

PATERNITY INFORMATION SHEET

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

Email address: _____

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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

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

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 \$35.00 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
L&J Hill Enterprises,
6554 103rd Street
Jacksonville, FL 32210
(904) 777-1533