

DATE: _____

REFERRED BY: _____

QUESTIONNAIRE FOR PATERNITY MATTERS

1. Your full name:

Your full address:

Your residence phone number:

Your business phone number:

Your cell phone or pager number:

Date & place of birth:

Social Security Number:

Race:

2. Full name of other parent:

Other parent's full address:

Home phone number:

Business phone number:

Cell phone or pager number:

Date & place of birth:

Social Security Number:

Race:

2. Children of the parties:

Full Name D.O.B. Sex SSN Occupation/School Living With

(YOU MUST GIVE THE SOCIAL SECURITY NUMBER FOR EACH CHILD. THE COURT REQUIRES THIS INFORMATION ON ALL PLEADINGS FILED)

3. Are you presently married? _____

4. If so, please state the name of your present spouse and the date of your marriage?

5. Children you have other than those listed in Question 2.

Full Name D.O.B. Sex Occupation/School Living With

6. Amount of support being paid/received for the child(ren) in question 5, if any?

7. Is your child(ren)'s other parent married? _____

8. If so, please state the name of his/her present spouse and date of marriage.

9. Children the other parent has other than those listed in Question 2.

Full Name D.O.B. Sex Occupation/School Living With

10. Amount of support being paid/received for the child(ren) in question 9, if any?

GENERAL INFORMATION

1. Has there been a paternity action already filed by the other parent: _____
2. If there has not been an action filed, are you wishing to bring a paternity action: _____
3. Is there going to be a custody dispute to your knowledge:

4. If so, please give the reason for said dispute, if you know:

5. Are there presently babysitting/daycare expenses for the child(ren): _____
Do you know the amount presently being paid per week: _____
6. Will you be requesting that the child(ren)'s last name be changed or remain the same:

7. Has a paternity blood test or DNA test ever been conducted: _____
8. If the answer to number 7 is in the negative, please state whether you will be requesting that a test be conducted: _____
9. If you are the non-custodial parent, please state what visitation has been exercised with the child(ren) in the past:

10. Please state what visitation you will be requesting in the future:

11. 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:

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

13. 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):

14. 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):

EMPLOYMENT INFORMATION

1. Your employer: _____

Address: _____

Your occupation: _____

Date employment began: _____

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

Gross annual wages for prior year: _____

Do you pay any health insurance premiums for child(ren)? If so, please state the weekly amount paid by you to have family coverage: _____

2. Please list previous employers for the past 5 years if different from that listed above:
(If more than 1 previous employer continue on back of this page)

Former employer: _____

Address: _____

Your occupation: _____

Dates of employment: _____

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

3. Other parent's employer: _____

Address: _____

Occupation: _____

Date employment began: _____

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

Gross annual wages for prior year: _____

4. Please list other parent's previous employers for the past 5 years if different from that listed above:
(If more than 1 previous employer continue on back of this page)

Former employer: _____

Address: _____

Occupation: _____

Dates of employment: _____

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

5. Your spouse's employer: _____

Your spouse's earnings for prior year: _____

6. Other parent's present spouse's employer: _____

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

MONTHLY EXPENSES

1. Mortgage or Rent: \$ _____
Real estate taxes/insurance if not included above: \$ _____
2. Utilities: Gas: \$ _____ Electric: \$ _____ Water \$ _____
Telephone: \$ _____
3. Food: \$ _____ 4. Clothing: \$ _____ 5. Gas/Maintenance: \$ _____
6. Car payments: \$ _____ 7. Car insurance: \$ _____ 8. Cable: \$ _____
9. School Expenses: \$ _____
10. Medical/pharmaceutical/dental/optical:
\$ _____
11. Life insurance premiums: \$ _____
12. Daycare/babysitting expenses: \$ _____
13. Other: \$ _____