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Date: _____
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PATERNITY

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE _____ COUNTY OF RESIDENCE _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

SSN: _____ DOB: _____

PLACE OF EMPLOYMENT: _____

ADDRESS OF EMPLOYMENT: _____

OPPOSING PARENT INFORMATION

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE _____ COUNTY OF RESIDENCE _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

SSN: _____ DOB: _____

PLACE OF EMPLOYMENT: _____

ADDRESS OF EMPLOYMENT: _____

CHILD(REN)'S INFORMATION

NAME: _____
(First) (Middle) (Last)

DOB: _____ SSN: _____

NAME: _____
(First) (Middle) (Last)

DOB: _____ SSN: _____

NAME: _____
(First) (Middle) (Last)

DOB: _____ SSN: _____

GENERAL INFORMATION

NAME OF ANY OTHER FAMILY MEMBER LIVING IN THE HOME WITH YOU:

1. _____ 2. _____ 3. _____ 4. _____

WHO PAYS FOR HEALTH _____

INSURANCE FOR CHILD(REN): _____

IS THERE CHILD CARE? YES NO

If yes, name & address:

(Name)

(Address)

HAS PATERNITY EVER OFFICIALLY BEEN ESTABLISHED BY A COURT?

YES NO

If yes, what

Court? _____

WAS A PATERNITY AFFIDAVIT SIGNED AT THE
HOSPITAL?

YES NO

WAS A BIRTH CERTIFICATE SIGNED AT THE HOSPITAL?

YES NO

How were you referred to our office:

Google Bing Facebook AVVO FindLaw Newspaper Radio

Friend/Family: _____

Lawyer: _____

Other: _____

FOR ATTORNEY USE ONLY:

Fee:

Hourly

Flat

General: _____

Escrow: _____

Filing Fee: _____

County: _____

ATTORNEY NOTES: