

FISHER LAW LLC

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PATERNITY QUESTIONNAIRE

Consult date: _____

Referred by: Avvo FindLaw
 Firm website Personal Referral (Name) _____
 Super Lawyers Lawyer Referral (Name) _____
 Google Previous client

CLIENT = YOU

OTHER PARENT = OTHER PARTY

Full name: _____ Full name: _____

Address: _____ Address: _____

County _____ How Long _____ County _____ How Long _____

Social Security Number: _____ Social Security Number: _____

Date of Birth: _____ Date of Birth: _____

Length of Residence in State: _____ Length of Residence in State: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Home Phone: _____ Home Phone: _____

E-mail: _____ E-mail: _____

Is your e-mail secure? Y or N Preferred method of contact: ___e-mail ___phone ___mail

EMERGENCY CONTACT**

Name: _____ Relation: _____ Phone: _____

**Will only be used if we have communicated with you yet have not heard back within 10 days.

CHILD/REN

First Middle Last	DOB	SS#**	M/F	AGE:	Resides with? (Mom/Dad/Both)

Is Father listed on birth certificate/s? Yes **or** No

FINANCIAL INFORMATION (PARTIES OF THIS ACTION)

Client's Information

Client's Gross Income: _____ Paid Monthly/Bi-Weekly/Weekly? _____
Employer Name: _____ Phone: _____
Employer **address**: _____
Base Wage or Salary: _____ Average Overtime: _____ Other: _____

Other Parent's Information

Other parent's Gross Income: _____ Paid: _____
Employer Name: _____ Phone: _____
Employer **address**: _____
Base Wage or Salary: _____ Average Overtime: _____ Other: _____

Support Information

Any other proceedings regarding custody and/or child support for child/ren of this action?
Yes **or** No If yes, Case # _____ State/county: _____
Child Support \$ _____ per month. Arrearage? \$ _____
Admin Child Support # _____

Which parent provides insurance for family? _____
Health care costs: _____ Childcare/Daycare Costs: _____
Special health or education costs for child/ren: _____
Have the child/ren ever received welfare or Medicaid? Yes **or** No MACSS# _____

Maintenance Information

Maintenance paid to a previous spouse? \$ _____ per _____, duration _____
Maintenance received from previous spouse? \$ _____ per _____, duration _____

CHILDREN NOT OF THIS ACTION

Child/ren name/s: _____
Child Support Order: \$ _____ State/County: _____ Circle one: *Pay or Receive*
Case # _____ Admin Child Sppt # _____
Child/ren name/s: _____
Child Support Order: \$ _____ State/County: _____ Circle one: *Pay or Receive*
Case # _____ Admin Child Sppt # _____

→ Please provide receptionist a copy of your photo ID (driver's license or other state ID) ←