

**PATERNITY INFORMATION SHEET**

Petitioner's Name \_\_\_\_\_ SS # : \_\_\_\_\_  
Address \_\_\_\_\_ Phone # : \_\_\_\_\_  
\_\_\_\_\_ D.O.B. \_\_\_\_\_  
Employer: \_\_\_\_\_ Work # : \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Occupation : \_\_\_\_\_  
Email address: \_\_\_\_\_

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

<u>Children's Names</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Age</u>	<u>Social Security #</u>	<u>Place Born</u>

Is the Father listed on the birth certificate? \_\_\_\_\_

We will need a copy of the birth certificate.

**CHILD SUPPORT::**

Has the other party ever paid any child support? \_\_\_\_\_

If so, how much and for how long? \_\_\_\_\_

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

How do you want child support paid? \_\_\_\_\_ Income Deducted - taken out of their  
paycheck then paid through the Court \_\_\_\_\_ paid through the Court or paid directly to you  
\_\_\_\_\_?

When do you want child support to begin \_\_\_\_\_ at date of birth \_\_\_\_\_ at date of filing  
or \_\_\_\_\_ on the date of Final Judgment?

Primary Residential Parent (who the child shall live with most of the time)?  
\_\_\_\_\_ Father or \_\_\_\_\_ Mother

Visitation: a Parenting Plan is attached and needs to be filled out.

Are there any former cases that involve the child: (child support, domestic violence, etc.)?  
We need a copy of the Final Judgment, Case Number and date of Order.

\_\_\_\_\_

Is medical and dental insurance available for the minor children? \_\_\_\_\_

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

- Uninsured medical and dental 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  
We plan to Alternate \_\_\_\_\_ if so, how do you plan to alternate? \_\_\_\_\_.

How much do you pay each month for Day Care? \_\_\_\_\_

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

**Addresses where the child(ren) have lived in the last (5) years and with whom.**

**Dates (To-From)**

**Places**

**Person child lived with**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \$50.00 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.

IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT,  
IN AND FOR DUVAL COUNTY, FLORIDA

DISCLOSURE FROM NONLAWYER

I, \_\_\_\_\_, certify that Jennifer M. Kerns of Professional Services by Jenn & Jenn, LLC, explained to me that he or she is not an attorney who is a member in good standing of 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

\_\_\_\_\_  
Jennifer M. Kerns  
Professional Services by Jenn & Jenn, LLC  
6554 103rd Street  
Jacksonville, FL 32210  
904-777-1533