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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. ANSWER AS ACCURATELY AND COMPLETELY AS POSSIBLE. PLEASE PROVIDE US WITH: (1) A CERTIFIED COPY OF THE CHILD(REN)'S BIRTH CERTIFICATE; (2) A COPY OF YOUR THREE MOST RECENT PAY STUBS; AND (3) YOUR MOST RECENT TAX RETURN.

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		
HOME PHONE NUMBER		
CELL/MOBILE NUMBER(S)		
WORK PHONE NUMBER		
EMAIL ADDRESS(ES)		
FAX NUMBER		
BEST NUMBER TO CONTACT YOU		
SOCIAL SECURITY NUMBER		
BIRTH DATE		
RACE/ETHNICITY		
PLACE OF EMPLOYMENT AND ADDRESS		
JOB TITLE		
JOB GROSS INCOME/MONTH		

PAY FREQUENCY: Monthly, 2 times per month, every 2 weeks, or other				
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):
INTEREST INCOME: name of financial institution(s):	\$		\$	
NET RENTAL INCOME: location:	\$		\$	
OTHER INCOME (i.e., social security, workers' comp, etc.):	\$		\$	
MONEY RECEIVED FROM WELFARE BENEFITS	\$		\$	
WHEN PARENTS 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, FOOD STAMPS, 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.).	
DO YOU HAVE A SOCIAL MEDIA ACCOUNT (FACEBOOK, TWITTER, ETC.)? LIST ALL ACCOUNTS.	
DOES THE OTHER PARENT HAVE A SOCIAL MEDIA ACCOUNT? LIST ALL KNOWN ACCOUNTS.	
DOES YOUR CHILD USE SOCIAL MEDIA? LIST ALL KNOWN ACCOUNTS.	

2. The prior related cases involving either the Mother, Father, Child(ren) and Caretaker (if applicable) is/are (include all cases, divorce, paternity, guardianship, adoption, restraining order, etc.):

a. Case Name: _____
Case Number: _____
Location of Court: _____
Type of Case: _____
Date of Last Court Order: _____
Parties' Names and Child(ren) Involved: _____

b. Case Name: _____
Case Number: _____
Location of Court: _____
Type of Case: _____
Date of Last Court Order: _____
Parties' Names and Child(ren) Involved: _____

c. Case Name: _____
Case Number: _____
Location of Court: _____
Type of Case: _____
Date of Last Court Order: _____
Parties' Names and Child(ren) Involved: _____

INFORMATION REGARDING CHILD #1:

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 AND DATES	
WITH WHOM DOES CHILD LIVE WITH NOW (NAME AND ADDRESSES)	
CHILD'S CURRENT GRADE AND SCHOOL	
PRESCHOOL OR CHILDCARE AND MONTHLY COST	
LIST NAME OF PREVIOUS SCHOOLS/ PRESCHOOLS ATTENDED (IF ANY)	
AFTER-SCHOOL CARE AND COST PER MONTH	
EXTRACURRICULAR ACTIVITIES	
CHILDCARE DURING SCHOOL BREAKS (SPRING, SUMMER, FALL, X-MAS) ANNUAL COST	
Is Child Protective Services (CPS) involved?	

INFORMATION REGARDING CHILD 2:

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 AND DATES	
WITH WHOM DOES CHILD LIVE WITH NOW (NAME AND ADDRESSES)	
CHILD'S CURRENT GRADE AND SCHOOL	
PRESCHOOL OR CHILDCARE AND MONTHLY COST	
LIST NAME OF PREVIOUS SCHOOLS/ PRESCHOOLS ATTENDED (IF ANY)	
AFTER-SCHOOL CARE AND COST PER MONTH	
EXTRACURRICULAR ACTIVITIES	
CHILDCARE DURING SCHOOL BREAKS (SPRING, SUMMER, FALL, X-MAS) ANNUAL COST	
Is Child Protective Services (CPS) involved?	

INFORMATION REGARDING CHILD #3:

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 AND DATES	

WITH WHOM DOES CHILD LIVE WITH NOW (NAME AND ADDRESSES)	
CHILD'S CURRENT GRADE AND SCHOOL	
PRESCHOOL OR CHILDCARE AND MONTHLY COST	
LIST NAME OF PREVIOUS SCHOOLS/ PRESCHOOLS ATTENDED (IF ANY)	
AFTER-SCHOOL CARE AND COST PER MONTH	
EXTRACURRICULAR ACTIVITIES	
CHILDCARE DURING SCHOOL BREAKS (SPRING, SUMMER, FALL, X-MAS) ANNUAL COST	
Is Child Protective Services (CPS) involved?	

