

Iowa Department of Human Services  
**Child Support Information**

Child Support Recovery Unit

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Case Number(s): \_\_\_\_\_

Worker Number: \_\_\_\_\_

Date Prepared: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why do we need this information from you?**



The Child Support Recovery Unit (Unit) uses the information you provide to help you get support for your family. We have some information but not all of what we need. The Unit can use the information to establish who is the legal father, get court-ordered support, and work to make sure support is paid. We can do a better job to help you if you give us as much information as you can. Also, if you are applying for FIP or Medicaid, you are required to cooperate in establishing paternity; in establishing or enforcing child or medical support; or in enforcing spousal support.

**Instructions**

1. Read **ALL** the instructions.
2. Read the list of *Rights and Responsibilities* on page #2.
3. Complete the form with black ink. Please provide as much information as you can.
4. Sign the form. The signature box is on the bottom of this page.
5. By \_\_\_\_\_, mail or take the form to the above address:

**Your Signature**

Please sign and date the form in black ink using the boxes below.

I certify under penalty of perjury and according to the laws of the state of Iowa that the following statements made and the information given in this form are true and correct to the best of my knowledge and belief.

Sign Here: 	Date:
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\_\_\_\_\_  
\_\_\_\_\_

**Rights and Responsibilities**

- I am responsible for giving true and correct information to the best of my knowledge and belief.
- By signing this form, I understand that the Unit can take any necessary legal action to establish, modify and enforce a support obligation.
- I must cooperate with the Unit in securing or enforcing support payments owed by a responsible person or, if I receive only Medicaid, to cooperate in establishing paternity and securing medical support.
- I understand that listing Social Security Numbers for myself and my children is voluntary according to 42 USC 405(c)(2)(C). The Unit requests these social security numbers according to 42 USC 654 and 666 and Iowa Code Chapter 252B. The Unit uses these social security numbers to establish, modify or enforce child support or medical support, or to establish paternity or for other child support program purposes, as provided by federal statutes at 42 USC 654A(d) and Title IV-D of the Social Security Act. The numbers may become known to the other parent and to others as a result of these actions and purposes. The federal Privacy Act, 5 USC 552a note (1) requires the Unit to notify you of the possible disclosure and use of social security numbers.
- I understand that the Unit has the authority to close my case according to 441 Iowa Administrative Code 95.14. If I ask, I may receive a copy of that information. I understand I have a right to ask for a hearing to appeal the closing of my case. If I appeal, I must make a written request within 30 days of the action that I am appealing, to the Department of Human Services-Appeals Section, 5<sup>th</sup> Floor, 1305 East Walnut, Des Moines, IA 50314-0114.
- I understand that I am personally liable to return any support I receive that the Unit pays to me in error. This includes money that the Unit must return to the Internal Revenue Service or the Iowa Department of Revenue and Finance.
- I understand that the Unit treats information about people who receive child support services, including their address, as confidential. However, information may become known as a part of court actions to establish or enforce support. Sometimes the court may order the Unit to release confidential information.
- I understand that if my application is approved for FIP, any support payment I am entitled to receive is assigned and paid to the Department of Human Services up to the amount of the benefits I receive. I understand that if my application is approved for Medicaid, support payments intended for medical expenditures are assigned and paid to the Department of Human Services up to the amount of the benefits I receive. I understand that the Department may intervene, according, but not limited to, Iowa Code Chapters 252A, 252B, 252C, 252D, 252E, 598, 600B, to make claim and secure support from any person or party who may be responsible for my support or that of my children. I understand that if I receive Medicaid, but not FIP, the Department may pursue support for myself and my children unless I notify the Department that I don't want services unrelated to medical support. Medical support services include the establishment of paternity and the establishment and enforcement of medical support.

**Statement of Nondiscrimination**

DHS will not discriminate against you on the following basis:

- Age
- Color
- Creed
- Disability
- Sex
- National Origin
- Political Beliefs
- Race
- Religion

If you feel we have discriminated, you can ask for a Discrimination Complaint form from any DHS office or the DHS Diversity Program Unit. To file a complaint of discrimination, you may also write any of the addresses below. If you need help, you may call your county DHS office.

