BOLT HOFFER BOYD

LAW FIRM

2150 Third Avenue N., Suite 350
Anoka, MN 55303
(763) 406-7000

# Paternity/Custody Client Questionnaire

Kelly A. Boyd, Attorney | kelly.boyd@bolthoffer.com

Ryan W. Wallace | ryan.wallace@bolthoffer.com

## Client Information

Name: _____ _____ _____
FIRST MIDDLE LAST

Address: _____
STREET

_____ _____ _____ ☐ OWN ☐ RENT
CITY STATE ZIP

Phone: _____ _____ _____
HOME CELL WORK

E-mail: _____

DOB: _____ SS#: _____

Prior or Maiden Names: _____

### Employment Information

Employer: _____ City: _____ State: _____

Occupation/Title: _____ Length of Employment: _____

Hours/week: _____ Hourly Rate: _____ Gross Earnings: _____

Resident of Minnesota for at least the past 180 days? ☐ YES ☐ NO

## Adverse Party Information

Name: _____ _____ _____
FIRST MIDDLE LAST

Address: _____
STREET

_____ _____ _____ ☐ OWN ☐ RENT
CITY STATE ZIP

Phone: _____ _____ _____
HOME CELL WORK

E-mail: _____

DOB: _____ SS#: _____

Prior or Maiden Names: _____

### Employment Information

Employer: _____ City: _____ State: _____

Occupation/Title: _____ Length of Employment: _____

Hours/week: _____ Hourly Rate: _____ Gross Earnings: _____

Resident of Minnesota for at least the past 180 days? ☐ YES ☐ NO

Attorney: ☐ YES ☐ NO ☐ UNKNOWN

Attorney Name: _____

Have you and the child(ren)'s other parent lived together? ☐ YES ☐ NO

*If yes, how long, for what period of time, and where:*

Do you know if there is a Recognition of Parentage filed with the state? ☐ YES ☐ NO

*(If yes, please provide a copy)*

## Children

| Full Legal Name | DOB | SSN | Lives With |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

What physical custody designation are you seeking? *(where the children primarily live)*

☐ JOINT ☐ SOLE If sole, with whom: ☐ SELF ☐ OTHER PARENT

What legal custody designation are you seeking? (authority to make medical, religious, and education decisions)

☐ JOINT ☐ SOLE If sole, with whom: ☐ SELF ☐ OTHER PARENT

Is parenting time being exercised now? ☐ YES ☐ NO

*If yes, what schedule is being followed:*

Does the adverse party have any issues which would cause a need for supervised parenting time with the child(ren)? ☐ YES ☐ NO

*If yes, describe reason for supervised parenting time:*

*What arrangement for supervised parenting time do you want:*

Do any of the joint child(ren) have chronic health issues? ☐ YES ☐ NO

*If yes, describe:*

Do you incur any work related childcare expenses? ☐ YES ☐ NO

*If yes, indicate how much you pay:* $ per ☐ WEEK ☐ MONTH

## Non-joint Children

| Full Legal Name | DOB | SSN | Lives With |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

Are you receiving or paying child support for any of the above named children? ☐ YES ☐ NO

*If yes, how much?* $ /MONTH

## Orders for Protection

Have any Orders for Protection or Harassment Restraining Orders been issued by either you or the Adverse Party? ☐ YES ☐ NO

*If yes, describe:*

Is physical, sexual, and/or emotional abuse an issue in this proceeding? ☐ YES ☐ NO

## Public Assistance

Are you currently receiving any public assistance? ☐ YES ☐ NO

Is the adverse party currently receiving any public assistance? ☐ YES ☐ NO

*If yes, what assistance:*

- ☐ CASH PUBLIC ASSISTANCE (MRIP)
- ☐ MEDICAL ASSISTANCE
- ☐ MINNESOTA CARE
- ☐ CHILD CARE SUBSIDY
- ☐ DIVERSIONARY WORK PROGRAM (DWP)
- ☐ FOOD STAMPS
- ☐ GENERAL ASSISTANCE FROM STATE OF MN
- ☐ SOCIAL SECURITY BENEFITS
- ☐ TEFRA
- ☐ OTHER

## Parenting

Your proposed *weekly* parenting time (what parenting schedule do you feel will work):

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|
| Week 1 | | | | | | | |
| Week 2 | | | | | | | |
| Week 3 | | | | | | | |
| Week 4 | | | | | | | |

## HOLIDAYS

Below is a list of Holidays and special occasions. Parents are encouraged to make changes and additions to develop a plan that reflects the occasions that are meaningful to them and their child(ren).

