

PATERNITY INFORMATION SHEET

Petitioner's Name _____ SS # : _____
Address _____ Phone # : _____
_____ D.O.B. _____

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Respondent's Name _____ SS # : _____
Address _____ Phone # : _____
_____ D.O.B. _____
Employer: _____ Work # : _____
Employer Address: _____ Occupation : _____

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Children's Names Sex Birthdate Age Social Security # Place Born

Addresses where the child(ren) have lived in the last (5) years and with whom.
Dates (To-From) Places Person child lived with

IS THE FATHER LISTED ON THE BIRTH CERTIFICATE: _____

HAS THE OTHER PARTY EVER PAID ANY CHILD SUPPORT? _____

IF SO HOW MUCH AND FOR HOW LONG? _____

Child Support:

The Court will decide on the amount of child support per the Florida Statutes Guidelines.

How is child support to be paid? ___ Income Deduction thru the Court ___ thru the Court ___ directly.

Child Support shall begin ___ at date of birth ___ at date of filing or ___ date of Final Judgment?

Primary Residential Parent (Custody) shall be with? ___ Father ___ Mother
See attached parenting plan.

Any Prior or Pending Court Cases involving custody or child support of the minor

child(ren)?

Case #

Court:

Description:

Is medical insurance reasonably available for the minor children at this time? _____

- If so, ____ Mother ____ Father shall be responsible to provide insurance?

- Uninsured medical expenses shall be divided as follows, (check one)

____ Shared equally by both parents ____ Prorated according to the child support guideline percentage ____ Paid by Father ____ Paid by Mother

Life Insurance to secure child support to be paid by? ____ Mother ____ Father

IRS Tax Deduction for the minor children to be taken by ____ Mother ____ Father
____ Alternate ____ how you plan to alternate? _____.

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FINANCIAL INFORMATION:

	Petitioner	Respondent
Monthly Wages before taxes	_____	_____
Overtime	_____	_____
BAQ Etc.	_____	_____
Retirement benefits	_____	_____
Pension	_____	_____
SSI/GA	_____	_____
Alimony	_____	_____
DEDUCTIONS FROM YOU CHECK		
Taxes	_____	_____
Insurance	_____	_____
Union Dues	_____	_____
Pension	_____	_____
Court ordered Child Support	_____	_____
Other	_____	_____

How much do you pay each month for Day Care?

How much do your pay each month for the children's health and dental insurance?

I, _____, do hereby declare under penalty of perjury that the statements made above are true and correct.

Dated _____

Petitioner

The courts frequently update their required forms. Any changes required by the courts we will make for free. Any wrong information or changes required by you will be a \$20.00 charge. All papers and forms must be filed immediately. We will not be responsible for any errors or omissions after 30 days if you have not filed. Please read all forms carefully and check for correct spelling of names and correct dates.

_____ **DISCLOSURE OF NON-LAWYER**

I, _____, certify that Leslie A. Hill of L&J Hill Enterprises, INC., explained to me that he or she is not an attorney who is a member in good standing with the Florida Bar and that he or she CANNOT: 1) give me legal advice; 2) tell me what my legal rights or remedies are; 3) represent me in court; or 4) tell me how to testify in court.

This nonlawyer further explained to me that he or she CAN ONLY: 1) help me fill out forms that have been approved by-the Supreme Court of Florida; 2) ask me questions to fill in the form(s); and 3) show or explain to me how to file the form(s).

___ I can read English.

___ I cannot read English, but this disclosure was read to me by _____ in _____

Dated _____

Signature of Party

Leslie A. Hill
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