

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?

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

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

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

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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.

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

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

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

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**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:

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

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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):

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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):

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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: \$ \_\_\_\_\_