



WILLIS & CAGLE LAW FIRM

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CLIENT INTAKE FORM PATERNITY

CLIENT INFORMATION

Legal Name (Last, First, Middle)

Date of Birth

Current Address (Street, City, State, ZIP)

Telephone Number

Best Time of Day to Reach You

Email Address

Employer Name

Employer Phone Number

Employer Address

Occupation / Position

CASE INFORMATION

Are you the mother or father of the child?

Has paternity already been legally established? (Yes / No)

If established, how? (Voluntary Acknowledgment of Paternity, prior court order, etc.)

OTHER PARENT INFORMATION**Full Legal Name****Date of Birth****Current Address (if known)****Telephone Number (if known)****Email Address (if known)****Employer Name (if known)****Employer Phone Number (if known)****Employer Address (if known)****CHILD CUSTODY INFORMATION**

Oklahoma's UCCJEA (43 O.S. § 551-209) requires the court to be given each child's residence history for the past five years. Please complete as accurately as possible. If you have more children than rows provided, please attach an additional sheet.

Child Full Legal Name	Date of Birth	Current Address	Relationship to Client

Address(es) Where Each Child Has Lived During the Past Five (5) Years, With Dates and the Name(s) of Person(s) Lived With

Has any child been the subject of another custody proceeding? (Yes / No)

If yes, court, case number, and county/state

Are you aware of any other person claiming custody or visitation rights? (Yes / No)

If yes, name and relationship

Is there an existing protective order involving you, the other parent, or any child? (Yes / No)

If yes, case number and issuing court

INDIAN CHILD WELFARE ACT (ICWA) INFORMATION

Federal and Oklahoma law require specific notice and procedures when a child involved in this matter is a member of, or eligible for membership in, a federally recognized Indian tribe. Please complete this section if applicable.

Is the child a member of, or eligible for membership in, a federally recognized Indian tribe? (Yes / No / Unknown)

Name of Tribe(s)

Is the Child Enrolled in the Tribe? (Yes / No / Pending)

Roll Number(s) (if enrolled)

Indian Child Welfare Caseworker Name

Caseworker Phone Number

Caseworker Agency / Tribe Address

ADDITIONAL INFORMATION

Is child support currently being paid or received? (Yes / No)

Amount and through what agency, if any

Has there ever been a DHS administrative hearing for the child(ren) at issue in this case? (Yes / No — if yes, please describe)

Has there ever been a DHS referral or investigation involving you, the other parent, or any child in this matter? (Yes / No — if yes, please describe, including approximate date and county)

Desired Outcome (e.g., establish paternity, custody, visitation, child support)