



# STINSON LASSWELL & WILSON

## ATTORNEYS AT LAW

255 N. WATER ST. WICHITA, KANSAS 67202 | (316) 264-9137

### PATERNITY QUESTIONNAIRE

#### About You

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Place of Birth (City & State): \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Current Marital Status: \_\_\_\_\_ Number of Children in the Home: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employer Address, City & State: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

How long have you been employed with this employer? \_\_\_\_\_

Current Position: \_\_\_\_\_ Gross Salary: \_\_\_\_\_

Base Wage/Salary: \_\_\_\_\_ How often are you paid: \_\_\_\_\_

Hours Worked per Week: \_\_\_\_\_ Average Overtime per Week: \_\_\_\_\_

**Please provide copies of your (6) most recent paystubs  
and most recent Federal and State Income Tax Returns.**

Commissions and/or Bonuses: \_\_\_\_\_

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

Expenses or Reimbursements by Employer (i.e., company car provided or paid for by employer, cell phone provided or paid for by employer, etc.) \_\_\_\_\_

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

Any Other Income: \_\_\_\_\_

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

Please list your employment history for the last (5) years.

Employer	Occupation	Dates of Employment	Reason for Leaving

**Other Parent**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Place of Birth (City & State): \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Current Marital Status: \_\_\_\_\_ Number of Children in the Home: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employer Address, City & State: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

How long have they been employed with this employer? \_\_\_\_\_

Current Position: \_\_\_\_\_ Gross Salary: \_\_\_\_\_

Base Wage/Salary: \_\_\_\_\_ How often are they paid: \_\_\_\_\_

Hours Worked per Week: \_\_\_\_\_ Average Overtime per Week: \_\_\_\_\_

Commissions and/or Bonuses: \_\_\_\_\_

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

Expenses or Reimbursements by Employer (i.e., company car provided or paid for by employer, cell phone provided or paid for by employer, etc.) \_\_\_\_\_

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

Any Other Income: \_\_\_\_\_

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

Please list their employment history for the last (5) years.

Employer	Occupation	Dates of Employment	Reason for Leaving

### Information Regarding the Children

Please complete the below for all children of the parties.

Child's Name	SSN	Date of Birth	Who Currently Has Residential Custody

Address of the minor child(ren) at present time:

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Addresses, including city, state and zip code where minor child(ren) have resided during the past (5) years:

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List all persons and their corresponding addresses, including city, state and zip code with whom the minor child(ren) have lived with during the past (5) years:

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Have any legal proceedings regarding custody of the minor child(ren) of this relationship been filed and if so, when and where (i.e., PFA, PFS, CINC, etc.)? Provide case numbers.

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Children Not Born of the Parties:

Please complete the below for all child(ren) not born of the parties (i.e., child(ren) from previous, other or current relationships).

Child's Name	SSN	Date of Birth	Who Currently Has Residential Custody	Support Paid or Received?	Amount of Support	Relationship to the Party

### Daycare Costs

Amount per Week: \_\_\_\_\_ Paid by: \_\_\_\_\_

How is daycare paid for (cash, check, Venmo, etc.)? \_\_\_\_\_

Name of Daycare Provider: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Healthcare Costs

Who provides health insurance for the child(ren)? \_\_\_\_\_

Is it an extra cost?  Yes  No

If yes, please provide the cost of coverage for employee only: \_\_\_\_\_

Provide the cost of coverage for employee + child(ren): \_\_\_\_\_

Provide the cost of coverage for employee + spouse + child(ren): \_\_\_\_\_

How many individuals are covered? \_\_\_\_\_

Names and ages of all individuals covered: \_\_\_\_\_

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**Please provide documentation from your employer or insurance provider showing your monthly health insurance premium costs.**

### Support for Other Children

Does either parent pay or receive child support for children from a prior relationship?  Yes  No

If yes, which party? \_\_\_\_\_

Case Number: \_\_\_\_\_

County and State where Granted: \_\_\_\_\_

Current Amount of Child Support: \_\_\_\_\_

Is this support paid or received?  Received  Paid

**Special Factors**

Who claims children for tax dependency purposes? \_\_\_\_\_

Does custodial parent claim "Head of Household"? \_\_\_\_\_

Is there a current Income Withholding Order in place? \_\_\_\_\_

Describe current parenting time/custody arrangement: \_\_\_\_\_

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Will any child attain age 18 during their senior year of high school?  Yes  No

Is the non-custodial parent current on their child support payments?  Yes  No

If no, what is the estimated arrearage amount? \_\_\_\_\_

When did the arrearage begin to accumulate? \_\_\_\_\_

Has execution or garnishment ever been issued on arrearage? \_\_\_\_\_

What is the current holiday schedule agreement? \_\_\_\_\_

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List additional information that may be helpful in your case: \_\_\_\_\_

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## Care of the Children

To the extent that both you and the other parent have shared the responsibilities listed below, describe the degree to which the responsibilities have been shared (please check all that apply).

Who helps the children get dressed in the morning?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who bathes the children and grooms them?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who takes the care of the children during the day?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who takes care or would take care of the children while you are at work?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who arranges for getting the children together with playmates?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who puts the children to bed at night?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who prepares the meals?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who arranges for medical and dental care and takes the children to doctor appointments?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who cares for the children when they are ill?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who takes the children to school?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who picks up the children from school?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who shops for the children's clothes?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who transports the children to extracurricular activities?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Do you or the other parent participate in recreational and or educational activities with the children?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent

Describe the nature of the activities and how often you and/or the other parent participate: \_\_\_\_\_

\_\_\_\_\_

Do the children receive religious education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who provides the education?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who arranges the children's birthday parties?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who helps the children with their homework?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who attends parent-teacher conferences?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Are the children more likely to turn to you or the other parent when they have problems?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Are the children in daycare or with a sitter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how many hours per week? _____		
Who arranges daycare or sitter?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who disciplines the children?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent

Describe discipline: \_\_\_\_\_

\_\_\_\_\_

Do you feel the children are closer to you or the other parent?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
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Why? \_\_\_\_\_

\_\_\_\_\_

## Documents Needed from Client

### If a case has already been filed:

1. Journal Entry of Judgment and Declaration of Paternity
2. Latest Parenting Plan in effect
3. All Orders Modifying Child Support along with Child Support Worksheets

### Regardless of whether a case has already been filed:

4. Most Recent W-2 Form
5. Copies of paycheck stubs for the past three (3) months or (6) check stubs
6. Proof of payment of daycare costs
7. Evidence showing health insurance cost and persons covered attributable to children
8. Other receipts or expenses related to children