

CONFIDENTIAL DEPENDENCY QUESTIONNAIRE

Please complete this questionnaire and return it to the office before your first appointment. If you will spend the time to complete all items, you will give us the necessary background information to begin to understand the complexity of the personal aspects of your paternity issues. All information will be held in strict confidence.

1. Please give us your full name, date and place of birth, and social security number.
 - a. Name: _____
 - b. Date of birth: _____
 - c. Place of birth: _____
 - d. Social security number: _____
 - e. E-Mail Address: _____
 - f. Highest degree of education: _____

2. Where are you now living and what is your telephone number?
 - a. Street address: _____
 - b. City, state, and zip code: _____
 - c. Home telephone or number where you may be reached: _____
 - d. How long have you lived in Florida? _____
 - e. Other residences during the last five years: _____

3. If you are not now living with the Mother/Father, give an approximate date of separation. ____

Have there been prior separations? How many? _____
Approximately when and for how long? _____

4. Please complete the following concerning your employment and income.

- a. Employer: _____
- b. Street address: _____
- c. City, state, and zip code: _____
- d. Telephone number: _____
- e. Job title: _____
- f. Gross salary: _____
- g. Other sources of income (describe): _____
- h. Average monthly income from all sources: \$ _____

5. Please provide the following information for the Mother/Father.

- a. Name: _____
- b. Date of birth: _____
- c. Place of birth: _____
- d. Social security number: _____
- e. Highest degree of education: _____

6. Where is the Mother/Father now living?

- a. Street address: _____
- b. City, state, and zip code: _____
- c. Home telephone number: _____
- d. How long has the Mother/Father resided in Florida? _____

7. Please complete the following regarding the Mother's/Father's employment.

a. Employer: _____

b. Street address: _____

c. City, state, and zip code: _____

d. Telephone number: _____

e. Job title: _____

f. Gross salary: _____

g. Other sources of income (describe): _____

h. Average monthly income from all sources: \$ _____

8. Have there been prior court proceedings between you and the Mother/Father? If so, please provide copies of all related documents. Who was your previous attorney? _____

9. Please provide the following information for each child.

| Name | Sex | Date of birth and social security number |
|-------|-------|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

10. Where are the children living at this time? _____

11. List all property, if any, owned by the children. _____

12. How long have you and the Mother/Father been having difficulties? _____
Has there been domestic violence? ____ If so, date of most recent incident. _____
Were the police called? ____ Did either spouse receive medical attention? ____ Names, addresses, and phone numbers of any witnesses to incidents of domestic violence. _____

13. What is the condition of your mental and physical health? _____

14. Indicate your priorities on the following issues by assigning numbers, with one being the highest priority:

- | | | | |
|-------|-----------------|-------|---------------------------------|
| | Visitation | | Primary child custodian |
| | Child support | | Restraining abusive spouse |
| | Attorneys' fees | | Other (specify): _____ _____ |

15. Were you referred to our office by someone? ___ If so, please indicate the name of the referring party. _____

16. Attach a copy of your current driver's license.

17. Identify any matters you believe require emergency or immediate attention. _____

I represent that the foregoing information is true and correct to the best of my knowledge.

Signature
Date: _____