

GUZIK LAW OFFICE, P.A.

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PATERNITY QUESTIONNAIRE

Date: _____ Referred by: _____

I. PERSONAL INFORMATION - CLIENT:

1. Full Name _____
2. E-mail address _____
Present Street Address _____
City _____ County _____ Zip _____
3. Home/Cell Phone _____ Business Phone _____
4. Social Security Number _____
5. Length of Residence in Minnesota _____
6. Birthplace _____ Birthdate _____ Age _____
7. Religion _____
8. Highest Level of Education _____ Year Completed _____
9. Present Health _____
10. Physician or Clinic _____
11. Are you presently in the Military Service of the U.S.? _____
12. Name and telephone number of two persons (other than opposing party) who would be most likely to always know where you can be reached

Name/relationship

Cell/home number

Name/relationship

Cell/home number

II. PERSONAL INFORMATION - OTHER PARENT:

1. Full Name _____
2. Present Address _____
3. Home Phone _____ Business Phone _____
4. Social Security Number _____
5. Length of Residence in Minnesota _____
6. Birthplace _____ Birthdate _____ Age _____
7. Religion _____
8. Highest Level of Education _____ Year Completed _____
9. Present Health _____
10. Physician or Clinic _____
11. Is other party presently in the Military Service of the United States?

12. Give a physical description of other party, including height, weight, build, etc. so that a process server would be able to identify your spouse. If available, attach a recent photo.

III. EMPLOYMENT INFORMATION - CLIENT:

1. Employer _____
2. Address _____
3. Occupation _____
4. Length of Time with this Employer _____
5. Gross Earnings _____ Per _____
6. Net Earnings _____ Per _____
7. How many exemptions do you claim? _____
8. Any other income (overtime, bonuses, commissions, other employment)?

9. Detail your prior work experience _____

IV. EMPLOYMENT INFORMATION - OTHER PARENT:

1. Employer _____
2. Address _____
3. Occupation _____
4. Length of Time with this Employer _____
5. Gross Earnings _____ Per _____
6. Net Earnings _____ Per _____
7. Any other income (overtime, bonuses, commissions, other employment)?

8. Detail other parent's prior work experience _____

V. MARITAL INFORMATION - CLIENT:

1. Are you currently married? _____
2. Were you previously married? _____
3. When were you divorced? _____
4. Names, ages and custodian of any other minor children _____

5. Are you receiving or paying spousal maintenance or alimony from a previous marriage?
Yes/No _____ Amount _____ per _____
6. Are you receiving or paying child support from a previous marriage? _____
Amount _____ per _____

VI. MARITAL INFORMATION - OTHER PARENT:

1. Is other parent currently married? _____
2. Was other parent previously married? _____

3. When was he/she divorced? _____

4. Names, ages and custodian of each of other parent's other minor

children: _____

5. Is he/she receiving or paying maintenance from a previous marriage? _____ Amount _____ per _____

VII. CHILDREN FROM THIS RELATIONSHIP:

1. Children's names, ages and birthdates:

Child's full name	Gender	D.O.B	Age	Soc. Sec. No.	Living with whom?

2. Do the children now live with Client _____ Opposing party _____ Both _____

3. Do you want custody of these children? _____

4. Do you expect a contest over who should have custody of the children? _____ Why? _____

VIII. DEBTS:

<u>Balance Due</u>	<u>Monthly Payment</u>	<u>Reason Debt Incurred</u>	<u>Person Incurring Debt</u>	<u>Creditor</u>
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1. _____

2. _____

3. _____

4. _____

5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

IX. ESTATE:

1. Do you have a will? _____ If so, describe any bequest to opposing party or for your children _____

2. When was your will executed or last revised? _____

X. MISCELLANEOUS:

1. Are you or the other parent named as a party in any pending lawsuit, including bankruptcy? _____
2. Describe your relationship with the other parent.

3. Would you like to request paternity or parentage testing?
Yes _____ No _____.

XI. ESTIMATED MONTHLY LIVING EXPENSES

Please list your estimated monthly expenses on the following page.

Estimated Monthly Living Expenses

Expense	Current	Projected
Mortgage/Rent		
Homeowner's/Renter's Insurance		
Real Estate Taxes		
Association Dues		
Electricity		
Natural Heat – Propane – Heating Oil		
Home Maintenance		
Sewer & Water		
Trash Removal		
Cable/Satellite TV		
Internet Access		
Cell phone service		
Telephone Landline		
Food – groceries		
Food – dining out		
Clothing		
Laundry		
Uninsured medical expenses		
Vehicle payment		
Automobile insurance		
Automobile maintenance		
Fuel expense		
Health insurance		
Dental insurance		
Life insurance		
Travel – Entertainment		
Charitable contributions		
Childcare Expenses		
Child/Children school lunches		
Child/Children other expenses		
School expenses for self		
Credit card payments		
Bank loans		
Other loans (explain)		
TOTALS:		