

Atty: _____
(Initials)

PATERNITY INTERVIEW FORM

Date of Interview	Referred by:
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INFORMATION ABOUT YOU

YOUR FULL LEGAL NAME	
ADDRESS	
CITY, STATE, ZIP	
HOME PHONE:	WORK PHONE:
OTHER PHONE:	PAGER/MOBILE PHONE:
SS#:	AGE:
DOB:	PLACE OF BIRTH:
EDUCATION (Highest Grade attained):	
DEGREES (If any):	
RACE:	NO. OF MARRIAGES:
	NO. OF DIVORCES:

INFORMATION ABOUT OTHER PARENT

FULL LEGAL NAME	
ADDRESS	
CITY, STATE, ZIP	
HOME PHONE:	WORK PHONE:
OTHER PHONE:	PAGER/MOBILE PHONE:
SS#:	AGE:
DOB:	PLACE OF BIRTH:
EDUCATION (Highest grade attained):	
DEGREES (If any):	
RACE:	NO. OF MARRIAGES:
	NO. OF DIVORCES:

INFORMATION ABOUT YOUR EMPLOYMENT

Name of Employer:	address:
Phone number:	Position:
Length of employment:	Pay periods:
Monthly gross:	Monthly net:
Benefits paid by employer:	Benefits paid by you:

INFORMATION ABOUT OTHER PARENT'S EMPLOYMENT

Name of Employer:	address:
Phone number:	Position:
Length of employment:	Pay periods:
Monthly gross:	Monthly net:
Benefits paid by employer:	Benefits paid by spouse:

OTHER INCOME OF EITHER YOU OR OTHER PARENT

Source:	Address
Type:	Monthly amount:
Party receiving income:	
Other information regarding other income:	

INFORMATION ABOUT CHILDREN OF THIS RELATIONSHIP

Names, SS#'s, date of birth, and ages of minor children of the marriage:

Name	S.S. #	Date of Birth	Age	Custodian

OTHER INFORMATION REGARDING MINOR CHILDREN OF THIS RELATIONSHIP

Address of minor children at present time	
City and state where minor children have resided during the last 5 years	
List all persons with whom the minor children have lived with during the last 5 years	
Has any legal proceeding regarding custody of the minor children of this marriage been filed and if so when and where	

INFORMATION ABOUT CHILDREN OVER THE AGE OF MAJORITY

Name	Age	Whereabouts: (College, married, etc.)

INFORMATION ABOUT CHILDREN OF PREVIOUS MARRIAGES

Names, SS#'s, birthdates and age of minor children of previous marriage and facts as to custody and support payments paid or received, if any:

Name	S.S.#	Age	Custodian	Support Payment	Paid or Rec'd

INFORMATION ABOUT CHILDREN OF PREVIOUS MARRIAGES

REAL ESTATE & MORTGAGE INFORMATION

Address:

Fair market value:	Balance due on loan:
Name of mortgage holder:	Monthly payment:
Date acquired:	Purchase price:
2nd Mortgage Info.	
Name of mortgage holder:	Date loan taken out:
Balance Due on loan:	Monthly payment:

If there are other parcels of real estate please provide the above requested information for each property.

OTHER REAL ESTATE & MORTGAGE INFORMATION

Address:

Fair market value:	Balance due on loan:
Name of mortgage holder:	Monthly payment:
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Balance Due on loan:	Monthly payment:

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INFORMATION REGARDING MISC. ITEMS

Who pays family health care coverage?	Cost of family coverage?
Cost of single coverage?	Do you have a particular amount of money in mind needed in terms of child support which will meet your monthly obligations
Have you and/or other parent undergone any type of counseling? If so, who have you seen	In general words, give your reasons for filing a domestic action at this time