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BLOOMINGTON, MN 55425
PHONE: (952) 955-8008
FAX: (952) 955-8009

PATERNITY QUESTIONNAIRE

Date: _____ How did you hear about us? _____

GENERAL INFORMATION: YOU

Your Full Name: _____ Social Security Number: _____

Date of Birth: _____ Age: _____ Place of Birth: _____
(City) (State)

Address: _____

County: _____

What other names have you used (including maiden name, etc.)? _____

Your Addresses for past twelve months: (include all dates)

Telephone Numbers: _____
(Home) (Business) (Other)

e-mail: _____

How may we contact you? (circle all that are acceptable): Home Telephone Work Telephone
Cell Phone (digital cell phones only) e-mail U.S. Mail (home) U.S. Mail (work) U.S.
Mail (P.O. Box)

Do you believe that your opposing party may have access to your email password(s)?

Your Nearest Relative: _____
(Name)

(Address)

(Relationship) (Phone)

Name of Previous Attorney: _____

Are you and the other party presently living in the same home? _____
(Yes) (No)

If not, date of separation: _____
Month/day/year

Your Health: _____

Doctors: (include address and phone)

Are you receiving or paying any money for the support of children of a former marriage/relationship? _____ Amount: \$ _____
(Yes) (No)

Are there any arrearages? _____ Amount: \$ _____
(Yes) (No)

Are you receiving or paying any money for alimony or spousal maintenance? _____ Amount: \$ _____
(Yes) (No)

Are there any arrearages? _____ Amount: \$ _____
(Yes) (No)

GENERAL INFORMATION: OPPOSING PARTY

Full Name: _____ Social Security Number: _____

Date of Birth: _____ Age: _____ Place of Birth: _____
(City) (State)

Address: _____

County: _____

Addresses for past twelve months: (include all dates)

What other names has the opposing party used (including maiden name, etc.)? _____

Length of Residence in Minnesota: _____

Telephone Numbers: _____
(Home) (Business) (Other)

Attorney: _____

Health: _____

Doctors: (include address and phone)

Is opposing party receiving or paying any money _____ Amount: \$ _____
for the support of children of a former marriage? (Yes) (No)

Are there any arrearages? _____ Amount: \$ _____
(Yes) (No)

Is opposing party receiving or paying any money _____ Amount: \$ _____
for alimony or spousal maintenance? (Yes) (No)

Are there any arrearages? _____ Amount: \$ _____
(Yes) (No)

CHILD(REN) RELEVANT TO THIS PATERNITY ACTION

Name	Soc. Sec.	Birthdate	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Estimated date of conception: _____

City, County, State of conception: _____

Has the father signed a Recognition of Parentage? _____ (if yes, provide a copy)

Is the father named on the child(ren)'s birth certificate(s)? _____ (if yes, provide a copy)

Has a paternity test been conducted? _____ (if yes, provide name of testing facility, results, and date of test) _____

Has the father financially supported the child(ren)? _____ (if yes, provide amount \$ _____)

Has the mother incurred out of pocket medical expenses related to the pregnancy, labor, and delivery? _____ (if yes, provide amounts, if known) \$ _____

With whom do the children currently live: _____

Where and with whom has each child resided over the past five years: _____

Do you want custody of the child(ren)?
(Yes) (No)

Does the opposing party want custody of the children?
(Yes) (No)

Do you believe custody will be disputed?
(Yes) (No)

If so why?

Are you (or your opposing party) now pregnant?
(Yes) (No)

Are there any special physical or emotional disabilities concerning any of the children requiring special care or expenses, and if so please identify the children and explain the circumstances: _____

Do either of you have children not of this relationship? (Indicate whether child is yours or opposing party's)

NAME	Birthdate	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any previous court action?
(Yes) (No)

If so, date of filing and explain:

Does the opposing party have a girl or boy friend?
(Yes) (No)

If so, name, age, and address: _____

Do you have a girl or boy friend?
(Yes) (No)

If so, name, age, and address: _____

INCOME INFORMATION: YOU

Occupation (Job Title):

Employer:

Address:

Phone: _____

Length of employment there: _____

Frequency of pay-checks: (circle one) weekly / bi-weekly / bi-monthly / monthly

Gross Salary: \$_____ per (circle one) weekly / bi-weekly / bi-monthly / monthly

Bonus: \$_____ per year quarter month (circle one)

Net salary (take home): \$_____ per _____

Number of Exemptions Claimed: _____

Deductions: Federal Tax: \$ _____

State Tax: \$ _____

Social Security (FICA): \$ _____

Medical Dental Insurance: \$ _____

Life Insurance: \$ _____

IRA/Pension: \$ _____

Others (Specify) \$ _____

*Please attach copies of two of your most recent pay-stubs.

Income from all other sources (specify): _____

Your Business/Name of Company:

Address:

Phone: _____

Service or Product Line: _____

Date acquired: _____

Cost of Investment: \$ _____

Structure (partnership, corporation, etc.): _____

Percentage interest in the business: _____%

Directors/Officers: _____

Employment History (last ten years, excluding current):

Employer	Address	Phone	Dates
Employed			

Do you have an interest in a pension plan, 401(k), IRA, or other retirement plan? _____

If yes describe plan(s), your contribution, value, and what portion if any is vested: _____

Your Education

Name	Location	Dates of Attendance	Date of Graduation
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Degree

High School: _____

Vocational/
Technical: _____

College: _____

Grad School:

INCOME INFORMATION: OPPOSING PARTY

Occupation (Job Title):

Employer:

Address:

Phone: _____

Length of employment there: _____

Frequency of pay-checks: (circle one) weekly / bi-weekly / bi-monthly / monthly

Gross Salary: \$ _____ per (circle one) weekly / bi-weekly / bi-monthly / monthly

Bonus: \$ _____ per year quarter month (circle one)

Net salary (take home): \$ _____ per _____

Number of Exemptions Claimed: _____

Deductions: Federal Tax: \$ _____

State Tax: \$ _____

Social Security (FICA): \$ _____

Medical Dental Insurance: \$ _____

Life Insurance: \$ _____

IRA/Pension: \$ _____

Others (Specify) \$ _____

* Please attach copies of your spouse's two most recent pay-stubs.

Income from all other sources

(specify): _____

Business/Name of Company:

Address:

Phone: _____

Service or Product Line:

Date acquired:

Cost of Investment: \$ _____

Structure (partnership, corporation, etc.):

Percentage interest in the business: _____%

Directors/Officers:

Employment History (last ten years, excluding current):

Employer	Address	Phone	Dates Employed
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does the opposing party have an interest in a pension plan, 401(k), IRA, or other retirement plan? _____

If yes describe plan(s), spouse's contribution, value, and what portion if any is vested: _____

Opposing Party's Education

Name	Location	Dates of Attendance	Date of Graduation	Degree
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High School:

_____	_____	_____	_____	_____
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Vocational/
Technical:

College:

Grad School:

Do you or the opposing party have any Federal Income Tax Refunds due? _____ (Yes) _____ (No)

Are you or the opposing party named as a party in any existing lawsuit or other legal proceedings? _____ (Yes) _____ (No)

If so, explain: _____

Other Assets

Savings Accounts

1. Institution: _____
Account Number: _____
Approximate Balance: \$ _____
Account in Name of: _____
2. Institution: _____
Account Number: _____
Approximate Balance: \$ _____
Account in Name of: _____

Checking Accounts

1. Institution: _____
Account Number: _____
Approximate Balance: \$ _____
Account in Name of: _____
2. Institution: _____
Account Number: _____
Approximate Balance: \$ _____
Account in Name of: _____

Life Insurance (through employment or privately obtained)

1. Policy No: _____ with _____
(Name of Company)
On life of: _____; for: \$ _____;
beneficiaries _____
Yearly Premium: \$ _____; Cash/Loan Value: \$ _____; Type:
(circle one) term / life / whole life / universal life
2. Policy No: _____ with _____
(Name of Company)
On life of: _____; for: \$ _____
beneficiaries _____
Yearly Premium: \$ _____; Cash/Loan Value: \$ _____; Type:
(circle one) term / life / whole life / universal life
3. Policy No: _____ with _____
(Name of Company)
On life of: _____; for: \$ _____;

beneficiaries _____

Yearly Premium: \$ _____; Cash/Loan Value: \$ _____; Type:
(circle one) term / life / whole life / universal life

Medical Insurance (indicate coverages you or the opposing party may have)

Through you:

Insurance company/HMO: _____

\$ _____ provided by employer; \$ _____ cost to you.

\$ _____ provided by opposing party's employer; \$ _____ cost to opposing party.

\$ _____ purchased privately; by _____ Monthly premium \$ _____

Who does this policy cover?

How much of the cost is related to the opposing party? \$ _____

How much is related to the child(ren)? \$ _____

Through the opposing party:

Insurance company/HMO: _____

\$ _____ provided by employer; \$ _____ cost to you.

\$ _____ provided by opposing party's employer; \$ _____ cost to opposing party.

\$ _____ purchased privately; by _____ Monthly premium \$ _____

Who does this policy cover?

How much of the cost is related to the opposing party? \$ _____

How much is related to the child(ren)? \$ _____

Dental Insurance (indicate coverages you or the opposing party may have)

\$ _____ provided by employer; \$ _____ cost to you.

\$ _____ provided by opposing party's employer; \$ _____ cost to opposing party.

\$ _____ purchased privately; by _____ Monthly premium \$ _____

Who does this policy cover?

How much of the cost is related to the opposing party? \$ _____

How much is related to the child(ren)? \$ _____

Service Information

Please give an accurate physical description of the other party (height, weight, color of hair, color of eyes, distinctive characteristics, etc.)

Attach a recent color photograph of the other party if you have one. This information is necessary in order to insure prompt service of papers upon the other party
Where and when should papers be served upon the other party?

YOUR FUTURE ESTIMATED MONTHLY EXPENSES

Rent, mortgage, or Contract for Deed:	\$ _____
<u>Children</u>	
<u>Real Estate</u>	
Clothing:	\$ _____
Real Estate Taxes:	\$ _____
Grooming:	\$ _____
Insurance:	\$ _____
Babysitting:	\$ _____
<u>Utilities</u>	
Medical:	\$ _____
Heat/Fuel:	\$ _____
Education:	\$ _____
Gas:	\$ _____
Tuition:	\$ _____
Electricity:	\$ _____
Books:	\$ _____
Telephone:	\$ _____
Lunches:	\$ _____
Water:	\$ _____
Gifts/Donations:	\$ _____
Cable TV:	\$ _____
Entertainment:	\$ _____
Garbage:	\$ _____
Miscellaneous	\$ _____
Food:	\$ _____
<u>Insurance</u>	
Life:	\$ _____
Medical:	\$ _____
Dental:	\$ _____
Clothing:	\$ _____
Personal Grooming:	\$ _____
Laundry:	\$ _____
<u>Transportation</u>	
Gas and Oil:	\$ _____
Repairs:	\$ _____
Insurance:	\$ _____
Licensing:	\$ _____
Household Maintenance	\$ _____

Total Monthly Expenses \$ _____

