



PATERNITY QUESTIONNAIRE

Today's Date: _____

ABOUT YOU

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Fax: (_____) _____ Cell Phone: (_____) _____

Current Marital Status: _____ Number of Children in the Home: _____

Social Security Number: _____

Driver's License State Issued from and Number: _____

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

How long with current employer: _____

Current Position: _____

Gross Pay: \$ _____ Base Wage/Salary: \$ _____ How often
are you paid: Monthly Every two weeks Twice a month Weekly

(Please provide copies of your 6 most recent paystubs and your most recent Federal and State Income Tax Returns)

Hours Worked per Week: _____ Average Overtime Per Week:

Commissions and/or Bonuses: _____

Expenses or Reimbursements by Employer (i.e. company car provided or paid for by employer, cell phone provided or paid for by employer, etc.)

Any Other Income: _____

Please list your employment history for the last five (5) years:

Employer	Occupation	Dates of Employment	Reason for leaving

OTHER PARENT

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Fax: (____) _____ Cell Phone: (____) _____

Current Marital Status: _____ Number of Children in the Home: _____

Social Security Number: _____

Driver's License State Issued from and Number: _____

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

How long with current employer: _____

Current Position: _____

Gross Pay: \$ _____ Base Wage/Salary: \$ _____ How often are they paid:
 Monthly Every two weeks Twice a month Weekly

Hours Worked per Week: _____ Average Overtime Per Week: _____

Commissions and/or Bonuses: _____

Expenses or Reimbursements by Employer (i.e. company car provided or paid for by employer, cell phone provided or paid for by employer, etc.)

Any Other Income: _____

Please list the other parent's employment history for the last five (5) years:

Employer	Occupation	Dates of Employment	Reason for leaving

INFORMATION REGARDING THE CHILDREN

Children of the Parties:

Please complete below for all children of the parties

Name of Child	Date of Birth	Social Security Number	Who Currently has Residential Custody

Address of the minor child(ren) at present time:

Addresses, including city, state, and zip code where minor children have resided during the past **FIVE** years:

List all persons and their corresponding addresses, including city, state, and zip code with whom the minor children have lived with during the past **FIVE** years:

Has any legal proceeding regarding custody of the minor children of this marriage been filed and if so, when and where? (For example PFA or PFS cases)

Children Not Born of the Parties:

Please complete below for all children not born of the parties (i.e. child(ren) from previous or current relationship)

Name of Child	Date of Birth	Social Security Number	Who Currently has Residential Custody	Support Payment paid or received (amount and to who?)	Relationship to the Party

DAYCARE COSTS

Amount per week: _____

Paid by: _____

Is daycare expense paid by cash or check? _____

Name of daycare provider: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____

HEALTHCARE COSTS

Who provides health insurance for the child(ren)? _____

Is it an extra cost? Yes No

If yes, please provide the cost of coverage for:

Employee only: _____

Employee plus child(ren): _____

Employee + child(ren) + spouse: _____

How many individuals are covered? _____

Names of all individuals covered: _____

**Please provide documentation from your employer or insurance provider
showing your monthly health insurance premium costs.**

SUPPORT FOR OTHER CHILDREN

Does either parent pay child support for children from a previous marriage/relationship? Yes No

If yes, please provide:

Case number: _____ County & State of Case: _____

How much child support is paid per month and by whom? _____

SPECIAL FACTORS

Who claims children for tax dependency purposes? _____

Does custodial parent claim "Head of Household"? _____

Is there currently an Income Withholding Order in Place? _____

Describe current parenting time/custody arrangement (include specific days/times & drop off/pick up schedule): _____

Will any child attain age 18 during their senior year of high school? _____

Is the non-custodial parent current on their child support payments? Yes No

If no: What is the estimated child support arrearage amount? _____

When did the arrearage begin to accumulate? _____

Has execution or garnishment (i.e. has the Court Trustee or another attorney issued a contempt or garnishment to their wages/bank accounts, etc.) ever been issued on arrearage? _____

Do you currently have a holiday schedule? _____

CARE OF THE CHILDREN

To the extent that both you and the other parent have shared the responsibilities listed below, describe the degree to which the responsibilities have been shared (please check all that apply):

- | | | |
|---|------------------------------|---------------------------------------|
| Who helps the child(ren) get dressed in the morning? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who bathes the children and grooms them? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who takes care of the child(ren) during the day? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who take care or would take care of the child(ren) while you work? Who arranges for getting the child(ren) together with playmates? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who puts the child(ren) to bed at night? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who prepares the meals? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who arranges for medic al and dent al care and takes the child(ren) to doctor's appointments? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who cares for the child(ren) when they are ill? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who takes the child(ren) to school? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who picks the child(ren) up from school? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who shops for the child(ren)'s clothes? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who transports the child(ren) to extracurricular activities? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Do you or the other parent participate in recreational activities with the child(ren)? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |

Describe the nature of the activities and how often you and the other parent participate:

- | | | |
|---|------------------------------|-----------------------------|
| Do you or the other parent participate in educational activities with the child(ren)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

Describe the nature of the activities and how often you and your spouse participate:

- | | | |
|--|------------------------------|---------------------------------------|
| Do the children receive religious training? If yes, who provides the training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Who arranges the child(ren)'s birthday parties? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who helps the child(ren) with their homework? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who attends parent-teacher conferences? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |

DOCUMENTS NEEDED FROM CLIENT

Please provide the following with completed questionnaire to our office

- Journal Entry of Judgement and Declaration of Paternity
- Latest Parenting Plan in effect
- All Orders Modifying Child Support along with Child Support Worksheets
- Most recent W-2 Form
- Copies of paycheck stubs for the past six months
- Proof of payment of daycare costs
- Evidence showing monthly health insurance premium cost, names of persons covered, and amount of health insurance premiums attributable only to children