\_\_\_

Attorney Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Residency Information:**

a) How long has he/she lived in the State of Florida? \_\_\_\_\_

b) Please list other residential addresses during the past five (5) years and the dates resided at that residence.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attorney Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education:**

a) Highest degree of education \_\_\_\_\_

Attorney Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment:**

a) Employer \_\_\_\_\_

b) Address \_\_\_\_\_

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- c) What is his/her job title \_\_\_\_\_
  - d) Gross salary (annual) \_\_\_\_\_
  - e) Other sources of income (explain) \_\_\_\_\_
  - f) Average monthly income from other sources \_\_\_\_\_

Attorney Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. Relationship and Separation**

- a) Nature of Relationship (e.g., boyfriend/girlfriend; lived together; never lived together; extramarital affair) \_\_\_\_\_
- b) If lived together, for how long? \_\_\_\_\_
- c) Give an approximate date of separation \_\_\_\_\_
- d) Have there been prior separations? \_\_\_\_\_
- e) If so, how many? Please state approximately when and how long? \_\_\_\_\_
- f) Has he/she ever been charged with a crime? \_\_\_\_\_  
Have you been charged with a crime? \_\_\_\_\_
- g) Have there been prior court proceedings between you and him/her? \_\_\_\_\_ If so, please bring copies of all related documents. Who was your previous attorney? \_\_\_\_\_
- h) How long have you and he/she been having difficulties? \_\_\_\_\_
- i) Have you and/or he/she tried counseling? \_\_\_\_\_ If so, who went, for how long and to whom? \_\_\_\_\_
- j) Do you want counseling for yourself, for him/her, or for both of you? \_\_\_\_\_
- k) Do you want a reconciliation? \_\_\_\_\_

Attorney Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. Children**

a) How many children were born of this relationship? \_\_\_\_\_

b) Please give full name, date of birth, place of birth, and sex of each child. If there are any children by a previous marriage or relationship, please indicate.

<u>Name and Social Security Number</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Place of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

c) Where are the children living at this time? \_\_\_\_\_

\_\_\_\_\_

d) List all residence addresses for the children during the past five (5) years; dates they lived at that residence; and with whom they resided.

<u>Address</u>	<u>Dates at that address</u>	<u>With whom they resided</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

e) List all property, if any, owned by the children. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Attorney Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. Real and Personal Property**

a) List all real estate you own together by street address, indicating in whose name the property is titled and its approximate value:

<u>Address</u>	<u>Value</u>	<u>Owner(s)</u>
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b) List all vehicles you currently own, in whose name the vehicle is titled and who has possession

<u>Vehicle</u>	<u>Possession</u>	<u>Owner(s)</u>

c) List all bank, savings, money market, credit union accounts:

<u>Bank</u>	<u>Account Number</u>	<u>Balance</u>	<u>Owner(s)</u>

d) List all stock and/or mutual fund accounts:

<u>Stock/Mutual Fund</u>	<u>Account Number</u>

e) List all pension, profit sharing, 401k, 403b, or other retirement type accounts:


Attorney Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VI. Miscellaneous**

a) Describe any special contributions you feel you have made to his/her career, education or assets.

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b) What is the condition of your mental health? \_\_\_\_\_

What is the condition of your physical health? \_\_\_\_\_

c) Were you referred to this office by someone? \_\_\_\_\_ If so, who referred you? \_\_\_\_\_

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d) Were you referred to an individual lawyer or to the firm generally? \_\_\_\_\_

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Attorney Notes: \_\_\_\_\_

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I represent that the foregoing information is true and correct to the best of my knowledge.

DATE: \_\_\_\_\_

\_\_\_\_\_  
CLIENT SIGNATURE

**The cost of the first initial consultation is \$100.00 for up to one hour. Please indicate below the method of payment for the consultation.**

\_\_\_\_\_ **Cash/Money Order**

\_\_\_\_\_ **Visa/MasterCard/American Express/Discover: Card No.:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_