ChynowethCornell Legal Services PLLC

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Never Married

PARENT QUESTIONNAIRE

I. YOU

Your Name: _____
First Middle Last (Maiden)

Mailing Address: _____
Street or Post Office Box Number Town/City, State, Zip Code

Street Address: _____
Street or Post Office Box Number Town/City, State, Zip Code

Telephone Day:(_____) _____ Telephone Evening:(_____) _____

Date of Birth: _____ Highest Grade Completed: _____ Social Security Number ___ - ___ - ____

Employer: _____ Position _____ Since _____

Employer Address _____

Income (show 1. Hourly wage and number of regular hours per week or 2. yearly salary(&bonuses)/12)

_____

II. CHILD'S OTHER PARENT

Other Parent's Name: _____
First Middle Last (Maiden)

Mailing Address: _____
Street or Post Office Box Number Town/City, State, Zip Code

Street Address: _____
Street or Post Office Box Number Town/City, State, Zip Code

Date of Birth: _____ Highest Grade Completed: _____ Social Security Number ___ - ___ - ____

Employer: _____ Position _____ Since _____

Employer Address _____

Income (show 1. Hourly wage and number of regular hours per week or 2. yearly salary(&bonuses)/12)

_____

III. CHILDREN

Child's Full Name _____ Date of Birth _____

Child's Social Security Number _____ - _____ - _____

Child's Full Name _____ Date of Birth _____

Child's Social Security Number _____ - _____ - _____

Check here _____ if additional children listed of the back of this Questionnaire.

Please attach copies of any relevant court filings or documents (including child support order).

Completed By: _____ Date: _____

CONFIDENTIAL

INFORMATION