**PATERNITY INFORMATION WORKSHEET**

**Please complete the following questions. This information is necessary in order to prepare the proper court documents for you. Please do not leave blank spaces. If you are unable to answer a question or a question does not apply, please write “unknown” or “not applicable”.**

**YOUR FIRST APPOINTMENT WILL BE RESCHEDULED OR CANCELLED IF YOU FAIL TO PROVIDE THIS WORKSHEET PROPERLY COMPLETED 24 HOURS PRIOR TO YOUR FIRST APPOINTMENT.  ONCE COMPLETED, PLEASE RETURN VIA EMAIL TO ASHLEY MALLOY AT** [**AMALLOY@SCBALAS.COM**](mailto:AMALLOY@SCBALAS.COM)**. IF YOU HAVE ANY QUESTIONS REGARDING THIS WORKSHEET PLEASE CONTACT OUR OFFICE AT 407-834-1660, x107.  THANK YOU FOR YOUR COOPERATION.**

1. **Client:**

Name (*As it appears on your Driver’s License or Identification Card****)***:

First: Middle: Last:

Date of Birth:

Address:

Street/P.O. Box: Apartment #:

City: State: Zip Code:

Mailing address *(if different than above)*:

Street/P.O. Box: Apartment#:

City: State: Zip Code:

Social Security Number:

Phone Numbers:

Home: Cell: Emergency: Work:

Immigration Status: *(check one)* U.S. Citizen Other:

1. **Opposing Party:**

Name:

First: Middle: Last:

Date of Birth:

Address:

Street: Apartment #:

City: State: Zip Code:

Social Security Number:

Phone Numbers:

Home: Cell: Work:

Immigration Status: *(check one)* U.S. Citizen Other:

When can the opposing party usually be found at his/her place of residence? *(be specific of days and times so that we can obtain service of process)*:

When can the opposing party usually be found at his/her work place? *(be specific of days and time so that we can obtain service of process)*:

Is the opposing party in the military *(check one)*? Yes No

1. **Children**

Please list all child(ren) born of the relationship. Include the last name of the child(ren).

Child 1: Birth date:

Where born:

Who does the child live with *(check one)*? Mom Dad Other:

Child 2: Birth date:

Where born:

Who does the child live with *(check one)*? Mom Dad Other:

Child 3: Birth date:

Where born:

Who does the child live with *(check one)*? Mom Dad Other:

Child 4: Birth date:

Where born:

Who does the child live with *(check one)*? Mom Dad Other:

Are you pregnant *(check one)*? Yes No

If yes, list name of father of child(ren):

Please list all child(ren) from a prior marriage, prior relationship or other child(ren) you have residing with you. Include the last name of the child(ren).

Child 1: Birth Date:

Where born:

Child 2: Birth Date:

Where born:

Child 3: Birth Date:

Where born:

Child 4: Birth Date:

Where born:

What school does each child attend and what is their present grade and state the name of the teacher of any child in elementary school?

Child 1:

Name: School: Teacher:

Child 2:

Name: School: Teacher:

Child 3:

Name: School: Teacher:

Child 4:

Name: School: Teacher:

1. **PRIOR COURT PROCEEDINGS:**

Have you or the opposing party ever filed any court proceedings against each other *(such as an Injunction for Protection; Child Support Case; Divorce Proceedings, check one)*? Yes No

If yes, state the following:

1. When:
2. County, State:
3. Case Number:
4. Type of Case:
5. Result of Case:
6. Was child support ordered? Yes No If yes, how much? $
7. If support was ordered, are the support payments being paid? Yes No
8. Did the Judge award the majority of timesharing with the child(ren) to you or the opposing party? Yes No
9. When:
10. County, State:
11. Case Number:
12. Type of Case:
13. Result of Case:
14. Was child support ordered? Yes No If yes, how much? $
15. If support was ordered, are the support payments being paid? Yes No
16. Did the Judge award the majority of timesharing with the child(ren) to you or the opposing party? Yes No
17. **DOMESTIC VIOLENCE**

Has there been a history of domestic violence in your relationship with the opposing party? Yes No

If yes, please describe:

Please describe the last incident of domestic violence, include the date:

Did you file an Injunction for Protection? Yes No

If yes, please provide copies of the Final Injunction for Protection.

Has law enforcement filed any reports regarding any domestic violence Incidents?  Yes No

If yes, provide copies of the reports.

Did anyone witness the domestic violence incidents? Yes No

If yes, please state the name of witness and relationship to you:

Witness 1:

Witness 2:

1. **OPPOSING PARTY EMPLOYMENT INFORMATION**

Employer:

Address:

Occupation (job position):

Income from Employment: $ Weekly Biweekly Monthly Yearly

Length of time with Employer:

Overtime pay available: Yes No Unknown

Bonus pay available: Yes No Unknown

Medical Insurance available: Yes No Unknown

If yes, how much is paid for Medical/Dental Insurance? $

If yes, how much is paid for Medical/Dental Insurance for dependents? $

Use of company car? Yes No Unknown

Use of housing as employment benefits? Yes No Unknown

Second Job? Yes No Unknown

If yes, please state name of employer, address and salary:

Employer:

Address:

Salary: $

If self-employed, state the nature of the business; number of employees, and business income:

Nature of business:

Number of employees:

Business income: $

If unemployed, state reason:

Disability Received? Yes No Unknown

If yes, how much? $

State last two employers and salary received from employer:

Employer:

Salary: $

Employer:

Salary: $

1. **CLIENT FINANCIAL INFORMATION**

Occupation/Job:

Employer:

Address:

Street: Suite:

City: State: Zip Code:

Pay period *(check one)*: Daily Weekly Biweekly Monthly

Next Pay Date:

Rate of Pay: $ Hours worked per week:

Number of withholding allowances claimed:

Do you claim married or single status:

Amount you pay monthly for medical/dental: $

Amount you pay monthly for insurance for medical/dental for your child(ren): $

Amount you pay for daycare: $ Weekly Biweekly Monthly

If unemployed, explain why:

What are your efforts to find employment?

