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Client Information Questionnaire

PARENTAGE

So that we will be able to answer your questions and handle your case in a prompt and efficient manner, it is important that you attempt to answer the following questions fully and accurately. If you need additional space for an answer, please use a separate sheet of paper. Do not be concerned if you cannot answer some of the questions. The completed questionnaire will be kept confidential and will remain in our possession. Please print your answers.

Date: _____

Referred by: _____

PERSONAL INFORMATION – CLIENT:

1. Full Name _____
2. Present Street Address _____
City _____ County _____ Zip _____
3. Home Phone _____ Business Phone _____
E-Mail Address: _____
4. Social Security Number _____
5. Length of Residence in Minnesota _____
6. Birthdate _____ Age _____
7. Religion _____
8. Highest Level of Education _____
9. Present Health _____
10. Physician or Clinic _____
11. Are you presently in the Military Service? _____

12. Name and telephone number of person who would be most likely to always know where you can be reached _____

Address _____

Relationship to you _____

PERSONAL INFORMATION – OTHER PARENT:

1. Full Name _____
2. Present Street Address _____
City _____ County _____ Zip _____
3. Home Phone _____ Business Phone _____
4. Social Security Number _____
5. Length of Residence in Minnesota _____
6. Birthdate _____ Age _____
7. Religion _____
8. Highest Level of Education _____
9. Present Health _____
10. Physician or Clinic _____
11. Is the other parent presently in the Military Service? _____

EMPLOYMENT INFORMATION – CLIENT:

1. Employer _____
2. Address _____
3. Position _____
4. Job duties _____
5. Date employment commenced _____

6. Periodic layoffs? _____ If so, average amounts/yr _____
7. Regular overtime? _____ If so, average amounts _____
8. Paydays (weekly, 2-week, bi-monthly) _____
9. State your hourly wage _____ or salary _____ per _____
10. Your MONTHLY income: (Remember there are 4.33 weeks per month, so compute accordingly)

	<u>Base Pay</u>	<u>Actual, with Overtime/layoffs (6 mos.)</u>
Gross pay per month	_____	_____
Federal tax	_____	_____
State tax	_____	_____
FICA	_____	_____
Medical/Dental	_____	_____
Retirement	_____	_____
Credit Union	_____	_____
Union Dues	_____	_____
Other	_____	_____
Net Take-Home Pay	_____	_____

Note: Please provide paycheck stubs for last two months and complete tax returns for last two years.

11. Withholding status (married or single, # of exemptions: _____)
12. Other income from employer (i.e. car, bonuses, commissions, etc.) – give amount and frequency.

13. Describe retirement benefits (type and how funded) _____

14. Cost of health insurance – for yourself \$ _____ per _____ with dependents \$ _____ per _____

15. Other employers in last two years:

Name _____ Dates _____ Pay rate _____

Name _____ Dates _____ Pay rate _____

16. Other sources of income, give source, amount, and periods received: _____

EMPLOYMENT INFORMATION – OTHER PARENT:

1. Employer _____

2. Address _____

3. Occupation _____

4. Length of time with this employer _____

5. Gross Earnings _____ Per _____

6. Net Earnings _____ Per _____

7. How many exemptions does he/she claim? _____

8. Itemize those items that are deducted from his/her paycheck, if known:

Federal taxes _____

State taxes _____

FICA _____

Medical/dental _____

Other (specify) _____

9. Any other income (overtime, bonuses, commissions, other employment)? _____

10. Do you know of income from any other source (part-time work, relatives, etc.)?

11. Detail his/her prior work experience _____

MARITAL INFORMATION – CLIENT:

1. Are you currently married? _____

Children's names & birthdates: _____

2. Were you previously married? _____

Children's names & birthdates: _____

3. When were you divorced? _____

4. Names, ages, and custodian of any other minor children _____

5. Are you receiving or paying spousal maintenance (alimony) from a previous marriage or relationship? _____

How much? _____ Per _____

MARITAL INFORMATION – OTHER PARENT:

1. Is he/she currently married? _____

Children's names & birthdates: _____

2. Was he/she previously married? _____

Children's names & birthdates: _____

3. When was he/she divorced? _____

4. Is he/she receiving or paying spousal maintenance (alimony) from a previous marriage or relationship? _____

How much? _____

5. Is he/she receiving or paying child support from a previous marriage or relationship? _____

How much? _____ Per _____

CHILDREN FROM THIS RELATIONSHIP:

