

Lori A. Spearman

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CLIENT INFORMATION (PATERNITY)

* ALL INFORMATION IS NECESSARY. PLEASE READ CAREFULLY AND FILL OUT ALL PAGES COMPLETELY.

TODAY'S DATE: _____ REFERRED BY: _____

CLIENT INFORMATION:

NAME: _____

RACE OR COLOR: _____

PHYSICAL ADDRESS: _____

CITY, STATE, ZIP: _____ COUNTY: _____ HOW LONG: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

DL#: _____ STATE: _____ SS#: _____

AGE: __ DATE OF BIRTH: _____ STATE OF BIRTH: _____

OPPOSING PARTY'S INFORMATION:

FULL NAME: (include Maiden, if applicable) _____

RACE OR COLOR (IF OF HISPANIC ORIGIN, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.):

PHYSICAL ADDRESS: _____

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CITY, STATE, ZIP: _____ COUNTY: _____ HOW LONG: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

BUSINESS HOURS: _____

DL#: _____ STATE: _____ SS#: _____

AGE: __ DATE OF BIRTH: _____ STATE OF BIRTH: _____

ADDITIONAL INFORMATION:

WHERE SHOULD THE OTHER PARTY BE SERVED WITH NOTICE AND WHAT TIME OF DAY IS BEST? (IF APPLICABLE) _____

CHILDREN THAT ARE THE SUBJECT OF THIS SUIT:

<u>NAME</u> (as registered at birth)	<u>SEX</u>	<u>DATE OF BIRTH</u>	<u>PLACE OF BIRTH</u> (County, City, State and name of hospital)	<u>HOUR OF BIRTH</u>
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1. _____

2. _____

CHILDREN RESIDE WITH: _____

DO THE CHILDREN OWN ANY PROPERTY? _____

CHANGE CHILD(REN)'S NAME? _ IF SO, NEW NAME OF CHILD(REN) _____

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IS THERE A COURT OF CONTINUING JURISDICTION OVER THE CHILD(REN)? _____

IF SO, GIVE THE CAUSE NO. AND STYLE OF THE CASE _____

DOES ANY OTHER PARTY CURRENTLY HAVE AN ATTORNEY? _____

IF SO, WHO? _____

CONSULTATION FEE AGREEMENT:

I UNDERSTAND AND AGREE TO PAY \$100.00 FOR THE INITIAL CONSULTATION,
REGARDLESS OF MY DECISION TO ENGAGE THE SERVICES OF THIS LAW OFFICE.

SIGNATURE

DATE

INFORMATION FOR SERVICE OF PROCESS

INSTRUCTIONS

Please complete the following items respecting the opposing party (i.e. spouse, ex-spouse, etc.) If you have a picture of this individual, please leave it with our office. We cannot guarantee the return of photos. The following information will only be used in the event that it is necessary for the process server to serve the papers to your opponent. Please complete this information even though you do not wish to have papers served at this time. Unless the attorney has indicated otherwise, DO NOT TELL OUR OPPONENT THAT HE OR SHE IS ABOUT TO BE SERVED. Failure to comply with these instructions may result in the attorney and process server being unable to rapidly and effectively protect you and your rights. It further may cost you additional service fees and attorney's fees.

FULL NAME: _____ HIS/HER AGE: _____

NICKNAMES: _____

PLACE OF EMPLOYMENT: _____ POSITION: _____ ADDRESS: _____
_____ DAYS AND HOURS WORKED: _____

PLACE OF RESIDENCE: _____ VEHICLE DRIVEN:
MAKE _____ MODEL _____ LICENSE NUMBER : _____ TOP
COLOR _____ BODY COLOR _____ PHYSICAL DESCRIPTION: HEIGHT _____ WEIGHT _____
_____ HAIR COLOR: _____ HAIR LENGTH: _____ EYES: _____

BUILD: SLIM, MEDIUM, HEAVY (circle one)

OTHER: List any other physical characteristics, identifying marks, favorite locations that may help us locate your opponent for service. Please note anything unusual regarding the vehicle driven by the person to be served (tinted windows, bumper sticker, radio/cellular phone antenna, body damage, etc.): _____

_____ Will this individual evade service of process? _____ yes _____ no

Do you consider this person to be potentially dangerous to this process server?

_____ yes _____ no

Telephone number where we may reach you for further information : _____.

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