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## A PROFESSIONAL ASSOCIATION

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## Confidential Dependency/Kinship Questionnaire

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your case. All information will be held in strict confidence.

### **I. Your Personal Information**

- a) Name (first, middle & last) \_\_\_\_\_.
- b) Relationship to Children \_\_\_\_\_.
- b) Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_.
- c) Social Security Number \_\_\_\_\_.
- d) Current address \_\_\_\_\_  
\_\_\_\_\_.

Do you wish to have your mail from this office sent to a different address? If so, please list the address:

\_\_\_\_\_  
\_\_\_\_\_.

- e) Telephone numbers where we may reach you: Home \_\_\_\_\_  
Office \_\_\_\_\_  
Cell \_\_\_\_\_.

- f) If you wish to correspond via e-mail, please give your e-mail address:

\_\_\_\_\_.

**Residency Information:**

- a) How long have you lived in the State of Florida? \_\_\_\_\_.

- b) Please list other residential addresses during the past five (5) years and the dates you resided at that residence.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

- c) What is your State of Florida driver's license number: \_\_\_\_\_.

What is the date the license was issued: \_\_\_\_\_.

**Education:**

- a) Highest degree of education \_\_\_\_\_.

**Employment**

- a) Employer \_\_\_\_\_.

- b) Address \_\_\_\_\_.

\_\_\_\_\_.

- c) What is your job title \_\_\_\_\_.

- d) Gross Salary (annual) \_\_\_\_\_.

- e) Other sources of income (explain) \_\_\_\_\_.

- f) Average monthly income from other sources \_\_\_\_\_.

**II. Children**

a) How many children involved in this matter? \_\_\_\_\_.

b) Please give full name, date of birth, place of birth, and sex of each child.

Name and Social Security Number	Sex	Date of Birth	Place of Birth
_____	_____	_____	_____.
_____	_____	_____	_____.
_____	_____	_____	_____.

c) Where are the child(ren) living at this time and with whom?

\_\_\_\_\_.

d) List all residence addresses for the children during the past five (5) years; dates they lived at that residence; and with whom they resided.

Address	Dates at that address	With whom they resided
_____	_____	_____.
_____	_____	_____.
_____	_____	_____.

e) List all property, if any, owned by children.

\_\_\_\_\_  
\_\_\_\_\_.

f) How are the parties listed on the child(ren)'s birth certificates?

\_\_\_\_\_.

g) Has any paternity/DNA testing been performed? \_\_\_\_\_.

If so, what were the results? \_\_\_\_\_.

**III. Mother's Information**

- a) Name (first, middle & last) \_\_\_\_\_.
- b) Maiden/Former Name \_\_\_\_\_.
- c) Current address \_\_\_\_\_  
\_\_\_\_\_.
- d) Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_.
- e) Social Security Number \_\_\_\_\_.
- f) Telephone numbers: Home \_\_\_\_\_.  
Office \_\_\_\_\_ Cell \_\_\_\_\_.

**Residency Information:**

- a) How long has she lived in the State of Florida? \_\_\_\_\_.
- b) Please list other residential addresses during the past five (5) years and the dates resided at that residence.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**Education:**

- a) Highest degree of education \_\_\_\_\_.

**Employment**

- a) Employer \_\_\_\_\_.
- b) Address \_\_\_\_\_.
- c) What is her job title \_\_\_\_\_.
- d) Gross Salary (annual) \_\_\_\_\_.

- e) Other sources of income (explain) \_\_\_\_\_.
- f) Average monthly income from other sources \_\_\_\_\_.

**IV. Father's Information**

- a) Name (first, middle & last) \_\_\_\_\_.
- b) Current address \_\_\_\_\_  
\_\_\_\_\_.
- c) Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_.
- d) Social Security Number \_\_\_\_\_.
- e) Telephone numbers: Home \_\_\_\_\_.  
Office \_\_\_\_\_ Cell \_\_\_\_\_.

**Residency Information:**

- a) How long has he lived in the State of Florida? \_\_\_\_\_.
- b) Please list other residential addresses during the past five (5) years and the dates resided at that residence.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**Education:**

- a) Highest degree of education \_\_\_\_\_.

**Employment**

- a) Employer \_\_\_\_\_.
- b) Address \_\_\_\_\_  
\_\_\_\_\_.
- c) What is his job title \_\_\_\_\_.

- d) Gross Salary (annual)\_\_\_\_\_.
- e) Other sources of income (explain) \_\_\_\_\_.
- f) Average monthly income from other sources \_\_\_\_\_.

**Additional Parentage**

- a) Are there any other Fathers involved as to the subject child(ren)? \_\_\_\_\_.
- b) Please list their names and respective addresses if known.  
 \_\_\_\_\_.  
 \_\_\_\_\_.  
 \_\_\_\_\_.

**V. Relationship and Separation**

- a) Nature of Relationship of parents (e.g., exboyfriend/exgirlfriend; exhusband/exwife; lived together; never lived together; extramarital affair)\_\_\_\_\_.
- b) If lived together, for how long? \_\_\_\_\_.
- c) Give an approximate date of separation \_\_\_\_\_.
- d) Have there been prior separations? \_\_\_\_\_.
- e) If so, how many? Please state approximately when and how long?\_\_\_\_\_.
- f) Has either parent ever been charged with a crime? \_\_\_\_\_.  
 Have you ever been charged with a crime? \_\_\_\_\_.
- g) Have there been prior court proceedings between you and him/her? \_\_\_\_\_.  
 (Please bring copies of all related documents.) Who was your prior attorney? \_\_\_\_\_.
- h) Have you and he/she tried counseling? \_\_\_\_\_ If so, who went, for how long and to whom? \_\_\_\_\_.
- i) Do you want counseling for yourself, him/her, or for both of you? \_\_\_\_\_.
- j) Has he or she ever provided any type of monetary support for the child? \_\_\_\_\_.  
 If so, how much? \_\_\_\_\_.

**V. Miscellaneous**

a) What is the condition of your mental health? \_\_\_\_\_.

What is the condition of your physical health? \_\_\_\_\_.

d) Were you referred to this office by someone? \_\_\_\_\_.

If so, who referred you? \_\_\_\_\_.

I represent that the foregoing information is true and correct to the best of my knowledge.

Date: \_\_\_\_\_

\_\_\_\_\_  
Client Signature