

## CHERRY WAY DOCUMENT PREPARATION SERVICES

PARENTAGE QUESTIONNAIRE	
Your Name: _____ Phone: (____) _____ Fax: (____) _____ E-Mail: _____	Request Date: _____ Date Needed: _____
I. BACKGROUND INFORMATION	
1. Which party will be the petitioner?	<input type="checkbox"/> Father <input type="checkbox"/> Mother
2. Have either party retained an attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If <b>Yes</b> , please specify: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent If <b>Unsure</b> , please specify: _____
3. What action are you seeking?	<input type="checkbox"/> Parentage <input type="checkbox"/> Custody/Visitation <input type="checkbox"/> Child Support <i>If seeking an Amendment or Response, please specify Case No.</i> <input type="checkbox"/> Amendment <input type="checkbox"/> Response <input type="checkbox"/> Case No. _____ If Response, date received document received from other party: _____
4. Petitioner's Name and Address:	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____ Petitioner has resided in this State: _____ <input type="checkbox"/> Years <input type="checkbox"/> Months Petitioner has resided in this County: _____ <input type="checkbox"/> Years <input type="checkbox"/> Months
5. Petitioner's Employer Name and Business Address:	Name: _____ Address: _____ City: _____ State: _____ Zip: _____
6. Respondent's Name and Address:	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____ Respondent has resided in this State: _____ <input type="checkbox"/> Years <input type="checkbox"/> Months Respondent has resided in this County? _____ <input type="checkbox"/> Years <input type="checkbox"/> Months
7. Respondent's Employer Name and Business Address:	Name: _____ Address: _____ City: _____ State: _____ Zip: _____
8. Are <u>both</u> parties agreeable to the action you are seeking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If <b>Unsure</b> , please specify: _____

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I. BACKGROUND INFORMATION (Cont'd)					
9. Have you told the other party you intend to file an action in the Court?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	If Yes, how and when? <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> E-Mail <input type="checkbox"/> In Person			Other: _____ Date: _____ Time: _____
10. Did you sign a Voluntary Declaration of Parentage at the hospital when you child was born?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> If Yes, attach a copy of the Declaration of Voluntary Parentage			<input type="checkbox"/> If No, are you willing to sign a Declaration of Voluntary Parentage?
11. Are there any questions concerning the parentage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> If Yes, is a genetic testing necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No			
II. CHILDREN BORN OR ADOPTED INTO THE RELATIONSHIP					
1. Specify children born or adopted <i>(include middle initial)</i> :	<u>Full Name</u>	<u>Place of Birth</u>	<u>Birthdate</u>	<u>Age</u> <u>Sex</u>	
	(1) _____	_____	_____	_____	
	(2) _____	_____	_____	_____	
	(3) _____	_____	_____	_____	
	(4) _____	_____	_____	_____	
2. Specify residence of each child for last 5 years:	<u>Child's Name</u>	<u>Residence Address</u>	<u>Currently Residing With</u>		
	(1) _____	_____	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Respondent	
	(2) _____	_____	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Respondent	
	(3) _____	_____	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Respondent	
	(4) _____	_____	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Respondent	



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### III. FINANCIAL INFORMATION

1. Petitioner's Income:	Monthly gross income before taxes: \$ _____ Monthly deductions:     (1) _____ \$ _____ (2) _____ \$ _____ (3) _____ \$ _____ (4) _____ \$ _____  <b>Monthly take home pay:</b> \$ _____
2. Petitioner's Household Expenses:	(1) Rent or house payment & maintenance \$ _____ (2) Food and household supplies \$ _____ (3) Utilities and telephone \$ _____ (4) Clothing \$ _____ (5) Laundry and cleaning \$ _____ (6) Medical and dental payments \$ _____ (7) Insurance (life, health, accident, etc.) \$ _____ (8) School and child care, if any \$ _____ (9) Transportation and auto expenses (insurance, gas, etc.) \$ _____ (10) Installment payments (specify): \$ _____ (a) _____ \$ _____ (b) _____ \$ _____ (c) _____ \$ _____ (d) _____ \$ _____  <b>Total Monthly Expenses:</b> \$ _____
3. Respondent's Income:	Monthly gross income before taxes: \$ _____ Monthly deductions:     (1) _____ \$ _____ (2) _____ \$ _____ (3) _____ \$ _____ (4) _____ \$ _____  <b>Monthly take home pay:</b> \$ _____

