
CLIENT

DATE

REFERRED BY

PATERNITY QUESTIONNAIRE

CONFIDENTIAL

**PLEASE READ THESE
INSTRUCTIONS CAREFULLY**

You are involved in paternity matter and have sought the advice of this law firm. In order to handle your case efficiently, and at the minimal cost to you, we are asking you to complete this Paternity Questionnaire. By doing so, you will save your lawyer time and save your money.

The following information is for the sole use of your attorney. All answers that you give will be held STRICTLY CONFIDENTIAL, and will not be released to any unauthorized person. If you wish, your file will be returned to you when your paternity matter has been concluded.

Answer each question fully and accurately. Success in your case depends upon mutual confidence and complete cooperation between client and attorney. We cannot stress too strongly the importance of answering every question fully, whether it may be embarrassing, or you do not think it is important.

Even if you do not understand why a question has anything to do with your particular problem, answer the question and we will discuss its bearing.

GENERAL INFORMATION

Your full name:

First Middle Last

Your address:

Street

City, State, Zip

Your home phone number:

Your cell phone number:

Your business phone number:

Your date and place of birth:

Date

City, State

Your Social Security Number:

Your e-mail address:

Full name of other parent:

First Middle Last

Other parent's address:

Street

City, State, Zip

Other parent's home phone number:

Other parent's cell phone number:

Other parent's business phone number:

Other parent's date and place of birth:

Date

City, State

Other parent's Social Security Number:

Children – List names and other required information for the children you have with the other parent. You must give the Social Security Number (SSN) for each child. The Court requires this information on all pleadings filed. *(If the birth certificate(s) are in your possession, please provide a copy of each child's birth certificate.)*
(Continue list on back of this page, if necessary.)

| <u>Full Name</u> | <u>Date Born</u> | <u>City, ST born:</u> | <u>Gender:</u> | <u>SSN:</u> | <u>School/Occupation</u> | <u>Resides with:</u> |
|------------------|------------------|-----------------------|----------------|-------------|--------------------------|----------------------|
|------------------|------------------|-----------------------|----------------|-------------|--------------------------|----------------------|

Are you presently married? Yes No

If yes, please give the name of your spouse and the date of your marriage:

Children you have other than those previously listed: (Continue list on back of this page, if necessary.)

| <u>Full Name</u> | <u>Date Born</u> | <u>City, ST born:</u> | <u>Gender:</u> | <u>SSN:</u> | <u>School/Occupation</u> | <u>Resides with:</u> |
|------------------|------------------|-----------------------|----------------|-------------|--------------------------|----------------------|
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Is your child(ren)'s other parent married? Yes No

If yes, please give the name of their spouse and the date of their marriage:

Children the other parent has other than those listed on page 1. (If more than two children, continue list on back of this page.)

| <u>Full Name</u> | <u>Date Born</u> | <u>City, ST born:</u> | <u>Gender:</u> | <u>SSN:</u> | <u>School/Occupation</u> | <u>Resides with:</u> |
|------------------|------------------|-----------------------|----------------|-------------|--------------------------|----------------------|
|------------------|------------------|-----------------------|----------------|-------------|--------------------------|----------------------|

Has there been a paternity action already filed by the other parent? Yes No

If not, are you wishing to bring a paternity action? _____

Was a Paternity Affidavit executed at the time the child was born or since that time? Yes No

If yes, when, and do you have a copy? _____

Do you believe there is going to be a custody dispute? Yes No **If yes, please explain:**

Are there babysitting/daycare expense for your child(ren)? Yes No Amount per week: \$ _____

Will you be requesting that your child(ren)'s last name be changed? Yes No

If yes, what will their name(s) be changed to? _____

Has a paternity blood test or DNA test ever been conducted? Yes No

If yes, when? _____

If not, will you be requesting this test and if yes, when? _____

If you are the non-custodial parent, please state what parenting time has been exercised with the child(ren) in the past:

