

# PATERNITY QUESTIONNAIRE

Today's Date \_\_\_\_\_ Conflict Checked: \_\_\_\_\_

How did you hear about **HUNTER LAW**? \_\_\_\_\_

We realize that you may be coming to this office for the sole purpose of obtaining information at this time. However, even if you are only seeking a consultation, I need certain information in order to adequately advise you. The questions below are designed to elicit the information we require in an orderly manner. None of this information will leave our office. Your cooperation is appreciated.

Please be advised that the presence of third parties not associated with the Hunter Law during your consultation or any future appointments destroys the attorney/client privilege and if subpoenaed, this person may be compelled to testify as to what was said during your consultation or future appointments. **Client Initials**

The consultation fee will be collected prior to your appointment today. All Quotes for Attorney's Fees regarding your Case may be subject to adjustment and reevaluation of your case if you retain Hunter Law for Representation at a later date following your initial or subsequent consultations **Client Initials**

## INFORMATION ABOUT YOU

Full Legal Name: \_\_\_\_\_  
(As it appears on your Driver's Licence)

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cellular Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

May we contact you at home? \_\_\_\_\_ May we contact you via E-mail? \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ How long have you been with the company? \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Hourly Rate \$ \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

How often are you paid? \_\_\_\_\_ Do you Receive Bonuses/Commissions? \_\_\_\_\_

List any other sources of Income: \_\_\_\_\_

Have you ever gone by any other name? \_\_\_\_\_

Name(s) of your previous Attorney(s) \_\_\_\_\_

Have you been served with papers? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, when? \_\_\_\_\_

## INFORMATION ABOUT THE OPPOSING PARTY

Name: \_\_\_\_\_  
(As it appears on his/her Driver's Licence)

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Position: \_\_\_\_\_ How long with the company? \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

How often is he/she paid? \_\_\_\_\_ Does he/she Receive Bonuses/Commissions? \_\_\_\_\_

List any other sources of Income: \_\_\_\_\_  
\_\_\_\_\_

If unemployed, how long? \_\_\_\_\_ Why? \_\_\_\_\_

Is he/she in good health? \_\_\_\_\_ If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has he/she ever gone by any other name? \_\_\_\_\_

Name(s) of his/her Attorney(s) \_\_\_\_\_

**Where is the best place to serve opposing party: (check one)**

Above listed home address \_\_\_\_\_ Workplace address \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of eyes: \_\_\_\_\_ Race: \_\_\_\_\_

Does he/she have any distinguishing features, marks, tattoos, etc.? \_\_\_\_\_  
\_\_\_\_\_

## INFORMATION ABOUT THE RELATIONSHIP

How long have you lived in Florida?      Years: \_\_\_\_\_ Months: \_\_\_\_\_

When did the relationship begin? \_\_\_\_\_ Date of last Separation \_\_\_\_\_

Did you and the other party live together? \_\_\_\_\_ If Yes, when? \_\_\_\_\_

Has either party ever filed a Domestic Violence Injunction during the relationship? \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

## CHILDREN BORN OF THE RELATIONSHIP

<u>Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Place of Birth</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Please list below the addresses at which the child(ren) have resided for the past five years, including the dates of residence at each address and the names of the people with whom the children resided:

<u>Date</u>	<u>Address</u>	<u>With Whom</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has any child listed above been involved in custody proceedings involving Juvenile Dependency Court or other court intervention? \_\_\_\_\_ If so When? \_\_\_\_\_

Do any of the child(ren) have any mental, emotional, physical or other health problems? \_\_\_\_\_  
If so, please explain: \_\_\_\_\_

If you are Male, do you believe the child(ren) listed above are your biological children? \_\_\_\_\_

Are you requesting a DNA Paternity Test to determine the Paternity of any of the child(ren) listed above? \_\_\_\_\_

**CHILD SUPPORT**

Have the child(ren) been involved in Department of Revenue Child Support Proceedings? \_\_\_\_\_  
If so, When?: \_\_\_\_\_

Has Paternity Been Established by a Final Judgment of Paternity or Support? \_\_\_ Yes \_\_\_ No

Has either party been Ordered to Pay Child Support by a Judge or Court? \_\_\_ No \_\_\_ Yes  
If Yes, How Much? \_\_\_\_\_ If Yes, When did the child support Start? \_\_\_\_\_

If Child Support has been Ordered, is the amount current? \_\_\_ Yes \_\_\_ No  
If child support is not current, how much is owed? \_\_\_\_\_

If child Support has not been Ordered, does he/she give you money on a regular basis to help support the child(ren)? \_\_\_\_\_ If yes, how much and when \_\_\_\_\_

If you are Female, did the father financially support you during your pregnancy? \_\_\_\_\_  
If you are Male, did you financially support the mother during her pregnancy? \_\_\_\_\_

Who covers the child(ren)'s health insurance? \_\_\_\_\_ What is the total cost per Month? \_\_\_\_\_

What would be the individual monthly cost for your personal Health Insurance as a Single Person with no dependents? \_\_\_\_\_ and Opposing Party with no Dependents? \_\_\_\_\_

What would be the additional monthly cost for Health Insurance to you or opposing Party to add just the child(ren) to the personal health insurance plan listed immediately above (total cost for Family Coverage)? \_\_\_\_\_

Are the child(ren) in day care? \_\_\_\_\_ If so, how much per month? \$ \_\_\_\_\_

**TIMESHARING OF CHILDREN**

Do you believe Timesharing with the Child(ren) will be an issue? \_\_\_\_\_

With whom do the child(ren) currently reside a majority of the time? \_\_\_\_\_

Do you have an Overnight Timesharing Schedule in place? \_\_\_\_\_

If Yes, what is the schedule? Or what schedule would you suggest? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **ATTORNEY NOTES**

1. PRICE QUOTED CONTESTED:

2. COST DEPOSIT FOR CONTESTED:

3. PRICE QUOTED UNCONTESTED:

4. FILING FEES UNCONTESTED: