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PATERNITY QUESTIONNAIRE

PLEASE BE ADVISED THAT WE WILL PREPARE ALL THE PATERNITY DOCUMENTS WITH THE INFORMATION YOU PROVIDE IN THIS QUESTIONNAIRE. YOU MUST PROVIDE ACCURATE, COMPLETE AND THOROUGH ANSWERS AND A RECENT COPY OF A PAY STUB IF AVAILABLE.

DESCRIPTION	MOTHER		FATHER	
FULL LEGAL NAME: FIRST, MIDDLE, LAST (NO INITIALS OR NICKNAMES)				
RESIDENCE ADDRESS: MUST BE STREET ADDRESS, P.O. BOX ADDRESS NOT ACCEPTABLE				
CITY, STATE, ZIP CODE				
HOME PHONE NUMBER				
WORK PHONE NUMBER				
PERSONAL EMAIL ADDRESS				
FAX NUMBER	HOME-	WORK-	HOME-	WORK-
PAGER OR CELLULAR NUMBERS	P-	C-	P-	C-
BEST NUMBER TO CONTACT YOU				
SOCIAL SECURITY NUMBER				
BIRTH DATE				
RACE/ETHNICITY				
PLACE OF EMPLOYMENT				
JOB TITLE				
WORK PLACE ADDRESS				
ADDITIONAL EMPLOYER(S) YOU WORKED FOR (LAST TWO YEARS)	NAME OF EMPLOYER(S):	TIME PERIODS (DATE BEGAN UNTIL DATE ENDED):	NAME OF EMPLOYER(S)	TIME PERIODS (DATE BEGAN UNTIL DATE ENDED):

OTHER MONTHLY SOURCES OF INCOME (AMOUNT/DESCRIPTION SUCH AS CHILD SUPPORT, 2ND JOB, PART-TIME JOB, MILITARY RESERVES)	\$ DESCRIPTION:	\$ DESCRIPTION:
DESCRIBE WHEN PARENTS OF CHILD(REN) SEPARATED/BROKE-UP, PROVIDE MONTH/YEAR AND WHO HAD THE CHILD(REN)		
LIST DATES THAT PARENTS LIVED TOGETHER WITH CHILD(REN)		
IF PARENTS NEVER LIVED TOGETHER, WHICH PARENT HAD CHILD(REN)?		
SINCE PARENTS LIVED SEPARATELY, WHO HAS CHILD(REN)?		
DID THE OTHER PARENT WHO DID NOT HAVE THE CHILD(REN) MAKE ANY CHILD SUPPORT PAYMENTS OR PAY ANYTHING FOR CHILD(REN), IF SO, HOW OFTEN AND HOW MUCH?		
DESCRIBE WHAT EACH PARENT DID FOR CHILD(REN) WHEN PARENTS LIVED TOGETHER		
DESCRIBE WHAT EACH PARENT DID FOR CHILD(REN) AFTER SEPARATION		
WHO COVERS CHILD(REN) FOR MEDICAL/DENTAL INSURANCE? SINCE WHEN? WHO IS INSURANCE WITH?		
HOW MUCH IS MEDICAL INSURANCE FOR CHILD(REN) PER MONTH?		
WHEN MOTHER OF CHILD GAVE BIRTH, WHO PAID FOR HOSPITAL EXPENSES? HOW MUCH?		
DID CHILD(REN) EVER RECEIVE STATE ASSISTANCE (MEDQUEST, FOODSTAMPS, OTHER STATE WELFARE BENEFITS), IF SO, DESCRIBE THE TIME PERIOD	FROM _____ TO _____ FOR _____ (CHILD) FROM _____ TO _____ FOR _____ (CHILD) FROM _____ TO _____ FOR _____ (CHILD)	
IS BIOLOGICAL FATHER ON EXISTING BIRTH CERTIFICATE(S)?		
DID BIOLOGICAL FATHER SIGN PATERNITY AFFIDAVIT AT HOSPITAL WHEN CHILD(REN) BORN?		
DID CHILD(REN) LIVE WITH MOTHER AND FATHER AS A FAMILY? IF SO, WHEN AND WHEN DID THE PARTIES PHYSICALLY SEPARATE (MO./YR.).		

