

# PATERNITY CLIENT QUESTIONNAIRE

1. Answer all questions completely. If you need more space, please use additional paper and attach it to this questionnaire.
2. If a particular question does not apply, enter "n/a".
3. **CONFIDENTIALITY:** The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law.

Date: \_\_\_\_\_

## A. CLIENT INFORMATION:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long have you resided in FL: \_\_\_\_\_

**\*May we send mail to the above address?** \_\_\_\_\_

If no, please provide alternate mailing address: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_ DOB: \_\_\_\_\_

DL#: \_\_\_\_\_

State issuing DL: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name and address of nearest relative not living with you: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's phone: \_\_\_\_\_

Are you currently active duty military or active duty military reserve? \_\_\_\_\_

Branch: \_\_\_\_\_ Anticipated date of retirement or termination: \_\_\_\_\_

Is your gross salary per year more than \$50,000? \_\_\_\_\_

Have you ever filed for bankruptcy? If so, where? \_\_\_\_\_

Date filed? \_\_\_\_\_ Discharge date? \_\_\_\_\_ Chapter 7, 11, 12, 13? \_\_\_\_\_

How did you hear about our office? \_\_\_\_\_

Have you retained any other attorneys on this matter prior to coming to this office? (If yes, please provide name, date retained, and reason to discontinue service.)

Atty Name: \_\_\_\_\_

Date Retained: \_\_\_\_\_

Reason to Discontinue Service: \_\_\_\_\_

\_\_\_\_\_

**B. OPPOSING PARTY'S INFORMATION:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Is opposing party represented by counsel in this matter? \_\_\_ Yes \_\_\_ No

If yes, complete the following:

Opposing Party's Attorney: \_\_\_\_\_

Employer's Name (if any): \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Opposing Party's physical description for purpose of having process served (if applicable):

Ethnicity: \_\_\_\_\_

Hair color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Ht: \_\_\_\_\_

Wt: \_\_\_\_\_

Vehicle Description: \_\_\_\_\_

Where would you like the opposing party served (if applicable) ? \_\_\_\_\_

Days/Times opposing party would be available at the above location: \_\_\_\_\_

**D. CHILD(REN'S) INFORMATION –subject to this action:**

<b>Name: (first, middle, last)</b>	<b>SSNo.:</b>	<b>Place of Birth</b>	<b>Birthday</b>	<b>Sex:</b>
				M / F
				M / F
				M / F
				M / F

Child's date of conception (month, date, year) \_\_\_\_\_

Place of conception (city, county, state) \_\_\_\_\_

Father's physical description \_\_\_\_\_

Mother's physical description \_\_\_\_\_

Child's place of birth (county, city, state) \_\_\_\_\_

**Child(ren)'s Residence for the past 5 years:**

Dates (From/To)	Child(ren) residing at each address:	Address (including city and state) where child(ren) lived:	Name and present address of person(s) child(ren) lived with:	Relationship to child(ren):
_____/present*				
_____/				
_____/				
_____/				

**Participation in custody proceeding(s):**

[  one only ]

- \_\_\_\_ I HAVE NOT participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or any other state, concerning custody of a child subject to this proceeding.
- \_\_\_\_ I HAVE participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or another state, concerning custody of a child subject to this proceeding. Explain:
- a. Name of each child: \_\_\_\_\_
- b. Type of proceeding: \_\_\_\_\_
- c. Court and state: \_\_\_\_\_
- d. Date of court order or judgment (if any): \_\_\_\_\_

**3. Information about custody proceeding(s):**

[  one only ]

- \_\_\_\_ I HAVE NO INFORMATION of any custody proceeding pending in a court of this or any other state concerning a child subject to this proceeding.
- \_\_\_\_ I HAVE THE FOLLOWING INFORMATION concerning a custody proceeding pending in a court of this or another state concerning a child subject to this proceeding, other than set out in item 2. Explain:
- a. Name of each child: \_\_\_\_\_
- b. Type of proceeding: \_\_\_\_\_
- c. Court and state: \_\_\_\_\_
- d. Date of court order or judgment (if any): \_\_\_\_\_

**4. Persons not a party to this proceeding:**

[  one only ]

- \_\_\_\_ I DO NOT KNOW OF ANY PERSON not a party to this proceeding who has physical custody or claims to have custody or visitation rights with respect to any child subject to this proceeding.
- \_\_\_\_ I KNOW THAT THE FOLLOWING NAMED PERSON(S) not a party to this proceeding has (have) physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this proceeding:
- a. Name and address of person: \_\_\_\_\_

( ) has physical custody ( ) claims custody rights ( ) claims visitation rights.

Name of each child: \_\_\_\_\_

b. Name and address of person: \_\_\_\_\_

( ) has physical custody ( ) claims custody rights ( ) claims visitation rights.

Name of each child: \_\_\_\_\_

c. Name and address of person: \_\_\_\_\_

( ) has physical custody ( ) claims custody rights ( ) claims visitation rights.

Name of each child: \_\_\_\_\_

5. **Knowledge of prior child support proceedings:**

[  one only ]

\_\_\_\_\_ The child(ren) described in this affidavit are NOT subject to existing child support order(s) in this or any state or territory.

\_\_\_\_\_ The child(ren) described in this affidavit are subject to the following existing child support order(s):

a. Name of each child: \_\_\_\_\_

b. Type of proceeding: \_\_\_\_\_

c. Court and address: \_\_\_\_\_

d. Date of court order/judgment (if any): \_\_\_\_\_

e. Amount of child support paid and by whom: \_\_\_\_\_