| Holiday | Time Period | Odd Years | Even Years |
|---|---|---|---|
| NEW YEAR'S DAY | | | |
| EASTER | | | |
| MOTHER'S DAY | | | |
| MEMORIAL DAY | | | |
| FATHER'S DAY | | | |
| JULY 4TH | | | |
| LABOR DAY | | | |
| HALLOWEEN | | | |
| THANKSGIVING | | | |
| CHRISTMAS EVE | | | |
| CHRISTMAS DAY | | | |
| NEW YEAR'S EVE | | | |
| CHILDREN'S BIRTHDAYS | | | |
| SCHOOL BREAKS | | | |
| SPRING BREAK | | | |
| WINTER BREAK | | | |
| MEA WEEKEND | | | |
| *OTHER RELIGIOUS OR CULTURAL HOLIDAYS:* | | | |
| | | | |
| | | | |
| | | | |
| | | | |

*** The following information is needed for Prehearing Statements ***

## Vehicles & Recreational Equipment

| Year/Make/Model | Market Value | Creditor/Lender | Balance on Loan | Used By |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## Real Property — Home and/or Land

| Address | Amount Owed | Monthly Pmt. | Creditor/Lender |
|---|---|---|---|
| | | | |
| | | | |

## Bank Accounts

| Name of Bank | Account Type | Account # (last 4 digits) | Balance |
|---|---|---|---|
| | | | |
| | | | |

## Retirement / Investments

| Name of Custodian | Account Type | Account # (last 4 digits) | Balance |
|---|---|---|---|
| | | | |
| | | | |

## Life Insurance

| Name of Insurer | Account Type | Value |
|---|---|---|
| | ☐ TERM ☐ WHOLE | |
| | ☐ TERM ☐ WHOLE | |

## Health, Dental, and Vision Insurance

Do you have health insurance? ☐ YES ☐ NO Provider: _____

Do you have dental insurance? ☐ YES ☐ NO Provider: _____

Do you have vision insurance? ☐ YES ☐ NO Provider: _____

Is the minor child(ren) covered under this insurance? _____

*** Please provide documentation of premium breakdown.*

## Business Interest

Do you have an interest in a business? ☐ YES ☐ NO

*If yes, describe:*

## Debts

| Creditor | Type of Debt | Account # (last 4 digits) | Balance |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Are you receiving or paying spousal maintenance for a previous marriage? ☐ YES ☐ NO

*If yes, how much?* $ /MONTH

## Estate Plan

Do you have a Will/Estate Plan? ☐ YES ☐ NO

## Additional Documents Needed

- Any pervious child support/parenting time orders
- Recognition of Parentage Form (ROP)
- DNA testing results (if testing took place)
- Your paycheck stubs from the past 3 months
- Most recent tax return & W-2's
- Insurance premium breakdown (health, dental, vision)
- Current statements of the following:
  - Stock
  - Retirement/Investment
  - Life Insurance
  - Debts
- Titles or details (year, make, model) for any motor vehicles or recreational equipment

## Monthly Budget

| Expense | Cost | Comments/Notes |
|---|---|---|
| **HOUSING** | | |
| RENT | | |
| 1ST MORTGAGE | | |
| 2ND MORTGAGE | | |
| HOMEOWNERS INSURANCE<br>*(if not included in mortgage)* | | |
| REAL ESTATE TAXES<br>*(if not included in mortgage)* | | |
| ASSOCIATION DUES | | |
| HOUSEHOLD REPAIRS/MAINTENANCE | | |
| **UTILITIES** | | |
| GAS | | |
| ELECTRIC | | |
| INTERNET | | |
| TV | | |
| PHONE | | |
| WATER | | |
| GARBAGE | | |
| CELL PHONE | | |
| **AUTO** | | |
| CAR PAYMENT | | |
| GAS/OIL | | |
| INSURANCE | | |
| REPAIRS/MAINTENANCE | | |
| PARKING | | |
| **HEALTH** | | |
| HEALTH/DENTAL/VISION INSURANCE | | |
| COPAYS & RX | | |

| Expense | Cost | Comments/Notes |
|---|---|---|
| **INVESTMENTS** | | |
| LIFE INSURANCE | | |
| RETIREMENT | | |
| STUDENT LOANS | | |
| **CHILDREN** | | |
| CHILDCARE/BABYSITTING | | |
| CHILD SUPPORT | | |
| TUITION | | |
| ACTIVITIES/LESSONS | | |
| **MISCELLANEOUS** | | |
| GROCERIES | | |
| DINING OUT | | |
| CLOTHING | | |
| LAUNDRY & DRY CLEANING | | |
| RECREATION/ENTERTAINMENT/TRAVEL | | |
| SOCIAL & CHURCH OBLIGATIONS | | |
| CREDIT CARD 1 | | |
| CREDIT CARD 2 | | |
| CREDIT CARD 3 | | |
| SPOUSAL MAINTENANCE | | |
| **ADDITIONAL MONTHLY EXPENSES NOT LISTED ABOVE** | | |
| | | |
| | | |
| | | |
| | | |
| | | |