

PATERNITY INFORMATION WORKSHEET

Please answer and 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".

ALL INFORMATION ON THIS WORKSHEET IS KEPT CONFIDENTIAL.

PLEASE NOTE: YOUR FIRST APPOINTMENT WILL BE RESCHEDULED OR CANCELLED IF YOU FAIL TO BRING THIS WORKSHEET PROPERLY COMPLETED TO YOUR FIRST APPOINTMENT.

IF YOU HAVE ANY QUESTIONS REGARDING THE WORKSHEET, PLEASE CONTACT [SOPHIA ULLOA](#) at (407) 834-1660, ext. 107 BEFORE THE DATE OF YOUR FIRST APPOINTMENT.

I. CLIENT

NAME

First: Middle: Last:

Date of birth: Social Security Number:

Address

Street/P.O. Box: Apt. #:

City: State: Zip Code:

Mailing Address (if different from above)

Street/P.O. Box: Apt. #:

City: State: Zip Code:

Phone Numbers

Home: Cell: Emergency:

Immigration status: U. S. Citizen Other:

II. OPPOSING PARTY

NAME

First: Middle: Last:

Date of birth: Social Security Number:

Address

Street/P.O. Box: Apt. #:

City: State: Zip Code:

Mailing Address (if different from above)

Street/P.O. Box: Apt. #:

City: State: Zip Code:

Phone Numbers

Home: Cell: Emergency:

Immigration status: U. S. Citizen Other:

When can the opposing party usually be found at his/her place of residence (specific days and times)?

When can the opposing party usually be found at his/her workplace (specific days and times)?

Is the opposing party in the Military? Yes No

IV. CHILDREN

Please list all child(ren) born of the relationship with the opposing party (full names):

Child 1: Date of Birth:

Place of birth:

Who does child live with? Mom Dad Other:

What school does child attend?

Grade: Teacher's Name:

Child 2: Date of Birth:

Place of birth:

Who does child live with? Mom Dad Other:

What school does child attend?

Grade: Teacher's Name:

Child 3: Date of Birth:

Place of birth:

Who does child live with? Mom Dad Other:

What school does child attend?

Grade: Teacher's Name:

Child 4: Date of Birth:

Place of birth:

Who does child live with? Mom Dad Other:

What school does child attend?

Grade: Teacher's Name:

Are you pregnant? Yes No

Please List all child(ren) from a prior marriage, prior relationship, or other child(ren) you have living with you (full names).

Child 1: Date of Birth:

Place of birth:

Child 2: Date of Birth:

Place of birth:

Child 3: Date of Birth:

Place of birth:

Child 4: Date of Birth:

Place of birth:

V. PRIOR COURT PROCEEDINGS

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:

A. When:

B. County, State:

C. Case Number:

D. Type of Case:

E. Result of Case:

F. Was child Support Ordered? Yes No If yes, how much?

G. If support was ordered, are the support payments being made? Yes No

A. When:

B. County, State:

C. Case Number:

D. Type of Case:

E. Result of Case:

F. Was child Support Ordered? Yes No If yes, how much?

G. If support was ordered, are the support payments being made? Yes No

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 a copy of the Final Judgment of 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 the witness and relationship to you:

VII. OPPOSING PARTY EMPLOYMENT INFORMATION

Employer:

Address:

Occupation:

Income from employment: \$ Weekly Bi-weekly 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:

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: \$

XVII. CLIENT FINANCIAL INFORMATION

Occupation/Job:

If no employment, please explain why not and list efforts to find employment:

Employer:

Address (include city):

Pay period: Daily Weekly Bi-weekly Monthly

Next pay day:

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 expenses: \$

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

Amount you pay monthly for daycare: \$

Name and address of daycare:

X. 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 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 a 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? \$

XIV. CHILD SUPPORT

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

If yes, how much is the opposing party paying and frequency of payments (weekly, bi-weekly, 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 voluntary or by court order? Voluntary 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, are payments current? Yes No

If no, state amount past due: \$

Are you receiving any public benefits (food stamps, Medicaid, etc.)? Yes No

If yes, name type of assistance and the amount you receive:

Are you paying child support for any other child(ren)? Yes No

If yes, how much? \$

Are you receiving child support for any other child(ren)? Yes No

If yes, how much? \$

Is it court ordered? Yes No

XV. TIMESHARING

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

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

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

What religious institution do you and your child(ren) attend, if any?

Is your spouse spending time with the children? Yes No

If yes, please describe the contact (timesharing) the opposing party has with the child(ren):

What contact do you desire that the opposing party 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 or controlled substances, supervision, no overnight, neutral location for exchange of children, etc.):

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

Please state any significant negative or unfavorable comment that the opposing party 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:

Is your spouse currently on probation? Yes No

Please state any significant problem that the opposing party 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?