

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> |
|--------------------|------------------------|-----------------------------|------------------------------|-----------------|
|--------------------|------------------------|-----------------------------|------------------------------|-----------------|

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: | | |