

NAME: _____ REQUEST DATE: _____	
PHONE: _____ EMAIL: _____ DATE NEEDED: _____	
I. BACKGROUND INFORMATION	
1. Which party will be the petitioner?	<input type="checkbox"/> Father <input type="checkbox"/> Mother
2. Have either spouse retained an attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If Yes , please specify: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent If Unsure , please specify: _____
3. What action are you seeking?	<input type="checkbox"/> Parentage <input type="checkbox"/> Custody/Visitation <input type="checkbox"/> Child Support <i>If seeking an Amendment or Response, please specify Case No.</i> <input type="checkbox"/> Amendment <input type="checkbox"/> Response <input type="checkbox"/> Case No. _____ If Unsure , please specify: _____
4. Petitioner's Name and Address:	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____ Petitioner has resided in this State: _____ <input type="checkbox"/> Years <input type="checkbox"/> Months Petitioner has resided in this County: _____ <input type="checkbox"/> Years <input type="checkbox"/> Months
5. Petitioner's Employer Name and Business Address:	Name: _____ Address: _____ City: _____ State: _____ Zip: _____
6. Respondent's Name and Address:	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____ Respondent has resided in this State: _____ <input type="checkbox"/> Years <input type="checkbox"/> Months Respondent has resided in this County: _____ <input type="checkbox"/> Years <input type="checkbox"/> Months
7. Respondent's Employer Name and Business Address:	Name: _____ Address: _____ City: _____ State: _____ Zip: _____
8. Are <u>both</u> parties agreeable to action you are seeking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If Unsure , please specify: _____

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I. BACKGROUND INFORMATION (Cont'd)					
9. Have you told the other party you intend to file an action in the Court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure		
	If Yes , how and when? <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> In Person				
	Other: _____ Date: _____ Time: _____				
10. Did you sign a voluntary Declaration of Parentage at the hospital when your child was born?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
	If, Yes , attach a copy of the Declaration of Voluntary Parentage.				
	If No , are you willing to sign a Declaration of Voluntary Parentage? <input type="checkbox"/> Yes <input type="checkbox"/> No				
11. Are there any questions concerning the parentage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
	If Yes , is genetic testing necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No				
II. CHILDREN BORN OR ADOPTED INTO THE MARRIAGE					
1. Specify children born or adopted from the marriage <i>(include middle initial)</i> :	<u>Full Name</u>	<u>Place of Birth</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>
	(1) _____	_____	_____	_____	_____
	(2) _____	_____	_____	_____	_____
	(3) _____	_____	_____	_____	_____
	(4) _____	_____	_____	_____	_____
2. Specify residence of each child for last 5 years:	<u>Child's Name</u>	<u>Residence Address</u>	<u>Currently Residing With</u>		
	(1) _____	_____	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Respondent	
	(2) _____	_____	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Respondent	
	(3) _____	_____	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Respondent	
	(4) _____	_____	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Respondent	

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II. CHILDREN BORN OR ADOPTED INTO THE MARRIAGE (Cont'd)	
3. What custody or visitation orders are you seeking?	Legal Custody of children to: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint <input type="checkbox"/> Other Physical Custody of children to: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint <input type="checkbox"/> Other Child visitation be granted to: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint <input type="checkbox"/> Other If Joint , please specify custody time: _____ % with Petitioner _____ % with Respondent If Other , please specify terms or attach agreement: _____ _____
4. Is there a likelihood of any disputes about the custody of the children?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please specify from whom: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent Which child? _____
5. Should the child support be based on state's guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please specify from whom: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent If No , please specify agreed terms or attach agreement for court's approval: _____ _____
6. Are you seeking the Court to determine other support orders for the children?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please specify from whom: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent Child care to be paid by: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent Health insurance for children paid by: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent Emergency housing support paid by: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent If No , please specify agreed terms or attach agreement for court's approval: _____ _____
7. Either party receiving public assistance for the minor children?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Intend to apply for If Yes , please specify? <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent Case Number: _____ Case Worker's Name: _____ Intend to apply for , please specify? <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent What County? _____
8. Are you also seeking the court to issue Emergency Domestic Violence Orders?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please specify or include attachment explaining history and most current violence against you, the children or problems that may arise because you are seeking this action: _____

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III. FINANCIAL INFORMATION		
1. Petitioner's Income:	Monthly gross income before taxes: \$ _____ Monthly deductions: (1) _____ \$ _____ (2) _____ \$ _____ (3) _____ \$ _____ (4) _____ \$ _____ Monthly take home pay: \$ _____	
2. Petitioner's Household Expenses:	(1) Rent or house payment & maintenance \$ _____ (2) Food and household supplies \$ _____ (3) Utilities and telephone \$ _____ (4) Clothing \$ _____ (5) Laundry and cleaning \$ _____ (6) Medical and dental payments \$ _____ (7) Insurance (life, health, accident, etc.) \$ _____ (8) School and child care, if any \$ _____ (9) Transportation and auto expenses (insurance, gas, etc.) \$ _____ (10) Installment payments (specify): \$ _____ (a) _____ \$ _____ (b) _____ \$ _____ (c) _____ \$ _____ (d) _____ \$ _____ Total Monthly Expenses: \$ _____	
3. Respondent's Income:	Monthly gross income before taxes: \$ _____ Monthly deductions: (1) _____ \$ _____ (2) _____ \$ _____ (3) _____ \$ _____ (4) _____ \$ _____ Monthly take home pay: \$ _____	
4. Respondent's Household Expenses:	(1) Rent or house payment & maintenance \$ _____ (2) Food and household supplies \$ _____ (3) Utilities and telephone \$ _____ (4) Clothing \$ _____ (5) Laundry and cleaning \$ _____ (6) Medical and dental payments \$ _____ (7) Insurance (life, health, accident, etc.) \$ _____ (8) School and child care, if any \$ _____ (9) Transportation and auto expenses (insurance, gas, etc.) \$ _____ (10) Installment payments (specify): \$ _____ (a) _____ \$ _____ (b) _____ \$ _____ (c) _____ \$ _____ (d) _____ \$ _____ Total Monthly Expenses: \$ _____	

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IV. GENERAL INFORMATION

<p>1. Is other willing to sign a Court form stating they received the paperwork via the mail?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p>If <i>Unsure</i>, please specify: _____</p>
<p>2. Specify any additional information, pending issues or questions?</p>	<p>_____</p>