

CONFIDENTIAL CUSTODY/PATERNITY QUESTIONNAIRE

Please complete this questionnaire as fully and accurately as possible. This form is designed to provide us with the information we need in order to evaluate your case. Providing us with complete information will save both time and expense and help us serve you better.

1. Your full name:

First _____
Middle _____
Last _____
Former names: _____

The other parent's full name:

First _____
Middle _____
Last _____
Former names: _____

2. Please give the following vital statistics about yourself:

Soc. Sec. No. _____
Driver License No. _____
Date of Birth _____
Place of Birth _____
Current Age _____
Race _____

Please give the following vital statistics about the other parent:

Soc. Sec. No. _____
Driver License No. _____
Date of Birth _____
Place of Birth _____
Current Age _____
Race _____

3. Your present address and telephone number:

_____ Street Address
_____ City _____ State _____ Zip
How long have you lived in Oregon? _____
_____ Phone number _____ Fax number _____
_____ Cellular/mobile number _____ Pager number _____

4. If you would like mail from this office sent to a different address, please provide that address here:

_____ Street Address
_____ City _____ State _____ Zip

5. Please give the name, address and telephone number of an individual to contact in case we are unable to reach you.

_____ Name _____
_____ Street Address _____
_____ City _____ State _____ Zip

6. Your current employer:

Name of employer _____

 _____ Street Address _____

 _____ City _____ State _____ Zip _____
 Employer's Phone Number _____ Fax Number _____
 Length of employment _____ Job title _____
 Gross monthly salary \$ _____ Take home pay \$ _____

7. The other parent's present address and telephone number:

_____ Street address _____

 _____ City _____ State _____ Zip _____
 How long has he/she lived in Oregon? _____
 Phone number _____ Fax number _____
 Cellular/mobile number _____ Pager number _____

8. The other parent's current employer:

Name of employer _____

 _____ Street address _____

 _____ City _____ State _____ Zip _____
 Employer's Phone Number _____ Fax Number _____
 Length of employment _____ Job title _____
 Gross monthly salary \$ _____ Take home pay \$ _____

9. Please give the full name, date of birth, and sex of each child for whom you are seeking a custody/paternity determination:

<u>First</u>	<u>Middle</u>	<u>Last</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Age</u>	<u>Lives with whom?</u>
_____	_____	_____	M/F	_____	_____	_____
_____	_____	_____	M/F	_____	_____	_____
_____	_____	_____	M/F	_____	_____	_____
_____	_____	_____	M/F	_____	_____	_____

10. Has paternity been legally established for this child/these children? ___yes ___no

Please explain _____.

11. Please give full name, date of birth, and sex of other children now living with you:

<u>First</u>	<u>Middle</u>	<u>Last</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Age</u>
_____	_____	_____	M/F	_____	_____
_____	_____	_____	M/F	_____	_____
_____	_____	_____	M/F	_____	_____

12. Please list your children's Social Security numbers:

Child's Name

Social Security Number

13. Are you now pregnant? Yes ___ No ___ N/A ___

14. Child Custody:

Who now has physical custody of the child(ren)? _____

Are you seeking custody of the child(ren)? Yes ___ No ___

Are any of the children adopted? Yes ___ No ___

Are there any restraining orders or any other type of custody action currently in effect or pending, including in another state? Yes ___ No ___

15. Addresses and persons the children have lived with during the past five years and dates they lived at each address. Be as specific as you can about dates and addresses. Attach additional sheets if necessary.

Dates:

Address:

Who Lived With?

(Mother/Father/Both/Other)

_____ to _____

_____ to _____

_____ to _____

16. If not seeking custody, do you want visitation in accordance with Rule 8.075, which has been provided to you and which sets forth "reasonable visitation"? Yes ___ No ___

If not, please describe, in detail, the visitation schedule desired. Attach additional sheets if necessary. _____

17. Child Support:

Are you paying child support? Yes ___ No ___ If so, amount \$ _____
Are you receiving child support? Yes ___ No ___ If so, amount \$ _____
Have there been any administrative support actions in the past? Yes ___ No ___
If yes, please explain: _____
Are you receiving any form of public assistance? Yes ___ No ___
Other than children, do you have any dependents? Yes ___ No ___
If so, please list your dependents: _____

18. What amount of child support will you be seeking/ able to pay?

\$ _____ per child per month
\$ _____ total for all children per month

19. Will one of the parties be paying for health insurance for the children?

Yes ___ No ___ If so, which party? Father _____ Mother _____

20. Who will pay uninsured medical expenses for the children?

Each parent will pay 1/2 _____
Father will pay all _____
Mother will pay all _____

21. Health of Parties

Is there anything we should know about the mental or physical health of any party to this action? Yes ___ No ___ If yes, please explain: _____

Do any of your children have exceptional health or dental needs? Yes ___ No ___
If yes, please explain: _____

Does any child have any special educational needs or problems? Yes ___ No ___
If yes, please explain: _____

22. Description of other parent:

Age ___ Height ___ Weight ___ Eye Color ___ Hair Color ___
Facial Hair ___ Glasses ___ Marks, Tattoos _____

23. Does the other parent have an attorney? Yes ___ No ___ If yes, please provide:

Name of attorney _____

24. The other parent may have to be personally served with papers. At what address should he/she be served?

_____ Street Address

_____ City State Zip

25. When is the best time to serve him/her at that address? _____ A.M./P.M.

26. Are you or the other parent now in the U.S. Armed Forces? Yes ___ No ___

27. Have you consulted us for legal advice before? Yes ___ No ___

28. Please let us know how you were referred to this office.

Individual referral (please give name) _____

Telephone book/yellow pages _____

Other _____

I UNDERSTAND THE FIRM HAS NOT ACCEPTED MY CASE AND WILL NOT ACT AS MY ATTORNEY UNTIL I HAVE SIGNED A FEE AGREEMENT AND PAID THE RETAINER.

_____ Date Signature

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