Please state what parenting time you will be requesting in the future: _____

If you are the custodial parent, please state what type of financial support has been given to your child(ren) by the other parent since the date of birth:

If you are the non-custodial parent, please state what type of financial support has been given to your child(ren) by you:

If you are the custodial parent, please state whether the other parent has ever contributed to the pre-natal, delivery, or subsequent medical expenses for the child(ren):

If you are the non-custodial parent, please state whether you have ever contributed to the pre-natal, delivery, or subsequent medical expenses for the child(ren):

Do you currently have life insurance coverage on your life? Yes No

Does the other parent currently have life insurance on their life? Yes No

EMPLOYMENT INFORMATION

Your Employer: _____

Address: _____

Occupation: _____

Start Date: _____

Gross Earnings: \$ _____ per _____. Net Earnings \$ _____ per _____.

Gross annual wages for the prior year: \$ _____

Do you cover your children on your health insurance plan? Yes No

Do you pay any health insurance premiums for your child(ren) to be covered (separate from what you pay for yourself or your spouse, if applicable)? Yes No

If yes, what is the weekly contribution for your child(ren)'s coverage? \$ _____

Please list your previous employers for the past five years (if different than listed above): *(If more than one employer – continue list on the back of this page.)*

Former Employer: _____

Address: _____

Occupation: _____

Start Date: _____ Termination Date: _____

Gross Earnings: \$ _____ per _____. Net Earnings \$ _____ per _____.

Other parent's employer:

Address: _____

Occupation: _____

Start Date: _____

Gross Earnings: \$ _____ per _____. Net Earnings \$ _____ per _____.

Gross annual wages for the prior year: \$ _____

Does the other parent cover your child(ren) on their health insurance plan? Yes No

If yes, do you know the monthly premium paid to cover your child(ren)? _____

Please list other parent's previous employers for the past five years if different from that listed on the prior page:

(If more than one previous employer – continue list on the back of this page.)

Former Employer: _____

Address: _____

Occupation: _____

Date of Employment: _____ Termination Date: _____

Gross Earnings: \$ _____ per _____. Net Earnings \$ _____ per _____.

Your present spouse's current employer: _____

Your spouse's earnings from prior year: \$ _____

Other parent's present spouse's current employer: _____

Other parent's present spouse's earning for prior year: \$ _____

LIST OF MONTHLY LIVING EXPENSES

HOUSING

1. Rent (Mortgage) _____
2. Gas & Electric _____
3. Telephone & Cell _____
4. Water _____
5. Sanitation _____
6. Cable _____
7. Taxes _____
8. Insurance (Home) _____
9. Lawn Care _____
10. Maintenance _____
11. Water Softener _____

GROCERIES

1. Food _____
2. Toiletries _____
3. Paper Products _____
4. Cleaning Supplies _____
5. Other (list items) _____

CLOTHING

1. Clothes _____
2. Shoes _____
3. Sporting Gear/Uniforms _____

TRANSPORTATION

1. Car Payment _____
2. Gasoline _____
3. Oil Changes _____
4. Maintenance _____
5. Vehicle Insurance _____
6. Car Washes _____
7. Vehicle Repairs _____

BEAUTY CARE

1. Hair Cuts _____
2. Cosmetics _____

SCHOOL SUPPLIES (IF APPLICABLE)

1. Lunches _____
2. Books _____
3. Tuition _____

INFANT CARE (IF APPLICABLE)

1. Diapers _____
2. Formula/Food _____
3. Doctor (Shots) _____

MISCELLANEOUS

1. Church Donations _____
2. Health Insurance _____
3. Doctor Visits _____
4. Dentist _____
5. Child Care _____
6. Newspapers, Books, Magazines _____
7. Cigarettes _____
8. Dry Cleaning _____
9. Medicine _____
10. Entertainment _____
11. Lessons/Sports _____
12. Other (list items) _____