**Iowa Department of Human Services**  
Diversity Programs Unit 1st Fl  
1305 E Walnut  
Des Moines IA 50319-0114

**Iowa Civil Rights Commission**  
400 E 14<sup>th</sup> St  
Des Moines IA 50319-1004

**U.S. Department of Health and Human Services**  
Office for Civil Rights Region VII  
601 E 12 St Rm 248  
Kansas City MO 64106-2808

## Child Support Information

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\_\_\_\_\_  
\_\_\_\_\_

**SECTION #1: Tell us about you and the child(ren).**

<b>Your Full Name:</b>	First: _____ Middle: _____ Last: _____	<b>Your Social Security Number:</b>	
<b>Your Address:</b>	Address: _____ Apt: _____ City: _____ State: _____ Zip: _____	<b>Your Daytime Telephone Number:</b>	

Is another state working to get support for your family?  Yes  No  Don't Know If yes, what state? \_\_\_\_\_

Are you now or have you received FIP, ADC, or TANF benefits with these children?  Yes  No If yes, what state? \_\_\_\_\_

Are you now or have you received Medicaid (Title 19) benefits with these children?  Yes  No If yes, what state? \_\_\_\_\_

If you receive Medicaid only and not FIP, do you want the Unit to get an order for cash child support for you?  Yes  No

**Answer these questions only if you are the child's parent:**

What is your current marital status:  Single  Married  Divorced

If you are married or divorced, who is your (ex)spouse? \_\_\_\_\_

Date of marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_ Married at (county/state): \_\_\_\_\_

Date of divorce: \_\_\_\_/\_\_\_\_/\_\_\_\_ Divorced at (county/state): \_\_\_\_\_

If Mom is the payee:

What is your maiden name? \_\_\_\_\_

Are you pregnant now?  Yes  No If yes, by whom? \_\_\_\_\_ Due date: \_\_\_\_/\_\_\_\_/\_\_\_\_

	Child's Full Name (first, middle, last)	Child's Gender	Date of Birth/ Social Security #	Are you this child's parent?
1 →	First: _____ Middle: _____ Last: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB _____ SS#: ____-____-____	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, list your relationship: _____
	Place of Birth: _____, _____ City, State			
	Is paternity legally established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Action Pending		If yes, by: <input type="checkbox"/> Paternity Affidavit <input type="checkbox"/> Court Order <input type="checkbox"/> Marriage (Date _____) <input type="checkbox"/> Adoption Date paternity was established: _____ Where (city & state): _____, _____	
2 →	First: _____ Middle: _____ Last: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB _____ SS#: ____-____-____	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, list your relationship: _____
	Place of Birth: _____, _____ City, State			
	Is paternity legally established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Action Pending		If yes, by: <input type="checkbox"/> Paternity Affidavit <input type="checkbox"/> Court Order <input type="checkbox"/> Marriage (Date _____) <input type="checkbox"/> Adoption Date paternity was established: _____ Where (city & state): _____, _____	
3 →	First: _____ Middle: _____ Last: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB _____ SS#: ____-____-____	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, list your relationship: _____
	Place of Birth: _____, _____ City, State			
	Is paternity legally established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Action Pending		If yes, by: <input type="checkbox"/> Paternity Affidavit <input type="checkbox"/> Court Order <input type="checkbox"/> Marriage (Date _____) <input type="checkbox"/> Adoption Date paternity was established: _____ Where (city & state): _____, _____	

Include additional sheets if you  care for  have more children.

## Child Support Information

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\_\_\_\_\_

**SECTION #2: Tell us about any court orders for child support, medical support, or alimony.**

**Do you know of any court orders that establish paternity or for a parent to provide support for the children?**  Yes  No  
**If yes, complete this section and provide copies of the court orders. If no, skip this section and go to section #3.**

		Court Order #1 ↓	Court Order #2 ↓	Court Order #3 ↓
1	Court order number			
2	State or country			
3	County			
4	Name of the person ordered to pay support.			
5	Name of the child(ren) listed in this court order.			