1. **HEALTH**

Describe health of the opposing party and include names of any prescriptions taken:

Describe your health and include names of any prescriptions taken:

Describe the health of the child(ren) of the relationship and include name of any prescriptions taken:

Does your child(ren) have lifelong health issues or disability *(check one)*? Yes No

If yes, explain:

Any extra costs incurred as result of child(ren)’s health: Yes No

If yes, please describe:

Are child(ren) receiving disability payments due to their health? Yes No

If yes, how much? $

Do child(ren) receive social security/disability payments on behalf of you or the opposing party’s disability?

Yes No

If yes, how much? $

1. **CHILD SUPPORT**

Is the opposing party currently paying you child support? Yes No

If yes, how much is he/she paying and frequency of payment *(check one)?*

Weekly Bi-weekly Twice per month Monthly

How much total child support has the opposing party paid you from date of separation to the date completing this worksheet? $

Was the child support paid by the opposing party to you voluntarily or pursuant to court order *(check one)*:

Voluntary Court Ordered

If child support is court ordered, please state the following:

When:

County, State:

Case Number:

Type of Case:

Result of Case:

If the opposing party was court ordered to pay child support, is he/she current on the support? Yes No

If yes, state amount past due: $

Are you receiving any public benefits (Food Stamps/Medicaid/Temporary Cash Assistance/Social Security/Disability): Yes No

If yes, state what you receive and amount received:

Benefit: Amount: $

If yes, state what you receive and amount received:

Benefit: Amount: $

Are you paying child support for any other child? Yes No

If yes, how much? $

Are you receiving child support for any other child? Yes No

If yes, what is the monthly amount you are receiving? $

Are you receiving this amount per Court Order? Yes No

If yes, what is the date this Order was entered?

1. **TIMESHARING**

Do you desire the majority of timesharing with your child(ren)? Yes No

Do the child(ren) currently live with you? Yes No

Have the child(ren) been living with you since your separation? Yes No

If no, please provide details and reason why child(ren) not living with you:

What religious institution do you and your children attend, if any?

Is the opposing party spending time with the child(ren)? Yes No

If yes, describe the contact (timesharing) he/she has with the child(ren):

What contact do you desire that the opposing party have with the child(ren)*(check all that apply)*?

Every other weekend every week holiday contact birthday contact

telephone contact

Do you desire any restrictions in timesharing? Yes No

If yes, please describe restriction(s) (i.e. not under influence of alcohol, not under influence of controlled substances, supervision, no overnight, meet at neutral location for exchange of children) and provide reason for proposed restriction:

Have you or the opposing party ever been investigated by the Department of Children and Families regarding abuse, neglect or abandonment allegations? Yes No

If yes, please provide details include information regarding any court case filed by the Department of Children and Families:

Does the opposing party desire the majority of timesharing with your child(ren)? Yes No

Please state any significant negative or unfavorable comment that he/she may bring against you in timesharing dispute:

Have you ever been arrested for a crime? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please describe the crime and sentence for the crime:

Are you currently on probation? Yes No

Has the opposing party ever been arrested for a crime? Yes No

Has the opposing party ever been convicted of a crime? Yes No

If yes, please describe the crime and sentence for the crime:

Is the opposing party currently on probation? Yes No

Please state any significant problem that the opposing party has that prevents him/her from properly caring for the child(ren) or sharing in the decision making regarding the child(ren):

Please describe how the child(ren) is/are performing in school:

Provide any other relevant information that you believe is important in any timesharing dispute:

Are you considering relocating your child(ren)’s residence to another county, state or country? Yes No

If yes, where do you plan to move and when do you anticipate moving:

1. **MANDATORY DISCLOSURE**

PLEASE BRING THE FOLLOWING DOCUMENTS WITH YOU TO YOUR FIRST APPOINTMENT:

Any Injunction for Protection(s)

Any Law Enforcement Reports regarding your case

Any Child Support Orders involving you or your child(ren)

Any Court Papers that you have filed involving you, mother/father of child(ren)

Any Court Papers that you have received from the opposing party

Proof of any daycare that you pay for your child(ren)

Documentation showing how much you pay for Medical/Dental Insurance for you

Documentation showing how much you pay for Medical/Dental Insurance for your child(ren)

All personal (1040) federal tax, gift tax, and intangible personal property tax returns for the preceding three (3) years; or IRS forms W-2, 1099, and K-1 for the past year if the income tax return for the past year has not been prepared.

Pay stubs or other evidence of earned income for the past 3 months.

A statement identifying the source and amount of all income for the past 3 months, if not reflected on the pay stubs produced.

The declarations page, the last periodic statement, and the certificate for any group insurance for all life insurance policies insuring your life.

All health and dental insurance cards covering either you and/or dependent children.

All agreements between you and the opposing party.

Any court order directing that you either pay or receive child or spousal support.