

# Paternity Questionnaire

YOUR FULL NAME: \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_ - Home  
( ) \_\_\_\_\_ - Work  
( ) \_\_\_\_\_ - Pager  
( ) \_\_\_\_\_ - Cellular  
( ) \_\_\_\_\_ - Fax  
\_\_\_\_\_ - E-mail address

Home Street Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
Mailing Address ( if different) \_\_\_\_\_

Work Street Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Are you Married: \_\_\_\_\_

If so, spouse's name: \_\_\_\_\_

Would you object to us discussing this matter with her directly if you are not available: \_\_\_\_\_

In no, please provide spouse's:

Phone No. ( ) \_\_\_\_\_ - Home  
( ) \_\_\_\_\_ - Work  
( ) \_\_\_\_\_ - Pager  
( ) \_\_\_\_\_ - Cellular  
( ) \_\_\_\_\_ - Fax  
\_\_\_\_\_ - E-mail address

Work Street Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_

OTHER PARENT'S NAME: \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_ - Home  
( ) \_\_\_\_\_ - Work  
( ) \_\_\_\_\_ - Pager  
( ) \_\_\_\_\_ - Cellular  
( ) \_\_\_\_\_ - Fax

\_\_\_\_\_ - E-mail address  
Home Street Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_

Work Street Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

**Subject Minor Children**

<u>Child's Name</u>	<u>Date of Birth/Age</u>	<u>Place of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Where are the child(ren) residing: ( ) You ( ) Other Parent

Are there any other court proceedings affecting your child(ren)?  
( ) Yes ( ) No

Do you have any other children? If so, please provide:

<u>Child's Name</u>	<u>Date of Birth/Age</u>	<u>Place of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for contacting us: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where would you like us to contact you: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_