
Your Name

Date of Appointment

Referred by

POST-PATERNITY MATTER QUESTIONNAIRE

CONFIDENTIAL

**PLEASE READ THESE
INSTRUCTIONS CAREFULLY**

You are having difficulties of one kind or another, and have sought the advice of this law firm. In order to properly advise you, we need certain basic information about your situation.

In order to handle your case efficiently, and to minimize costs, we are asking you to complete this Post-Paternity Matter Questionnaire.

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, this questionnaire will be returned to you when your post-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, 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 circumstance, answer the question and we will be happy to discuss its bearing.

GENERAL INFORMATION

Your full name:

First Middle Last

Your preferred name, if any:

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:

Full name of other parent:

First Middle Last

Other parent's address:

Street

City, State, Zip

Indiana County:

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:

Other parent's e-mail address:

Other parent's physical attributes:

Height____ Weight____ Hair Color____

Race____ Distinguishing Marks_____

(i.e. tattoos, birthmarks, etc.)

Are you presently married? No Yes

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

Children of yours subject to this matter: (Please give all requested information)

Full Name Date Born City, ST born: Gender: SSN: School/Occupation Resides with:

Are any of your children disabled? No Yes

If yes, please explain: _____

Children of yours prior to or after the child(ren) subject to this matter: (Please give all requested information)

Full Name Date Born City, ST born: Gender: SSN: School/Occupation Resides with:

Is your child(ren)'s other parent presently married? No Yes

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

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

Full Name Date Born City, ST born: Gender: SSN: School/Occupation Resides with:

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 child(ren) on your health, dental, and/or vision insurance plan? No Yes
(Circle which ones are applicable).

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

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, dental, and/or vision insurance plan?

No Yes (Circle which ones are applicable).

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

If yes, do you know the monthly amount? \$ _____

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 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 earnings from prior year: \$ _____

Convicted of a criminal offense? You, other parent, current spouse (if applicable): No Yes

Pending civil, family or criminal cases/lawsuits involving you, other parent, or your current spouse (if applicable). _____

Attorneys representing either of you? No Yes

If yes, please provide the attorney's name and the nature of the case: _____

COURT ORDERS

Support paid/payable to you: \$ _____

Who is presently paying the reasonable and necessary medical, pharmaceutical, dental and optical expenses for your child(ren)? _____

Who presently has the tax exemption for your minor child(ren)? _____

Is the payment of child support presently in arrears? No Yes: _____

Are there any unpaid or unreimbursed medical, pharmaceutical, dental and/or optical bills? No Yes

If yes, please specify: _____

Are there any unpaid or unreimbursed extracurricular expenses? No Yes

If yes, please specify: _____

Are any deductions being taken from your paycheck for health insurance coverage or is this solely paid by your employer? _____

If deductions are being made, how much is taken each month and state whether you pay additional premiums for covering your child(ren) and, if so, the additional amounts paid. (PLEASE provide this information as it is used in determining the child support to be paid):

Dates of previous Court Orders: _____

What provisions are presently in your Court Order for parenting time? _____

Will you be requesting any changes concerning the parenting time presently ordered by the Court?

No Yes

If yes, please state what you wish changed and why:

What provisions are presently in your Court Order for custody? _____

Will you be requesting changes concerning the custody situation presently ordered? No Yes

If yes, please state what you wish changed and why:

What provisions are presently in your Court Order for support? _____

Will you be requesting any changes concerning the support presently ordered? No Yes

If yes, please state what you wish changed and why:

Are there any other provisions of your Court Order you are requesting be modified? No Yes

Explain:

Are there any provisions of your Court Order that have not been complied with by the other parent?

No Yes

If yes, please specify: _____

LIST OF MONTHLY LIVING EXPENSES

HOUSING

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

GROCERIES

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

BEAUTY CARE

1. Hair Cuts _____
2. Cosmetics _____
3. Other (list items) _____

CLOTHING

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

INFANT CARE (IF APPLICABLE)

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

SCHOOL SUPPLIES (IF APPLICABLE)

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

TRANSPORTATION

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

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. Extracurriculars _____
12. Pets _____
13. Other (list items) _____