

## ESTABLISHMENT AND PATERNITY PREP SHEET

### Hearing Information

Date of Hearing:

CP Name(s)                      NCP Name(s)

County Action: (delete what doesn't apply): Establishment

For individual party motions, list moving party, all issues, whether county was ordered to serve, what county's interest is:

Is the County bringing a motion to suspend one obligation and establish another (ROLE-REVERSAL)?

Yes  No

Is either party represented by an Attorney? If so, name of Attorney(s):

Do these parties have multiple joint DC files before the Court?  Yes  No

CP confidential address?  Yes  No Verbal Motion Needed?  Yes  No Date Served?

NCP confidential address?  Yes  No Verbal Motion Needed?  Yes  No Date Served?

List Joint child(ren): Name/DOB/How Pat Established/Disabled?/emancipating soon?/PA type for each child:

Name	DOB	How Pat Established	Disabled Y/N	Emancipation Soon? Y/N	List PA Child Receives
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

List CP's non-joint children in home and/or orders CP owes. Name/dob/monthly obligation to pay:

Name	DOB	Monthly Obligation to Pay

List CP's PA programs, sources of income, monthly income **& how calculated:**

List NCP's non-joint children in home and/or orders NCP owes. Name/dob/obligation to pay:

Name	DOB	Monthly Obligation to Pay

List NCP's PA programs, sources of income, monthly income **& how calculated:**

Reimbursement status: (In pleadings?/time period/waived/requested/attach NPA & PA calcs):

Support recommendations (basic, medical, daycare, insurance, u/u), attach calcs & note agreements to deviate:

Basic	
Medical	
Child Care	
Insurance	
Unreimbursed	CP      NCP

Deviation Reason and agreement:

## PATERNITY ONLY

GT status (Needed/requested/waived/result): Needed Results:

Date Notices Sent to Parties

### NCP Requests:

Requesting an attorney?  Yes  No

Requesting GTs?  Yes  No

Requesting Trial?  Yes  No

NCP willing to admit paternity today?

Yes  No

Physical Custody:

Legal Custody:

Parenting Time:

Child's Name change:

### CP Requests:

Requesting an attorney?  Yes  No

Requesting GTs?  Yes  No

Requesting Trial?  Yes  No

If HA or Default, is CP willing to testify NCP is father?

Yes  No

Physical Custody:

Legal Custody:

Parenting Time:

Child's Name change:

### Additional Information:

Guardian Ad Litem Needed for NCP, CP, or joint child?  Yes  No

Special Language needed due to a presumptive father?  Yes  No If so, why?

Child's Birth Certificate needs to be amended?  Yes  No If so, why?

## Hearing Prep Sheet

*(contains Attorney Work Product)*

Hover over titles to view relevant PRISM screens.

<b>Case Caption:</b>			
<b>IV-D case #:</b>	<b>Court File #:</b>		<b>Interpreter:</b>

<b>Hearing Date/Time:</b>	<b>Assigned Legal:</b>
<b>Hearing Type:</b>	
<b>Judicial Officer:</b>	<b>SEA III:</b>

### ~ Parties' Information ~

	<u>Obligor/NCP – Full Name:</u>	<u>Obligee/CP – Full Name:</u>
<b>DOB:</b>		
<b>Confidential Address?</b>		
<b>Address:</b>		
<b>Counsel:</b>		
<b>Service</b>	<input type="checkbox"/> Mail on DATE or <input type="checkbox"/> Personal Service on DATE	<input type="checkbox"/> Mail on DATE or <input type="checkbox"/> Personal Service on DATE
<b>PA Status</b>		
<b>Employer Name</b>		
<b>GMI (how calculated)</b>		
<b>NJC (in-home or ordered obligation)</b>		
<b>Medical/dental insurance available + cost?</b>		
<b>CCC</b>		
<b>Additional Info:</b>		

### ~ Joint Child(ren) Information ~

Child(ren) – Full Names	Date of Birth	Paternity Basis	NCP PT

### ~ Current Hearing Information ~

<b>Underlying motion » reason for the hearing:</b> <u>whose</u> motion and what is the request?
<b>Responsive Motion Summary, if applicable:</b>
<b>Review Hearing&gt;&gt; reason for hearing:</b>

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~ Current Child Support Order and Arrears ~	
<b>Basic:</b>	<u>Arrears Due Total \$</u>
<b>Medical:</b>	<b>Un/Un:</b>
<b>Childcare:</b>	<b>Court Order Date:</b>
<b>Last payment and source:</b>	

~ HEARING ~ Agreement: [FULL] » [PARTIAL] » [NONE]		NCP	CP	Ct.
Appearances:				
Effective	Financial Recommendations			
	Basic child support:			
	Medical support:			
	Unreimbursed medical & dental expenses: % NCP      % CP			
	Child care support:			
	Reimbursement of past support due to the <u>State</u> : <b>waived</b> <b>from DATE to DATE</b>			
	Reimbursement of past support due to the <u>CP</u> : <b>reserved</b> <b>from DATE to DATE</b>			
	Reimbursement of pregnancy & birthing expenses owed to the <u>State</u> : <b>reserved</b>			
	Consolidate action into Court File: _____, and address support for all #_ children Any arrears that exist survive the consolidation			
	Confidential address:			

**Questions/Issues:**

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Filing Date of Order (most recent listed first)	Order Provisions
	(Include information on the parties' incomes, all of the child support obligations listed in the order, requirements for any further hearings, unique/important facts listed in the FOF/order, etc.)

	<p>Date of Hearing:</p> <p>Summary of Hearing Notes (parties present, parties' incomes, important highlights from the hearing):</p> <p>Order provisions:</p>
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**Current Hearing Notes:**

**County assigned to draft Order?**    No    or    Yes

**Modification**

CP:		NCP:
	-- Address --	
	-- Income --	
	-- Other Children --	
	-- PA --	
	-- Childcare costs --	
	-- Medical Provided / Cost --	

<b>Joint Children:</b>					
<b>LEGAL CUSTODY:</b>		<b>PHYSICAL CUSTODY:</b>		<b>PARENTING TIME:</b>	

CP Served:		NCP Served:		Start Date:	
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	<b><u>PRIOR ORDER</u></b>	<b><u>MOTION REQUEST</u></b>	<b><u>NEW ORDER</u></b>
<b>Basic Support</b>			
<b>Medical Support</b> Ordered to carry / MA			
<b>UI/UR</b>			CP %, NCP %
<b>Childcare</b>			

Notes:

NCP Request: