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CLIENT

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DATE

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REFERRED BY

**PATERNITY**

**QUESTIONNAIRE**

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**CONFIDENTIAL**

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**PLEASE READ THESE  
INSTRUCTIONS CAREFULLY**

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You are involved in paternity matter 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 at the least cost to you, we are asking you to complete this Paternity 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 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 problem, answer the question and we will be happy to discuss its bearing.

**GENERAL INFORMATION**

**Your full name:**

\_\_\_\_\_  
First Middle Last

**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 physical attributes:**

Height\_\_\_\_ Weight\_\_\_\_ Hair Color\_\_\_\_

Race\_\_\_\_ Distinguishing Marks\_\_\_\_(i.e. tattoos, birthmarks, etc.)

**Children** – List names and other required information for the children you have with the other parent. You must give the Social Security Number (SSN) for each child. The Court requires this information on all pleadings filed. (If the birth certificate(s) are in your possession, please provide a copy of each child's birth certificate.) (Continue list on back of this page, if necessary.)

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

**Are any of your children disabled:**  No  Yes

**Are you presently married?**  Yes  No

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

**Children you have other than those previously listed:** (Continue list on back of this page, if necessary.)

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

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

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

**Children the other parent has other than those listed on page 1.** (If more than two children, continue list on back of this page.)

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

**Has there been a paternity action already filed by the other parent?**     Yes     No

If not, are you wishing to bring a paternity action? \_\_\_\_\_

**Was a Paternity Affidavit executed at the time the child was born or since that time?**     Yes     No

If yes, when, and do you have a copy? \_\_\_\_\_

**Do you believe there is going to be a custody dispute?**     Yes     No    **If yes, please explain:**

**Are there babysitting/daycare expense for your child(ren)?**     Yes     No    Amount per week: \$ \_\_\_\_\_

**Will you be requesting that your child(ren)'s last name be changed?**     Yes     No

If yes, what will their name(s) be changed to? \_\_\_\_\_

**Has a paternity blood test or DNA test ever been conducted?**     Yes     No

If yes, when? \_\_\_\_\_

If not, will you be requesting this test and if yes, when? \_\_\_\_\_

**If you are the non-custodial parent, please state what parenting time has been exercised with the child(ren) in the past:**

**Please state what parenting time you will be requesting in the future:** \_\_\_\_\_

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:

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

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):

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):

Do you currently have life insurance coverage on your life?  Yes  No

Does the other parent currently have life insurance on their life?  Yes  No

#### 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 children on your health insurance plan?  Yes  No

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

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 insurance plan?**  Yes  No

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

**Please list other parent's previous employers for the past five years (if different from that listed above):** *(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 present 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 earning for prior year: \$ \_\_\_\_\_

## 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. Lawn Care \_\_\_\_\_
11. Maintenance \_\_\_\_\_
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

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 \_\_\_\_\_
8. License Plates \_\_\_\_\_

### 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) \_\_\_\_\_