INFORMATION REGARDING CHILD:

FULL LEGAL NAME OF CHILD (FIRST, MIDDLE, LAST)	
SOCIAL SECURITY NUMBER	
DATE OF BIRTH	
PLACE OF BIRTH	
GENDER	
STATE CHILD WAS CONCEIVED	
WHERE HAS CHILD LIVED SINCE BIRTH? LIST ADDRESSES	
WITH WHOM DOES CHILD LIVE WITH NOW (NAME AND ADDRESSES)	
CHILD'S CURRENT GRADE AND SCHOOL/ PRESCHOOL ATTENDING (IF ANY)	
LIST NAME OF PREVIOUS SCHOOLS/ PRESCHOOLS ATTENDED (IF ANY)	
COST OF SCHOOL (IF ANY)	

INFORMATION REGARDING CHILD:

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STATE CHILD WAS CONCEIVED	
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DATE OF BIRTH	
PLACE OF BIRTH	
GENDER	
STATE CHILD WAS CONCEIVED	
WHERE HAS CHILD LIVED SINCE BIRTH? LIST ADDRESSES	
WITH WHOM DOES CHILD LIVE WITH NOW (NAME AND ADDRESSES)	
CHILD'S CURRENT GRADE AND SCHOOL/ PRESCHOOL ATTENDING (IF ANY)	
LIST NAME OF PREVIOUS SCHOOLS/ PRESCHOOLS ATTENDED (IF ANY)	
COST OF SCHOOL (IF ANY)	

ISSUES TO BE ADDRESSED IN THE PATERNITY ACTION:

1. CUSTODY OF THE CHILDREN:

a) Physical Custody (where children will live)-

What is your position regarding **PHYSICAL CUSTODY** of the child(ren)?

Mother or Father or Joint _____

(Joint custody is both parties having the child(ren) equal amounts of the time -- only available to parents who reside near one another. Cannot have joint custody when parties live in different islands, states or more than 150 automobile miles of one another)

Since the child(ren)'s birth, describe days the child(ren) lives with father, mother, other, or time sharing arrangement:

b) Legal Custody (major decision making regarding issues of education, religion, medical treatment, driver's license etc.)

What is your position regarding LEGAL CUSTODY of the child(ren)?
Mother or Father or Joint _____

Have Mother and Father been able to agree on legal decisions for the child(ren)?
Yes or No – Describe below in detail/with examples:

2. VISITATION to the parent that does not have custody (see attached visitation Schedules A and B):

Please describe any **existing** living arrangement or visitation schedule in detail such as which days which parent has child(ren), how the pick-up and drop-offs occur, how holidays/school vacations are divided, how long has this schedule/living arrangement been in effect?

Describe what visitation/timesharing you would like and would like to propose in the paternity action:

3. CHILD SUPPORT PAYMENTS:

Based upon the gross income per month for mother/father
Affected by amount child care expenses are per month
Affected by monthly medical/dental insurance cost paid by either parent through employer

4. IS BACK CHILD SUPPORT due to the State and/or natural mother?

Yes or No (circle one) If yes, how much? _____

5. REIMBURSEMENT OF BIRTH RELATED EXPENSES/COSTS if mother was not on state assistance

6. CHILD CARE COSTS:

	<i>Name of School</i>	<i>Monthly Cost</i>	<i>Who Pays (Mother, Father, Other)</i>
<i>Pre-school</i>		\$	
<i>A+ Program</i>		\$	
<i>Child Care Expense/Baby Sitter</i>		\$	
<i>Private School Tuition/Books/Transportation</i>		\$	

7. CHILD(REN)'S EXTRACURRICULAR ACTIVITIES:

Activity: _____ *Activity:* _____
Describe: _____ *Describe:* _____
Cost: _____ *Cost:* _____

8. CHILD(REN)'S MEDICAL INSURANCE:

Which parent shall cover the child(ren) for medical? (circle one) Father or Mother or Both
Which parent shall cover the child(ren) for dental? (circle one) Father or Mother or Both
Attach or provide information showing the medical and dental premium costs deducted from payor's paycheck and provide us with payor's cost for himself/herself vs. family plan cost.

