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**The Self Help Legal Information Network**

(310) 675-3863 \*\* office (310) 675-3853 \*\* fax

[www.legalinfonetwork.com](http://www.legalinfonetwork.com)

## **Parental Relationship Petition – (Paternity) Questionnaire**

I am providing this information for the purpose of completing a Petition to establish parental relationship, child custody, visitation and support. I understand that I am having my documents prepared by a Paralegal – Legal Document Assistant and if I have any questions, concerns or need legal advice I may need to contact an attorney. I understand The Self-Help Legal Information Network are not attorneys and cannot give legal advice (ie. tell me the best method for my situation, tell me what forms to complete, tell me the process, or give me their opinion). I understand that I am responsible for filing and/or serving any necessary documents unless otherwise noted.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## Questionnaire – Paternity / Child Support / Custody

1. \_\_\_\_\_  
Your full name (include first, last and middle)

2. You are the:        Mother        Father

3. \_\_\_\_\_  
Your address    City    State    Zip

4.

Full Name of child (first, middle, last) (for unborn - write unborn)	Birth date / age ____-____-____ / ____	Birth place (city & state)	Sex M / F
	____-____-____ / ____		
	____-____-____ / ____		
	____-____-____ / ____		
	____-____-____ / ____		
	____-____-____ / ____		

5. \_\_\_\_\_  
Full address of child

\_\_\_\_\_

6. Who does child reside with? (name) \_\_\_\_\_

(relationship) mom dad grandma grandpa other \_\_\_\_\_

7. \_\_\_\_\_  
Address of person child resides with.

\_\_\_\_\_

8. Where did conception occur \_\_\_\_\_  
(for purposes of jurisdiction) city state

9. Please indicate by checking the box or circling the word that applies.  
You are requesting:

for you for other party joint other  
Legal Custody for:

Physical Custody for:

Child Support modification increase decrease other

Paternity Testing yes no

10. Visitation request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Approximate percentage of time each parent has physical responsibility for the child.  
Mom % Dad %

12. Child support amount requested? \_\_\_\_\_ additional child support requested.

Educational \$ \_\_\_\_\_ Special needs \$ \_\_\_\_\_

travel expense for visitation \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ total Amount requested \$ \_\_\_\_\_ per month

13. Date you are completing this form \_\_\_\_\_

14. Any special hardship deductions requested \_\_\_\_\_

Children from previous relationships \$ \_\_\_\_\_ (monthly payments)

Does child(ren) live with you? Yes No

15. Does either parent drink, do drugs or have any other problems? \_\_\_\_\_

If so what? \_\_\_\_\_  
\_\_\_\_\_

16. Do you wish to change name of child?                      Yes                      No

If so to what: \_\_\_\_\_

Why? \_\_\_\_\_

\_\_\_\_\_

17. Has anyone else filed any paperwork in any courts regarding this child? Yes                      No

If so in what court? \_\_\_\_\_ What date? \_\_\_\_\_

Is the action still active? Yes                      No                      Pending? Yes                      No                      Order or Judgment?

18. Is there any other custody proceedings regarding this child in another court?

If so where? \_\_\_\_\_

\_\_\_\_\_

What type of proceeding? Divorce                      Guardianship                      Other

Status of proceeding? \_\_\_\_\_

**NOTE: If there is an action active, pending or a judgment or order you need to bring the paperwork to the office at your next meeting when turning in these documents.**

19. Is there anyone, not a party to this proceeding, who has any claims physical custody, rights to visitation or custody or interest in this child?

If so please state:

Name of person	Address	Relationship (if any)	Claim	Name of Child

Does other parent work? Yes      no      If so please state as much information as possible.

Other parents full name \_\_\_\_\_

Other parents address \_\_\_\_\_

\_\_\_\_\_

other parents employer \_\_\_\_\_

address \_\_\_\_\_

how long employed there \_\_\_\_\_ gross wages per month \$ \_\_\_\_\_

Does other party have any other children? If so how many? \_\_\_\_\_

Please list their names – first and last \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

and ages \_\_\_\_\_

Does children live with other party or is he/she paying child support? \_\_\_\_\_

If paying support, can you list how much? \_\_\_\_\_

**PLEASE BE SURE TO COMPLETE THE INCOME AND EXPENSE  
QUESTIONNAIRE ALSO.**