

Opposing Party Occupation _____

Opposing Party Employer's Name, address, telephone number _____

Level of Education _____ Medical Insurance ___yes or ___no

Does Opposing Party have any health problems? _____ If so explain _____

Medical Insurance _____

CURRENT PATERNITY CASE

Petitioner: _____ Respondent: _____

Case No: _____

Name of Opposing Party's attorney _____

Judge's Name _____ Branch _____ Room _____

County Filed _____ Hearing date (temporary hearing) _____

Name of children of the parties with dates of birth, social security numbers and current ages
(use other side if additional space is needed)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Where is/are the child(ren) living? _____

Will the Opposing Party be out-of-state at the time this case comes to trial? If so where _____

When _____ Why _____

Is either party in the armed forces? ___yes ___no

Rank _____ Serial number _____

CUSTODY

Do you want custody of the child(ren)? Yes _____ No _____

Any reason why one party would say other is unfit to have custody of the child(ren)?

INSURANCE

Policy Type	Company & Number	Owner/benefit	Cash/Value
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EXPENSES (Major)

Debts	To Whom	Amount	Monthly Payments	What for
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INCOME

Your Wages/Salary _____

Other Income, Nature & Amount _____

Is income likely to increase or decrease soon? _____ If yes, state reason _____

Opposing Party's Wages/Salary _____

Other Income, Nature & Amount _____

Is income likely to increase or decrease soon? _____ If yes, state reason _____

If Opposing Party is not currently working, can he/she get a job in the future? Yes _____ No _____

What type? _____ Estimated income _____