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Child Support Questionnaire

I. PARENT INFORMATION

Your Name: _____

First

Middle

Last

Maiden

Present Address: _____

P.O. Box or Street Apt.

City

State

Zip Code

County

Telephone numbers at which you can be reached or at which we can leave a message for you:

Home Number _____ Cell Number _____ Work Number _____

Other _____

Your Date of Birth: _____ Age: _____

Social Security No.: _____

Other parent: _____

First

Middle

Last

Present Address: _____

P.O. Box or Street

Apt.

City

State

Zip Code

County

Other parent's birth date? _____ Age: _____

Social Security No.: _____

Whom do you expect will be the other parent's attorney? _____

Were you married to the other parent? _____ When divorced? _____

If never married, was a Voluntary Recognition of Parentage form completed? _____

Has paternity been determined by a court? _____ If so, which court? _____

When was the order entered? _____ Do you have a copy of that order? _____

Date you and other parent separated: _____

How long have you resided in this state? _____

How long has the other parent resided in this state? _____

Are you presently in the military service? Yes _____ No _____

Is the other parent presently in the military service? Yes _____ No _____

II. CHILDREN

Child's full name	Gender	Birthdate	Age	Social Security number	Living with whom?

Your children of a prior marriage or relationship

Child's full name	Gender	Birthdate	Age	Social Security #	Living with whom?	Legally adopted by other parent?

Other parent's children of a prior marriage or relationship

Child's full name	Gender	Birthdate	Age	Social Security #	Living with whom?	Legally adopted by you?

Does the other parent have physical custody of these children? Yes _____ No _____

III. CUSTODY & PARENTING TIME

Do you have a custody and parenting time order? _____ If yes, please attach a copy.

Please summarize your custody and parenting time arrangement:

IV. CHILD SUPPORT

Are you currently paying _____ or receiving _____ child support to/from the other parent?

If so, how much? \$ _____ How often? _____

If you have a copy of any order establishing child support referred to above, please attach.

If no, are you asking for child support? Yes _____ No _____

If so, how much? \$ _____ How often? _____

Do the children, you or the other parent have any extraordinary circumstances that may necessitate a deviation from the child support guidelines? If so, please explain:

A. Your Employment and Income

Are you presently employed? Yes _____ No _____ If yes, specify the following:

Employer: _____ Occupation: _____

Address: _____

How long have you been employed at this job? _____

Gross income per _____ \$ _____

Statutory Deductions	Amount	Pay period
Federal Income Tax		
State Withholding		
Social Security (FICA)		
Pension Deduction		
Union Dues		
Dependent Health Insurance		
Dental Insurance		
Other:		
Other:		
Other:		

Statutory Deductions	Amount	Pay period
TOTAL		

Net take home pay (Gross) \$ _____ minus deductions \$ _____ = \$ _____

Tax withholding above are based on married _____ single _____ with _____ # exemptions

Do you receive any other compensation from your employer, such as:

Commission \$ _____ When paid? _____

Profit Sharing \$ _____ When paid? _____

Expense Account \$ _____ When paid? _____

Bonus \$ _____ When paid? _____

Public Assistance (AFDC/GA) \$ _____

Social Security benefits for party or child(ren) \$ _____

Unemployment/Workers Comp. \$ _____

Interest income per \$ _____

Dividend income per \$ _____

Gross Rental Income \$ _____

Other income \$ _____

B. Other Parent's Employment and Income

Is the other parent presently employed? Yes _____ No _____ If yes, specify the following:

Employer: _____ Occupation: _____

Address: _____

How long has the other parent been employed at this job? _____

Gross income per _____ \$ _____

Statutory Deductions	Amount	Pay period
Federal Income Tax		

Dividend income per _____ \$ _____

Gross Rental Income _____ \$ _____

Other income _____ \$ _____

C. Insurance

Do you _____ or the other parent _____ purchase medical and/or hospitalization insurance privately? If yes, give the name of the carrier: _____

Who does it cover (you, spouse, dependents)? _____

What is the cost to you _____ or the other parent _____? \$ _____ per _____

Do you _____ or the other parent _____ carry dental insurance? If yes, exactly who does it cover? _____

Is the same provided through you _____ or your spouse's _____ employer?

What is the name of the carrier? _____

What is the cost to you _____ or your spouse _____? \$ _____ per _____

D. Child Care Expenses

Where do your children receive daycare/after school care? _____

What are your monthly child care expenses? _____ per _____

Who pays those? You _____ Other parent _____

E. Necessary Monthly Expenses

Debt	Your current	Your projected	Children
Mortgage/rent			
Hazard Insurance			
Real Estate Taxes			
Utilities			
Heat			

Debt	Your current	Your projected	Children
Food			
Clothing			
Laundry			
Medical			
Dental			
Car payment			
Gasoline			
Car insurance			
Car Maintenance			
Health Insurance			
Life Insurance			
Entertainment			
Charitable Contribs.			
Child Care			
Home Maintenance			
School			
Allowances			
Credit Cards			
Bank Loans			
Other Loans			
Misc.			
TOTALS			

Explanation of other expenses above: _____

If you believe your expenses should be higher, what should they be and why?

IV. DOCUMENTS

The following items should be readily available to you in case we are in need of them. Please take the time to locate them now.

1. Your paycheck stubs, from January 1 of the current year, if possible. Paycheck stubs for the last three months are required.
2. The other parent's paycheck stubs, if you can get them, from January 1, of the current year, if possible, and at least for the last three months.
3. Copies of your joint or individual income tax returns, both state and federal for the past three years.
4. Any pleadings and legal papers, including court orders, in your possession relating to this proceeding or any prior divorce (dissolution) proceeding for yourself or the other parent.