9. NAME ON BIRTH CERTIFICATE: _____

10. TAX EXEMPTIONS FOR CHILDREN:

*Which parent will claim the parties' children for federal/state tax exemption(s):
 Father, Mother or alternate years between parties?*

HOW DID YOU COME TO HEAR ABOUT OUR FIRM (please choose one)

- _____ *Referral (name of person who referred you _____)*
- _____ *Internet/Website*
- _____ *Yellow Page Ad*
- _____ *Paradise Pages Ad*
- _____ *Lawyers Referral Services*
- _____ *Other: _____*

GUIDELINES FOR VISITATION SCHEDULES

TYPE A

These are cases in which the parent's skills and circumstances are near equal. The parents reside on the same island and in reasonable proximity of each other. The child(ren) are at least three (3) years old. If possible, state pick-up and drop-off times in all visitation schedules.

1. Alternate Weekends with each parent. One night per week from after school to an agreed time of return. If no agreed time of return, then no later than 7:00 p.m. This is subject to the age of the child(ren) and his regular bedtime.
2. Telephone Contacts from daily to once a week at reasonable hours. Reasonable hours are determined by the age of the child(ren) and the child(ren)'s usual daily activities schedule.
3. Vacations: One week of Christmas school break each year, alternating the first and second week. The first week will include Christmas Eve and day. The second week will include New Year's Eve and day.

Summer Vacations: Maximum one-half of summer with alternate weekends to the other parent. The child(ren) will be returned to the non-custodial parent one week prior to the start of school/ State number of weeks.

Spring Vacations: One-half of spring vacation. State number of days if possible.

4. Holidays:
 - a. Alternate Easter, Thanksgiving and Halloween
 - b. Child(ren)'s birthday. Parents to share one-half of child(ren)'s birthday or alternate.
 - c. Father's Day with father and Mother's Day with mother. Same with parent's birthdays.
 - d. On extra state and federal holidays the parents will alternate yearly or it can go to whomever has mat weekend with the children).
5. Reports: The parents will share medical and school reports at appropriate times. Whomever has the reports will share the reports with the other parent.
6. Whenever possible the parent who has the child(ren) will take the child(ren) to his/her weekend activities that are important to the child(ren) (e.g., team sports, birthday parties, etc.).

TYPE B

These are cases in which the parents' skills and circumstances are near equal. The child(ren) are at least three (3) years old. One parent resides in another state or island.

1. Unlimited Correspondence and up to daily telephone contacts at reasonable hours. Reasonable hours are determined by the child(ren)'s age and the child(ren)'s usual daily activities schedules.
2. Vacations:
 - a. Christmas: Entire vacation in alternate years with the return of the child(ren) to the custodial parent a c least two (2) days prior to the date school begins.
 - b. Spring: Alternate years.
 - c. Summer: Depending on the age of the child, the maximum summer visitation period will be two (2) months. Both parents should be flexible regarding the child(ren)'s summer activities. The child(ren) should be returned at least one week prior to the start of the school year.
3. Special Accessibility to the child(ren) if the visiting parent comes to the child(ren)'s usual-area of residence. The visiting parent must give at least two (2) weeks notice prior to the scheduled visitation. The visitation should take into account the child(ren)'s usual school activity schedule, if any. At a minimum weekend and one day during the week from after school to reasonable right return on the same day.
4. Reports:
 1. Medical and school reports at least quarterly or as appropriate.
 2. Annual reports by the custodial parent to the parent or as appropriate for children with handicaps or special needs.

TYPE C

For children below the age of three (3), visitation should be as frequent as possible, at least once a week if on the same island. Conditions need to be determined on the factors described in Appendix 1.