

PATERNITY QUESTIONNAIRE

1. YOUR NAME: _____
D.O.B. _____
SSN: _____
ADDRESS: _____

TELEPHONE: _____
2. Have you ever gone by any other names? If so, what names, when and why?
3. Names and relationships of anyone now living with you.
4. Are you currently paying child support for any children not in your custody?
 - a. If so, who is it for, how much do you pay, and how often do you pay it?
5. Are you currently receiving child support for any children in your custody?
 - a. If so, who is it for, how much do you receive, who pays it?
6. Please list the full name, date of birth and Social Security Number of the child of this action:
7. What are the names and dates of birth of any other children in your custody?
8. Does the child of this action have the same father as any of your other children?

9. Name, address and telephone number of your current employer?

10. Job description

11. Gross and net monthly pay

12. How long at current job?

13. Other sources of income and total monthly income

14. Total income of all parties living in your household

15. If unemployed, last place of employment:

16. How long at last employment?

17. Have you ever been married? If so, list name and current address of husband(s)

18. Date(s) of Marriage(s) and Divorce(s)

19. Has any one else ever claimed to be the father of this child?
 - a. Name
 - b. Current address

20. Is there any other possible father of this child? If so, list names and addresses:
21. Have there been any other court actions relating to this child which pertained to paternity, custody, visitation or child support? If so:
- a. In what court?
 - b. Style and Cause No.
 - c. Alleged father's name
 - d. What was the disposition of the case?
22. Was this child conceived in the State of Missouri?
23. If this child was not conceived in Missouri, in which state was he/she conceived?
24. Name of father on birth certificate (if other than Respondent, explain):
25. In which hospital was this child born? Where was it located?
26. Has the father of this child contributed to any costs of birth or care of this child? If so, what dates and amounts?
27. Has the father made any child support payments?
28. Has any other person contributed to the support of this child? If so, what dates and amounts?

29. ARE YOU NOW PREGNANT OR POSSIBLY PREGNANT?

If so, does the child you are carrying have the same father as this child?

30. Do you have health insurance available to you at your place of employment that you can enroll this child in?

a. What would it cost you each month to place your child on your health insurance policy?

31. Does this child have any medical needs or needs that involve an extraordinary expense?

32. What do you spend each month for day care for this child?

33. To your knowledge has this child's father ever been incarcerated?

a. If so, please describe when and why:

SIGNATURE

DATE