

Response to Parental Relationship Petition – (Paternity) or Governmental Action Questionnaire

I am providing this information for the purpose of completing a <u>Petition to establish parental relationship</u>, 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 | | |

Response Questionnaire - Paternity / Child Support / Custody / Governmental Action

| 1 | Your full name (| include first, la | st and middle) | | | | _ |
|----|------------------------------------------|-------------------|----------------|----------------|-----|----------------------------|------------|
| 2 | . You are the: | Mother | Father | | | | |
| 3 | Your address | | City | St | ate | Zip | _ |
| | l Name of child (fi unborn - write un | |) | Birth date / a | | Birth place (city & state) | Sex M/F |
| | | | | /_ | | | |
| | | | | / | | | |
| | | | | /_ | | | |
| | | | | / | | | |
| | | | | / | | | |
| | Full address of chi | ld | | | | | |
| | | | | | | | |
| 7. | Address of person | child resides w | rith. | | | | |
| | | | | | | | |

| 8. | Where did conception occur (for purposes of jurisdiction) | | stat | | |
|-----|-----------------------------------------------------------|--------------------------|--------------------------|-------------------|---------------|
| 9. | Please indicate by checking the You are requesting: | _ | | | |
| | Legal Custody for: | for you | for other party | joint | other |
| | Physical Custody for: | | | | |
| | Child Support modification | increase | decrease | other | |
| | Paternity Testing | yes | no | | |
| 10. | . Visitaion request: | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 11. | . Approxmate percentage of tin Mom | ne each parent has % Dad | s physical responsi % | bility for the ch | aild. |
| 12. | . Child spport amount requested | d? | addition | nal child suppor | rt requested. |
| | Educational \$ | _ Special need | s \$ | | |
| | travel expense for visitation \$ | | | | |
| | Other \$ total A | mount requested | \$ | per month | |
| 13. | . Date you are completing this f | form | | | |
| 14. | . Any special hardship deduction | ons requested | | | _ |
| | Children from previous relation | onships \$ | (mo | onthly payments | s) |
| | Does child(ren) live with you | ? Yes | No | | |
| 15. | . Does either parent drink, do d | rugs or have any | other problems? _ | | |
| | If so what? | | | | |
| | | | | | |

| 6. Do you wish to change name of child? | Yes | No | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------|--------------|-----|
| o to what: | | | | |
| y? | | | | |
| 17. Has anyone else filed any paperwork i | · | _ | | No |
| f so in what court? | | | | |
| s the action still active? Yes No Pour 18. Is there any other custody proceedings f so where? | regarding this | child in an | other court? | nt? |
| | | | | - |
| What type of proceeding? Divorce Guarantees | | | | |
| 19. Do you agree with anything in the peti you agree and disagree with.Child Custody - Y N – if not please st | ate why? | | | |
| Child Support - Y N – if not please st | ate why? | | | |
| Are you the other parent? Y N Please state what you would like to tell the | court regarding | this actio | n : | |
| | | | | _ |
| | | | | |

| | |
|--------------------------------------------------------------------------------|-------|
| | |
| Does other parent work? Yes no If so please state as much information as possi | ible. |
| 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? | |

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.

18. 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 |
|----------------|---------|-----------------------|-------|---------------|
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PLEASE BE SURE TO COMPLETE THE INCOME AND EXPENSE QUESTIONAIRE ALSO.