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Confidential Paternity 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) 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. Information on Other Parent

- 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 have he/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 his/her job title _____.
- d) Gross Salary (annual) _____.

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

III. Relationship and Separation

- a) Nature of Relationship (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 he/she 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) How long have you and he/she been having difficulties? _____.
- i) Have you and he/she tried counseling? _____ If so, who went, for how long and to whom? _____.
- j) Do you want counseling for yourself, your him/her, or for both of you? _____.
- k) Has he or she ever provided any type of monetary support for the child? _____.
If so, how much? _____.

IV. Children

- a) How many children were born of this relationship? _____.
- b) If so, please give full name, date of birth, place of birth, and sex of each child. If there are any children by a previous marriage or relationships, please indicate.

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

- c) Where are the children living at this time? _____.
- 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) Is the person you believe to be parent of the child listed on the birth certificate?
_____.

- g) Has any paternity/DNA testing been performed? _____.
If so, what were the results? _____.

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