**SECTION #3: Tell us about the  parents (if caretaker case)  mother (if Dad is payee)  father (if Mom is payee).**

1	Full name of the parent (correct if necessary)	<b>Parent #1</b> First: _____ Middle: _____ Last: _____ ↓	<b>Parent #2</b> First: _____ Middle: _____ Last: _____ ↓
2	Marital status of this parent  Maiden name if applicable  If married, spouse's name	<input type="checkbox"/> Single, Never Been Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married  _____ _____	<input type="checkbox"/> Single, Never Been Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married  _____ _____
3	Children of this parent		
4	Nicknames or aliases		
5	Social security number		
6	Sex		
7	Eye color		
8	Race		
9	Weight		
10	Height		
11	Hair color		
12	Special features (scars, marks, tattoos):		
13	Date of birth (If not sure, approximate age)	____/____/____ or Age: ____	____/____/____ or Age: ____
14	Place of birth: city, state		

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<b>15</b>	Name of this person's parents and address:	Father's Name: _____ Address: _____ Apt. _____ City: _____ State: _____ ZIP: _____ Mother's Name: _____ Address: _____ Apt. _____ City: _____ State: _____ ZIP: _____	Father's Name: _____ Address: _____ Apt. _____ City: _____ State: _____ ZIP: _____ Mother's Name: _____ Address: _____ Apt. _____ City: _____ State: _____ ZIP: _____
<b>16</b>	Why are you not living with this parent?	<input type="checkbox"/> Never Married <input type="checkbox"/> Separation <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> I care for the child, but I'm not the child's parent.	<input type="checkbox"/> Never Married <input type="checkbox"/> Separation <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> I care for the child, but I'm not the child's parent.
<b>17</b>	What is your relationship to this parent?		
<b>18</b>	If you marked "Death" in line #16:	Date of Death: _____ State: _____ County: _____	Date of Death: _____ State: _____ County: _____
<b>19</b>	Current or last known address: If this parent lives with someone, list their name and relationship:	<input type="checkbox"/> Current OR <input type="checkbox"/> Last Known Address: _____ Apt: _____ City: _____ State: _____ ZIP: _____ Lives With: _____	<input type="checkbox"/> Current OR <input type="checkbox"/> Last Known Address: _____ Apt: _____ City: _____ State: _____ ZIP: _____ Lives With: _____
<b>20</b>	Home or cell phone number of this parent:	( ) _____ - _____	( ) _____ - _____
<b>21</b>	Is this parent employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
<b>22</b>	If yes, where? If no, list last known employer.	<input type="checkbox"/> Current OR <input type="checkbox"/> Last Known Employer Name: _____ Address: _____ City: _____ State: _____ ZIP: _____	<input type="checkbox"/> Current OR <input type="checkbox"/> Last Known Employer Name: _____ Address: _____ City: _____ State: _____ ZIP: _____
<b>23</b>	What is this parent's current or last known occupation?	<input type="checkbox"/> Current OR <input type="checkbox"/> Last Known Occupation: _____	<input type="checkbox"/> Current OR <input type="checkbox"/> Last Known Occupation: _____
<b>24</b>	Other sources of income (Unemployment, Veterans Benefits, Social Security Disability, Social Security Ins., etc)		
<b>25</b>	Is this parent currently or has this parent ever been in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, what branch? _____ Rank? _____ Name of the installation or base & address: _____ From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, what branch? _____ Rank? _____ Name of the installation or base & address: _____ From: _____ To: _____
<b>26</b>	Has this parent ever received a public assistance grant or food stamps or been on Medicaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, which state(s)? _____ Start: _____ End: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, which state(s)? _____ Start: _____ End: _____
<b>27</b>	Is this parent in jail or prison? Has this parent ever been in jail or prison?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, which City: _____ State: _____ Start: _____ End: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, which City: _____ State: _____ Start: _____ End: _____

