

The Law Office of Melissa D. Rowcliffe, P.C.
CLIENT DATA SHEET
PATERNITY/ADOPTION/TERMINATION/MISCELLANEOUS

Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

CLIENT:

1. Name: _____ Age: _____
2. Address: _____ City/State/Zip: _____
County of Residence: _____
3. How long at this address? _____ Race: _____
4. Date of Birth: _____ Place of Birth: _____
5. Employment: _____ Phone: _____
Address: _____
If military, Rank: _____ Months in Service: _____ Active: _____ Retired: _____
6. Social Security No.: _____ Driver's License No: _____

MOTHER/FATHER OF THE CHILD:

1. Name: _____ Age: _____
2. Address: _____ City/State/Zip: _____
3. How long at this address? _____ Residence County: _____ Race: _____
4. Date of Birth: _____ Place of Birth: _____
5. Employment: _____ Phone: _____
Address: _____
If military, Rank: _____ Months in Service: _____ Active: _____ Retired: _____
6. Social Security No.: _____ Driver's License No: _____

CHILDREN:

Name	Social Security Number	Sex	Place of Birth City, County, State	Date of Birth	Residing with
1. _____					
2. _____					
3. _____					

How is the child covered under health insurance: _____

How is the child covered by Dental Insurance: _____

Is mother presently pregnant? () Yes () No

WHERE AND WITH WHOM HAS EACH CHILD LIVED FOR THE PAST 5 YEARS?

Where	From-To	With Whom
1. _____		
2. _____		

Explain problem: _____

Has there ever been a custody fight regarding the children? () Yes () No

Have you ever been to an attorney before? () Yes () No

Has the opposing party ever been to Law Office of Melissa D. Rowcliffe before? () Yes () No

How did you hear about The Law Offices of Melissa D. Rowcliffe? _____