
Your Name

Date

Referred by

THIRD-PARTY AND GRANDPARENT'S RIGHTS QUESTIONNAIRE

~CONFIDENTIAL~

**PLEASE READ THESE
INSTRUCTIONS CAREFULLY**

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.

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, even though 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, please answer the question and we will discuss its bearing.

GENERAL INFORMATION

Your full name:

First, Middle, Last

Your address:

Street

City, State, Zip

Indiana County: _____

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:

Spouse's full name (if applicable):

First, Middle, Last

Spouse's address:

Street

City, State, Zip

Indiana County: _____

Spouse's home phone number:

Spouse's cell phone number:

Spouse's business phone number:

Spouse's date and place of birth:

Date

City, State

Spouse's Social Security Number:

GENERAL INFORMATION

Natural Mother's full name:

First, Middle, Last

Natural Mother's address:

Street

City, State, Zip

Indiana County: _____

Natural Mother's home phone number:

Natural Father's full name:

First, Middle, Last

Natural Father's address:

Street

City, State, Zip

Indiana County: _____

Natural Father's home phone number:

Natural Mother's cell phone number:

Natural Father's cell phone number:

Natural Mother's business phone number:

Natural Father's business phone number:

Natural Mother's date and place of birth:

Date

Natural Father's date and place of birth:

Date

City, State

City, State

Natural Mother's Social Security Number:

Natural Father's Social Security Number:

Natural Mother's e-mail address:

Natural Father's e-mail address:

Children/Grandchildren subject to this cause of action: (Please give all requested information)

<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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Children/Grandchildren NOT subject to this cause of action: (Please give all requested information)

<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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Are any of the subject children disabled? No Yes

If yes, please explain: _____

Has the other party retained an attorney to represent them? No Yes

If yes, please provide the attorney's name(s): _____

Are there currently any pending civil, family, or criminal cases/lawsuits involving you or your spouse? _____

If yes, please provide the following information:

Name of Case: _____

Cause Number: _____

Where filed: _____

Have you or your spouse ever been convicted of a criminal offense? (Other than minor traffic violations): No Yes

If yes, please provide the following information:

Date: _____ Place: _____

Charges: _____ Result: _____

Your length of residency in this state: _____

Your Length of residency in this county: _____

Spouse's length of residency in this state: _____

Spouse's Length of residency in this county: _____

Are you a member of a church? No Yes **Denomination?** _____

What religion are the subject children/grandchildren being raised, if any? _____

EMPLOYMENT INFORMATION

Your employer: _____

Employer's address: _____

Your occupation: _____

Start date: _____

Gross earnings: \$ _____ per _____ Net earnings: \$ _____ per _____

Spouse's employer: _____

Employer's address: _____

Spouse's occupation: _____

Start date: _____

Gross earnings: \$ _____ per _____ Net earnings: \$ _____ per _____