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\_\_\_\_\_

		Parent #1	Parent #2
		<b>First:</b> _____ <b>Middle:</b> _____ <b>Last:</b> _____	<b>First:</b> _____ <b>Middle:</b> _____ <b>Last:</b> _____
28	Please tell us about people who might know where this parent is:	Name: _____ Relationship: _____ Phone Number: _____ Address: _____ Apt. _____ City: _____ State: _____ ZIP: _____	Name: _____ Relationship: _____ Phone Number: _____ Address: _____ Apt. _____ City: _____ State: _____ ZIP: _____
29	Other information that might help locate this parent (where does the parent spend time, names of friends, etc.):		

**SECTION #4: Do you have an attorney establishing or modifying a court order for support?  Yes  No If no, skip this section and go to section #5.**

1	Attorney's Name	
2	Attorney's Address & Telephone Number	

**SECTION #5: Give us information to see if Iowa has legal jurisdiction over the  mother  father. Complete this section if you answered No to Section #2 or if you answered Yes to section #2, but not all of the children are covered by a court order. Only complete this section for children not covered by a court order.**

		_____ ↓	_____ ↓	_____ ↓
1	If the child was born in Iowa, will the <input type="checkbox"/> mother <input type="checkbox"/> father sign a paternity affidavit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
2	Could <input type="checkbox"/> the mother <input type="checkbox"/> you have gotten pregnant in Iowa because <input type="checkbox"/> the parents <input type="checkbox"/> you and the mother <input type="checkbox"/> you and the father had sexual intercourse in Iowa?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If no, where (city & state)? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If no, where (city & state)? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If no, where (city & state)? _____
	If yes, you think this is true because intercourse took place between these dates:	From: _____/_____ Month/ Year To: _____/_____ Month/ Year	From: _____/_____ Month/ Year To: _____/_____ Month/ Year	From: _____/_____ Month/ Year To: _____/_____ Month/ Year
3	Was this child sent to live in Iowa or does the child still stay in Iowa because of the words or actions of the <input type="checkbox"/> mother <input type="checkbox"/> father?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, Describe:
4	Did the <input type="checkbox"/> mother <input type="checkbox"/> father ever live in Iowa with the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know From: _____ to: _____ Address: _____ Apt: _____ City: _____ State: _____ Zip: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know From: _____ to: _____ Address: _____ Apt: _____ City: _____ State: _____ Zip: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know From: _____ to: _____ Address: _____ Apt: _____ City: _____ State: _____ Zip: _____
	During this time, did the <input type="checkbox"/> mother <input type="checkbox"/> father help with expenses for this child before or after	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, when? From: _____ to: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, when? From: _____ to: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, when? From: _____ to: _____

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	birth?			
5	Is there a time/place that the <input type="checkbox"/> mother <input type="checkbox"/> father can be served legal papers in Iowa by a sheriff or process server?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If Yes, when? _____ Address: _____ Apt: _____ City: _____ State _____ Zip _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If Yes, when? _____ Address: _____ Apt: _____ City: _____ State _____ Zip _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If Yes, when? _____ Address: _____ Apt: _____ City: _____ State _____ Zip _____
	Do you think the <input type="checkbox"/> mother <input type="checkbox"/> father will sign a form allowing the Unit to mail the legal papers to <input type="checkbox"/> her <input type="checkbox"/> him instead?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
6	Do you think the child's <input type="checkbox"/> mother <input type="checkbox"/> father will cooperate in getting an order here in Iowa?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes or no, why?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes or no, why?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes or no, why?
7	Did <input type="checkbox"/> you <input type="checkbox"/> the father file a declaration of paternity with the Paternity Registry stating that <input type="checkbox"/> you are <input type="checkbox"/> he is the child's father?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

Include additional sheets if you  care for  have more children.