1. Names, ages and birthdates: _____

2. Do you want custody of the child(ren)? _____

3. Do you expect a contest over who should have custody of the child(ren)? _____

Why? _____

FINANCIAL INFORMATION – CLIENT:

1. List your assets over \$1,000 (i.e., cars, stocks, real estate, etc.) _____

2. List your debts:

<u>Creditor</u>	<u>Balance Due</u>	<u>Monthly Payment</u>	<u>Reason Debt Incurred</u>

3. List your monthly expenses on “Attachment A” attached to this document.

4. Are your expenses shared by anyone else? _____ If so, state their contribution: _____

FINANCIAL INFORMATION – OTHER PARENT:

1. List his/her assets _____

2. List his/her debts _____

PATERNITY INFORMATION:

On separate paper, please give detailed information in response to the points below. Type of write clearly and double space.

1. History of relationship with other parent. Include when and how you met, frequency and types of contact, any periods when you lived together and financial arrangements, periods of time and frequency or sexual relations.
2. Types of contraception used; whether you are sterile or impotent.
3. Do you know of others also having sexual relations with the mother during the period of conception? Give names and addresses.
4. Details on how you learned the mother was pregnant or gave birth; include statements she made.
5. Have you given any voluntary support of money, food, clothes, equipment, etc.? Describe.
6. How well do you or can you get along with the other parent?
7. How likely do you feel the child is yours and why?
8. If the child is yours, what type and amount of involvement in the child's life do you want as far as custody or visitation?

MONTHLY BUDGET WORKSHEET

ATTACHMENT "A" TO PARENTAGE QUESTIONNAIRE

Provide MONTHLY expenses which you will have AFTER YOU SEPARATE from your spouse. REMEMBER, there are 4.33 weeks per month. Calculate all expenses on a monthly basis.

	<u>Client's Expenses</u>	<u>Additional Expenses Of Minor Children Of Prior Marriage Living With Client</u>
I. Residence:		
A) Rent or mortgage payment;	\$ _____	\$ _____
B) Contract for deed payment:	_____	_____
C) Real estate taxes;	_____	_____
D) Insurance; and	_____	_____
E) Home improvement loan – 2 nd mortgage	_____	_____
II. Utilities:		
A) Heat (fuel)	_____	_____
B) Water, sewer;	_____	_____
C) Electricity;	_____	_____
D) Telephone;	_____	_____
E) Refuse disposal; and	_____	_____
F) Other (itemize). _____	_____	_____
_____	_____	_____
_____	_____	_____
III. Laundry and dry cleaning:	_____	_____
IV. Home maintenance:		

- A) Housecleaning; _____
- B) Repairs and maintenance; _____
- C) Yard and landscaping expenses; _____
- D) Snow removal; and _____
- E) Lawn care. _____
- V. Food and groceries:
- A) Minor child's lunch tickets. _____
- VI. Automobiles:**
- A) Gas and oil; _____
- B) Repairs and maintenance; _____
- C) License; _____
- D) Insurance; and _____
- E) Installment payments. _____
- VII. Clothing:** _____
- VIII. Grooming, cosmetics, and personal Hygiene:** _____
- IX. Medical:**
- A) Insurance cost (premium); _____
- B) Unreimbursed medical expense; _____
- C) Unreimbursed dental expense; and _____
- D) Unreimbursed counseling & therapy. _____
- X. Insurance:**
- A) Life insurance premium; and _____

B) Disability insurance premium. _____

XI. Miscellaneous personal expenses:

A) Cigarettes; _____

B) Newspapers, magazines, books; _____

C) Charitable contributions; _____

D) Club or association dues; _____

E) Recreation and entertainment; _____

F) Vacations; _____

G) Gifts and special occasion expenses; _____

H) Other (itemize). _____

XII. Educational expenses:

A) Tuition; _____

B) Transportation; _____

C) Books and supplies; _____

D) School lunches; _____

E) School activities; and _____

F) Lessons. _____

**XIII. Children's school needs, allowances
And activities (itemize):**

A) _____

B) _____

C) _____

XIV. Babysitting and/or day care: _____

XV. Debt Payments (itemize):

A) _____

B) _____

C) _____

XVI. Other expense items (itemize):

A) _____

B) _____

C) _____

TOTAL: \$ _____ \$ _____