

# GUZIK LAW OFFICE, P.A.

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## PATERNITY QUESTIONNAIRE

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

### **I. PERSONAL INFORMATION - CLIENT:**

1. Full Name \_\_\_\_\_
2. E-mail address \_\_\_\_\_  
Present Street Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_
3. Home/Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_
4. Social Security Number \_\_\_\_\_
5. Length of Residence in Minnesota \_\_\_\_\_
6. Birthplace \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_
7. Religion \_\_\_\_\_
8. Highest Level of Education \_\_\_\_\_ Year Completed \_\_\_\_\_
9. Present Health \_\_\_\_\_
10. Physician or Clinic \_\_\_\_\_
11. Are you presently in the Military Service of the U.S.? \_\_\_\_\_
12. Name and telephone number of two persons (other than opposing party) who would be most likely to always know where you can be reached

\_\_\_\_\_  
Name/relationship

\_\_\_\_\_  
Cell/home number

\_\_\_\_\_  
Name/relationship

\_\_\_\_\_  
Cell/home number

**II. PERSONAL INFORMATION - OTHER PARENT:**

1. Full Name \_\_\_\_\_
2. Present Address \_\_\_\_\_
3. Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_
4. Social Security Number \_\_\_\_\_
5. Length of Residence in Minnesota \_\_\_\_\_
6. Birthplace \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_
7. Religion \_\_\_\_\_
8. Highest Level of Education \_\_\_\_\_ Year Completed \_\_\_\_\_
9. Present Health \_\_\_\_\_
10. Physician or Clinic \_\_\_\_\_
11. Is other party presently in the Military Service of the United States?  
\_\_\_\_\_
12. Give a physical description of other party, including height, weight, build, etc. so that a process server would be able to identify your spouse. If available, attach a recent photo.  
\_\_\_\_\_

**III. EMPLOYMENT INFORMATION - CLIENT:**

1. Employer \_\_\_\_\_
2. Address \_\_\_\_\_
3. Occupation \_\_\_\_\_
4. Length of Time with this Employer \_\_\_\_\_
5. Gross Earnings \_\_\_\_\_ Per \_\_\_\_\_
6. Net Earnings \_\_\_\_\_ Per \_\_\_\_\_
7. How many exemptions do you claim? \_\_\_\_\_
8. Any other income (overtime, bonuses, commissions, other employment)?  
\_\_\_\_\_
9. Detail your prior work experience \_\_\_\_\_

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**IV. EMPLOYMENT INFORMATION - OTHER PARENT:**

1. Employer \_\_\_\_\_
2. Address \_\_\_\_\_
3. Occupation \_\_\_\_\_
4. Length of Time with this Employer \_\_\_\_\_
5. Gross Earnings \_\_\_\_\_ Per \_\_\_\_\_
6. Net Earnings \_\_\_\_\_ Per \_\_\_\_\_
7. Any other income (overtime, bonuses, commissions, other employment)?  
\_\_\_\_\_
8. Detail other parent's prior work experience \_\_\_\_\_  
\_\_\_\_\_

**V. MARITAL INFORMATION - CLIENT:**

1. Are you currently married? \_\_\_\_\_
2. Were you previously married? \_\_\_\_\_
3. When were you divorced? \_\_\_\_\_
4. Names, ages and custodian of any other minor children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Are you receiving or paying spousal maintenance or alimony from a previous marriage?  
Yes/No \_\_\_\_\_ Amount \_\_\_\_\_ per \_\_\_\_\_
6. Are you receiving or paying child support from a previous marriage? \_\_\_\_\_  
Amount \_\_\_\_\_ per \_\_\_\_\_

**VI. MARITAL INFORMATION - OTHER PARENT:**

1. Is other parent currently married? \_\_\_\_\_
2. Was other parent previously married? \_\_\_\_\_

3. When was he/she divorced? \_\_\_\_\_

4. Names, ages and custodian of each of other parent's other minor

children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Is he/she receiving or paying maintenance from a previous marriage? \_\_\_\_\_ Amount \_\_\_\_\_ per \_\_\_\_\_

**VII. CHILDREN FROM THIS RELATIONSHIP:**

1. Children's names, ages and birthdates:

Child's full name	Gender	D.O.B	Age	Soc. Sec. No.	Living with whom?

2. Do the children now live with Client \_\_\_\_\_ Opposing party \_\_\_\_\_ Both \_\_\_\_\_

3. Do you want custody of these children? \_\_\_\_\_

4. Do you expect a contest over who should have custody of the children? \_\_\_\_\_ Why? \_\_\_\_\_

**VIII. DEBTS:**

<u>Balance Due</u>	<u>Monthly Payment</u>	<u>Reason Debt Incurred</u>	<u>Person Incurring Debt</u>	<u>Creditor</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**IX. ESTATE:**

1. Do you have a will? \_\_\_\_\_ If so, describe any bequest to opposing party or for your children \_\_\_\_\_  
\_\_\_\_\_
2. When was your will executed or last revised? \_\_\_\_\_

**X. MISCELLANEOUS:**

1. Are you or the other parent named as a party in any pending lawsuit, including bankruptcy? \_\_\_\_\_
2. Describe your relationship with the other parent.  
\_\_\_\_\_  
\_\_\_\_\_
3. Would you like to request paternity or parentage testing?  
Yes \_\_\_\_\_ No \_\_\_\_\_.

**XI. ESTIMATED MONTHLY LIVING EXPENSES**

Please list your estimated monthly expenses on the following page.

### Estimated Monthly Living Expenses

Expense	Current	Projected
Mortgage/Rent		
Homeowner's/Renter's Insurance		
Real Estate Taxes		
Association Dues		
Electricity		
Natural Heat – Propane – Heating Oil		
Home Maintenance		
Sewer & Water		
Trash Removal		
Cable/Satellite TV		
Internet Access		
Cell phone service		
Telephone Landline		
Food – groceries		
Food – dining out		
Clothing		
Laundry		
Uninsured medical expenses		
Vehicle payment		
Automobile insurance		
Automobile maintenance		
Fuel expense		
Health insurance		
Dental insurance		
Life insurance		
Travel – Entertainment		
Charitable contributions		
Childcare Expenses		
Child/Children school lunches		
Child/Children other expenses		
School expenses for self		
Credit card payments		
Bank loans		
Other loans (explain)		
<b>TOTALS:</b>		