OTHER CHILDREN OF EITHER PARTY (after the child's name, indicate (MO) for Mother's child (FA) for Father's child)

OTHER CHILD 1

FULL LEGAL NAME OF CHILD (FIRST, MIDDLE, LAST)	
DATE OF BIRTH	
PLACE OF BIRTH	
GENDER	
WHERE HAS CHILD LIVED SINCE BIRTH? LIST ADDRESSES AND DATES	
WITH WHOM DOES CHILD LIVE WITH NOW (NAME AND ADDRESSES)	
CHILD'S CURRENT GRADE AND SCHOOL	
Is Child Protective Services (CPS) involved?	

OTHER CHILD 2

FULL LEGAL NAME OF CHILD (FIRST, MIDDLE, LAST)	
DATE OF BIRTH	
PLACE OF BIRTH	
GENDER	
WHERE HAS CHILD LIVED SINCE BIRTH? LIST ADDRESSES AND DATES	
WITH WHOM DOES CHILD LIVE WITH NOW (NAME AND ADDRESSES)	
CHILD'S CURRENT GRADE AND SCHOOL	
Is Child Protective Services (CPS) involved?	

OTHER CHILD 3

FULL LEGAL NAME OF CHILD (FIRST, MIDDLE, LAST)	
DATE OF BIRTH	
PLACE OF BIRTH	
GENDER	
WHERE HAS CHILD LIVED SINCE BIRTH? LIST ADDRESSES AND DATES	
WITH WHOM DOES CHILD LIVE WITH NOW (NAME AND ADDRESSES)	
CHILD'S CURRENT GRADE AND SCHOOL	
Is Child Protective Services (CPS) involved?	

OTHER CHILD 4

FULL LEGAL NAME OF CHILD (FIRST, MIDDLE, LAST)	
DATE OF BIRTH	
PLACE OF BIRTH	
GENDER	
WHERE HAS CHILD LIVED SINCE BIRTH?	

LIST ADDRESSES AND DATES	
WITH WHOM DOES CHILD LIVE WITH NOW (NAME AND ADDRESSES)	
CHILD'S CURRENT GRADE AND SCHOOL	
Is Child Protective Services (CPS) involved?	

**PLACES WHERE AND PEOPLE WITH WHOM THE CHILD(REN) IN THIS
HAVE LIVED WITHIN THE LAST FIVE (5) YEARS AND DATES**

<u>ADDRESS</u>	CARETAKERS (Mother, Father, Other)	FROM Month/Year TO Month/Year

ISSUES TO BE ADDRESSED IN THE PATERNITY ACTION:

1. CUSTODY OF THE CHILDREN:

a) Physical Custody (where children will live)(Father/Mother/Joint)

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

*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. 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?

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

3. IS BACK CHILD SUPPORT due to the State and/or natural mother (YES or NO)?

If yes, how much? \$ _____

If yes, for what time period? From _____ to _____

Has the non-custodial parent provided monetary support of the children?

If yes, how much? \$ _____

4. BIRTH RELATED EXPENSES/COSTS (YES or NO)?

If yes, how much? \$ _____

5. CHILD CARE COSTS:

	<i>Name of School/Program/ Provider</i>	<i>Monthly Cost</i>	<i>Who Pays (Mother, Father, Other)</i>
<i>Pre-school</i>		\$	
<i>A+ Program/After School care</i>		\$	
<i>Child Care Expense/Baby Sitter</i>		\$	
<i>Spring, Summer, Fall and Christmas Break (add all and divide by 12 months)</i>		\$	
<i>Private School Tuition/Books/Transp.</i>		\$	

6. CHILD(REN)'S EXTRACURRICULAR ACTIVITIES:

Activity: _____ Activity: _____

Describe: _____ Describe: _____

Cost: \$ _____ Cost: \$ _____

7. CHILD(REN)'S MEDICAL INSURANCE:

Which parent shall cover the child(ren) for medical insurance (Father/Mother/Both)? _____

Which parent shall cover the child(ren) for dental insurance (Father/Mother/Both) ? _____

Total monthly cost of the medical insurance: \$ _____

Total monthly cost of the dental insurance: \$ _____

Monthly cost for parent only (not including any family): \$ _____

If available, provide the cost sheet showing the medical and dental premium costs for the paying parent's insurance for himself/herself vs. the family plan cost. Typically available from a company's human resources office.

8. ASSETS: List the total amounts of the following:

- a. Credit Union/Bank/Savings Account Balances..... \$ _____
- b. Securities Values, Stocks, Bonds, etc..... \$ _____
- c. Real Property Values..... \$ _____
- d. Personal Property (car, jewelry, etc.)..... \$ _____

9. TAX EXEMPTIONS FOR CHILDREN:

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

b. Which parent claimed the child for all years? (ie. Mother 2018, Father 2019, etc.)

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

_____ Referral (name of person who referred you _____)

_____ Internet search (which search engine? _____)

What search words/query did you use? _____

_____ Social media -- which one? _____

_____ Lawyer 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.