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PARENT QUESTIONNAIRE

YOU

Full Name: _____ SSN _____

Any other names used: _____

Mailing Address: _____

Residence: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Date of Birth: _____ Location: _____ Highest Grade Completed: _____

Employer's Name and Address: _____

Position: _____ Since: _____ Annual Income: _____

OTHER PARENT

Full Name: _____ SSN _____

Any other names used: _____

Mailing Address: _____

Residence: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Date of Birth: _____ Location: _____ Highest Grade Completed: _____

Employer's Name and Address: _____

Position: _____ Since: _____ Annual Income: _____

CHILDREN

Child's Full Name: _____ SSN _____ - _____ - _____

Residence: _____

Date of Birth: _____ Location of Birth: _____ Sex: Female Male

Child's Full Name: _____ SSN _____ - _____ - _____

Residence: _____

Date of Birth: _____ Location of Birth: _____ Sex: Female Male

Child's Full Name: _____ SSN _____ - _____ - _____

Residence: _____

Date of Birth: _____ Location of Birth: _____ Sex: Female Male

Child's Full Name: _____ SSN _____ - _____ - _____

Residence: _____

Date of Birth: _____ Location of Birth: _____ Sex: Female Male

Please list any additional children on an attachment to this Questionnaire.

PARENTS' RELATIONSHIP

Marital Status: Married / Civil Union Divorced Never Married / Civil Union

Other _____

Date of Marriage / Civil Union: _____ Date of Divorce / Separation: _____

OTHER INFORMATION

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