

PATERNITY QUESTIONNAIRE

Date: _____

Please complete this questionnaire as completely and accurately as you can. Where appropriate, provide documents, receipts and other supporting information separately. **All information that you provide will be held in strict confidence.**

1. Mother.

a. Name: _____

b. Date of birth: _____

c. Place of birth: _____

d. Social Security Number: _____

e. Driver's License Number: _____

f. Email address: _____

2. Father.

a. Name: _____

b. Date of birth: _____

c. Place of birth: _____

d. Social Security Number: _____

e. Driver's License Number: _____

f. Email address: _____

3. What are your telephone numbers?

a. Home: (_____) _____ - _____ ext. _____

b. Cell: (_____) _____ - _____ ext. _____

c. Work: (_____) _____ - _____ ext. _____

d. Which number do you prefer that we use to contact you? _____

4. Children who are the subject of the paternity action.

Please give the full name, date and place of birth, sex, Social Security number, and driver's license number of each child who is the subject of this paternity action.

A. NAME: _____

SEX: _____

BIRTHPLACE: _____ BIRTH DATE: _____

DRIVER'S LICENSE NO: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____

With whom does the child presently reside? _____

Where will the child live after paternity is established? _____

Requesting Sole or Joint custody? Sole/Joint (Circle One). State reasons:

B. NAME: _____

SEX: _____

BIRTHPLACE: _____ BIRTH DATE: _____

DRIVER'S LICENSE NO: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____

With whom does the child presently reside? _____

Where will the child live after paternity is established? _____

Requesting Sole or Joint custody? Sole/Joint (Circle One). State reasons:

C. NAME: _____

SEX: _____

BIRTHPLACE: _____ BIRTH DATE: _____

DRIVER'S LICENSE NO: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____

With whom does the child presently reside? _____

Where will the child live after paternity is established? _____

Requesting Sole or Joint custody? Sole/Joint (Circle One). State reasons:

5. Does the Father have any other children that are not listed above? _____ If so, please list their names, ages and where they presently reside:

6. Does the Mother have any other children that are not listed above? _____ If so, please list their names, ages and where they presently reside:

7. What type of visitation do you request? Standard/Other (Circle One). If other, specify terms:

8. Is child support currently being paid? _____ Amount? _____ How often paid? _____

9. Are there any Court Orders (including Attorney General cases) regarding the child? _____

IMPORTANT: PLEASE PROVIDE OUR OFFICE WITH COPIES OF ALL PREVIOUS ORDERS ENTERED REGARDING THE CHILDREN (including Divorce Decrees, Orders in Suits Affecting Parent-Child Relationship, Decrees of Paternity, and Attorney General Orders)

10. Who will be providing health insurance for the child?

11. Is there currently health insurance coverage in effect? _____ If yes, please provide the insurance company name and policy number:

12. Where is the father employed? _____

13. How much does the father earn per week/month/year? _____

PLEASE PROVIDE FATHER'S 3 MOST RECENT PAYCHECK STUBS

14. How were you referred to this office? _____

If an individual referred you, provide their name, address and telephone so we can thank them:

If you found us via the Internet, which search engine or directory did you use? (Google, Yahoo, Yahoo Yellow Pages, AOL Yellow Pages, FindLaw, etc.):

What search terms did you use to locate our website? _____

15. Is there anything else that you would like to discuss or that you believe we should know about you or your case?
