**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 APPOINTMENT WILL BE RESCHEDULED OR CANCELLED IF YOU FAIL TO COMPLETE AND RETURN THIS WORKSHEET WITHIN 24 HOURS PRIOR TO YOUR FIRST APPOINTMENT. PLEASE RETURN VIA EMAIL TO CRYSTAL LEONARD AT CLEONARD@SCBALAS.COM.**

**If you have any questions regarding this worksheet please contact our office at 407-834-1660, x107. Thank you for your cooperation**.

**CLIENT**

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

|  |  |  |
| --- | --- | --- |
| First: | Middle: | Last: |
| Date of Birth: |  |  |
| Address: |  |  |
| Street/P.O. Box:  City: | State: | Apartment #:  Zip Code: |

Mailing address *(if different than above)*:

Street/P.O. Box: Apartment#:

|  |  |  |  |
| --- | --- | --- | --- |
| City: |  | State: |  |
| Social Security Number: |  |  |  |
| Home: | Cell: |  | Emergency: |

Zip Code:

Work:

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

**CLIENT 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: $

How do you wish these debts to be divided and why?

**OPPOSING PARTY:**

|  |  |  |
| --- | --- | --- |
| Name  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:

Home: Cell: Emergency: Work:

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

When can your spouse 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 your spouse usually be found at his/her workplace? *(Be specific of days and times so that we can obtain service of process)*

Is your Spouse in the military? ☐Yes ☐No

**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: $

How do you wish these debts to be divided and why?

**CHILDREN**

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

Child 1: Birth date:

Social Security Number:

Where born:

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

Child 2: Birth date:

Social Security Number:

Where born:

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

Child 3: Birth date:

Social Security Number:

Where born:

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

Child 4: Birth date:

Social Security Number:

Where born:

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

Are you pregnant? ☐Yes ☐No

If yes, list name of father of child:

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: |

**PRIOR COURT PROCCEDINGS:**

Have you or your spouse ever filed any court proceedings against each other *(such as an Injunction for Protection; Child Support Case; Divorce Proceedings)*? ☐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 majority timesharing of the child(ren) to you or your spouse? ☐Yes ☐No
     + When:
     + County, State:
     + Case Number:
     + Type of Case:
     + Result of Case:
     + Was child support ordered?☐Yes ☐No If yes, how much?
     + If support was ordered, are the support payments being paid?☐Yes ☐No
     + Did the Judge award majority timesharing of the child(ren) to you or your spouse?☐Yes ☐No

**DOMESTIC VIOLENCE**

Has there been a history of domestic violence in your relationship with your spouse? ☐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:

**HEALTH**

Describe health of spouse 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 marriage and include name of any prescriptions taken:

Do any of your child(ren) have an illness or disability which may require child support extended past 18 years of age? ☐Yes ☐No

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 your spouse’s disability? ☐Yes ☐No

If yes, how much?

**CHILD SUPPORT**

Is your spouse currently paying you child support? ☐Yes ☐No

If yes, how much is spouse paying and frequency of payment (weekly, biweekly, month)?

How much total child support has your spouse paid you from date of separation to the date completing this worksheet?

Was the child support paid by your spouse to you voluntarily or pursuant to court order?

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

When:

County, State:

Case Number:

Type of Case:

Result of Case:

If spouse was court ordered to pay child support, is spouse current on his support? ☐Yes ☐No

If no, state amount past due:

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

If yes, state the benefit you received, and the amount received:

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, how much? $

Is it court ordered? ☐Yes ☐No

**TIME SHARING**

Do you desire the majority of Time Sharing of 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 your spouse spending time with the child(ren)? ☐Yes ☐No

If yes, describe the contact (timesharing) spouse has with the child(ren):

What contact do you desire that your spouse have with the child(ren)? (i.e. 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 your spouse 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 your spouse desire majority of the Time Sharing of your child(ren)? ☐Yes ☐No

Please state any significant negative or unfavorable comment that your spouse may bring against you in any majority 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 your spouse ever been arrested for a crime? ☐Yes ☐No

Has your spouse ever been convicted of a crime? ☐Yes ☐No

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

Is your spouse currently on probation? ☐Yes ☐No

Please state any significant problem that your spouse has that prevents him 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 contested majority 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, when do you anticipate moving and why do you want to move, when do you anticipate moving and why do you want to move?