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**FAMILY LAW QUESTIONNAIRE-PATERNITY**

**CLIENT'S INFORMATION**

1. Your Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_
4. Cell Telephone #: \_\_\_\_\_ Pager Telephone #: \_\_\_\_\_
5. Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_
6. Place of Employment: \_\_\_\_\_
7. Address of Employer: \_\_\_\_\_
8. Your gross monthly income: \_\_\_\_\_

**CHILDREN BORN TO THE RELATIONSHIP**

9. Children born to the relationship:

Name	SSN	Date of Birth	Reside with
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CHILDREN BORN TO PREVIOUS MARRIAGES OR RELATIONSHIPS**

10. Children born to Previous Marriages or Relationships:

Name	SSN	Date of Birth	Court	Monthly Child Support	Reside With
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**OTHER PARENT'S INFORMATION**

- 11. Other Parent's Name: \_\_\_\_\_
- 12. Address: \_\_\_\_\_
- 13. Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_
- 14. Cell Telephone #: \_\_\_\_\_ Pager Telephone #: \_\_\_\_\_
- 15. Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- 16. Place of Employment: \_\_\_\_\_
- 17. Address of Employer: \_\_\_\_\_
- 18. Other parent's gross monthly income: \_\_\_\_\_

**CHILDREN BORN TO OTHER PARENT BY MARRIAGES OR RELATIONSHIPS**

19. Children born to Other Parent by Marriages or Relationships:

Name	SSN	Date of Birth	Court	Monthly Child Support	Reside With

**MATTER INFORMATION**

20. Do you require Attorney Fees from the Other Parent? Yes \_\_\_\_\_ No \_\_\_\_\_

**CLIENT'S INCOME AND EXPENSES**

**I. INCOME**

A. GROSS WAGES PER PAY PERIOD \$ \_\_\_\_\_  
PAID : Weekly \_\_\_ Bi-Weekly \_\_\_ Semi-monthly \_\_\_ Monthly \_\_\_

B. My **MONTHLY** Gross Wages or Salary: \$ \_\_\_\_\_

C. TAX STATUS: Single \_\_\_ Married \_\_\_ Head/household \_\_\_  
Number of Dependents Claimed \_\_\_\_\_

D. PAYROLL DEDUCTIONS EACH PAY PERIOD:

FICA (Social Security Tax)	\$ _____
Medicare	\$ _____
Federal Withholding Tax	\$ _____
State Withholding Tax	\$ _____
City Earnings Tax	\$ _____
Union dues	\$ _____
Health Insurance Premium	\$ _____

Others: \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My total deductions each pay period \$ \_\_\_\_\_

E. MY NET TAKE HOME PAY PER PAY PERIOD \$ \_\_\_\_\_

F. Additional Income: (List income from second jobs, rentals, dividends, social security, retirement, V.A., business enterprises, TANF, annuities, bonuses and all other sources.)

Source	Income
_____	\$ _____
_____	\$ _____
_____	\$ _____

My total average monthly additional gross income \$ \_\_\_\_\_

G. The value of fringe benefits paid partially or totally by employer, i.e. health, disability insurance, etc. \$ \_\_\_\_\_

H. MY TOTAL MONTHLY GROSS INCOME (Add Line B, F and G) \$ \_\_\_\_\_

## II. ANTICIPATED MONTHLY EXPENSES

A. Rent or mortgage payments (include home association dues) \$ \_\_\_\_\_

B. Maintenance and repairs of residence \$ \_\_\_\_\_

### C. Utilities

1. Gas	\$ _____
2. Water	\$ _____
3. Electric	\$ _____
4. Telephone	\$ _____
5. Mobile/Cell/Pager	\$ _____
6. Trash Service	\$ _____

TOTAL UTILITIES EXPENSE \$ \_\_\_\_\_

### D. Automobiles

1. Gas and Oil	\$ _____
2. Maintenance	\$ _____
3. Tax and License	\$ _____
4. Payment of Loan/Lease	\$ _____

TOTAL AUTOMOBILE EXPENSE \$ \_\_\_\_\_

### E. Insurance

1. Life	\$ _____
2. Health	\$ _____
3. Dental	\$ _____
4. Vision	\$ _____
5. Disability	\$ _____
6. Homeowners/Rental (if not included in mortgage)	\$ _____
7. Automobile	\$ _____

TOTAL INSURANCE EXPENSE \$ \_\_\_\_\_

- F. Taxes
1. Real Estate (if not included in mortgage payment) \$ \_\_\_\_\_
  2. Personal Property \$ \_\_\_\_\_
- TOTAL TAX EXPENSE \$ \_\_\_\_\_
- G. Regular monthly payments I make on debts, i.e. credit cards, etc. \$ \_\_\_\_\_
- H. Child Support paid to other for children not in my custody and not involved in this proceeding \$ \_\_\_\_\_
- I. Maintenance or Alimony paid by me to persons other than my current spouse \$ \_\_\_\_\_
- J. Work-related Child Care (average school year and summer childcare) \$ \_\_\_\_\_

K. Other Monthly Living Expenses

	MINE	CHILDREN	
1. Food	\$ _____	\$ _____	
2. Clothing	\$ _____	\$ _____	
3. Medical Care	\$ _____	\$ _____	
4. Prescription Drugs	\$ _____	\$ _____	
5. Dental Care	\$ _____	\$ _____	
6. Vision Care	\$ _____	\$ _____	
7. Recreation	\$ _____	\$ _____	
8. Barber/Beauty Shop	\$ _____	\$ _____	
9. School Books	\$ _____	\$ _____	
10. School Lunches	\$ _____	\$ _____	
11. Sports	\$ _____	\$ _____	
12. Activities	\$ _____	\$ _____	
13. Tutoring	\$ _____	\$ _____	
14. Lessons	\$ _____	\$ _____	
15. Newspapers/Magazines	\$ _____	\$ _____	
16. Church/charitable	\$ _____	\$ _____	
17. Cable TV/Dish	\$ _____	\$ _____	
18. Internet	\$ _____	\$ _____	
19. Toiletries	\$ _____	\$ _____	
20. Vacation	\$ _____	\$ _____	
21. Gifts	\$ _____	\$ _____	
22. Pet Expenses	\$ _____	\$ _____	
23. College Expenses	\$ _____	\$ _____	
24. Other Expenses	\$ _____	\$ _____	
_____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	
TOTAL OTHER EXPENSES	\$ _____	\$ _____	\$ _____

TOTAL AVERAGE MONTHLY EXPENSES (Add A through K) \$ \_\_\_\_\_

**ATTACHMENTS**

1. Attach copies of: (a) your six (6) most recent pay stubs and (b) your last three (3) years of federal tax returns.