

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: _____