If payee is caretaker or the father

**SECTION #6: Give us information to see if Iowa has legal jurisdiction over the children's mother. Complete this section if you answered No to Section #2 or if you answered Yes to section #2, but not all of the children are covered by a court order. Only complete this section for children not covered by a court order.**

		_____ ↓ _____	_____ ↓ _____	_____ ↓ _____
1	If the child was born in Iowa, will the <input type="checkbox"/> mother sign a paternity affidavit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
2	Was the child sent to live in Iowa or does the child still stay in Iowa because of the words or actions of the mother?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, Describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, Describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, Describe: _____
3	Did the mother ever live in Iowa with the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know From: _____ to: _____ Address: _____ Apt: _____ City: _____ State: _____ Zip: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know From: _____ to: _____ Address: _____ Apt: _____ City: _____ State: _____ Zip: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know From: _____ to: _____ Address: _____ Apt: _____ City: _____ State: _____ Zip: _____
	During this time, did the mother help with expenses for this child before or after birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, when? From: _____ to: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, when? From: _____ to: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, when? From: _____ to: _____
4	Is there a time/place that the mother can be served legal papers in Iowa by a sheriff or process server?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If Yes, when? _____ Address: _____ Apt: _____ City: _____ State _____ Zip _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If Yes, when? _____ Address: _____ Apt: _____ City: _____ State _____ Zip _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If Yes, when? _____ Address: _____ Apt: _____ City: _____ State _____ Zip _____

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		↓ _____ ↓ _____	↓ _____ ↓ _____	↓ _____ ↓ _____
	Do you think the mother will sign a form allowing the Unit to mail the legal papers to her instead?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
5	Do you think the child's mother will cooperate in getting an order here in Iowa?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes or no, why?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes or no, why?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes or no, why?

Include additional sheets if you  care for  have more children.

If seeking order to establish paternity

**SECTION #7: Tell us about the birth of the children. Complete this section only if you answered No to Section#2 and legal paternity is not established for any of the children or if you answered Yes to Section #2 but legal paternity is not established for some of the children. Only complete this section for children that do not have paternity legally established.**

I am not the parent but have completed the information below that I know.

		↓ _____ ↓ _____	↓ _____ ↓ _____	↓ _____ ↓ _____
1	Approximate date <input type="checkbox"/> the mother <input type="checkbox"/> you got pregnant.			
2	Was the pregnancy full term?	<input type="checkbox"/> Yes <input type="checkbox"/> No Number of weeks _____ <input type="checkbox"/> early <input type="checkbox"/> late	<input type="checkbox"/> Yes <input type="checkbox"/> No Number of weeks _____ <input type="checkbox"/> early <input type="checkbox"/> late	<input type="checkbox"/> Yes <input type="checkbox"/> No Number of weeks _____ <input type="checkbox"/> early <input type="checkbox"/> late
3	What was the length of the relationship between <input type="checkbox"/> the mother and father <input type="checkbox"/> you and the mother <input type="checkbox"/> you and the father?	From: _____/_____ Month    Year To: _____/_____ Month    Year	From: _____/_____ Month    Year To: _____/_____ Month    Year	From: _____/_____ Month    Year To: _____/_____ Month    Year
4	Where did the father live when <input type="checkbox"/> the mother <input type="checkbox"/> you got pregnant?	Address: _____ Apt: _____ City _____ State _____ Zip _____	Address: _____ Apt: _____ City _____ State _____ Zip _____	Address: _____ Apt: _____ City _____ State _____ Zip _____
5	Did <input type="checkbox"/> the mother <input type="checkbox"/> you inform the father that <input type="checkbox"/> she was <input type="checkbox"/> you were pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Was the father at the delivery?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, was he informed of the birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, was he informed of the birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, was he informed of the birth? <input type="checkbox"/> Yes <input type="checkbox"/> No
7	Has the father admitted he is the father?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason given? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason given? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason given? _____
8	Do you have pictures of the child and father (separately &/or together)? If yes, provide copies.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Do you have letters, cards, etc. from the father showing he acknowledges he is the father?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Does the father visit the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often: _____



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\_\_\_\_\_  
\_\_\_\_\_

		↓	↓	↓
<b>11</b>	<p>Do you know of any other man who could be the father of this child because  <input type="checkbox"/> the mother <input type="checkbox"/> you had sexual intercourse with another man within 30 days before or after the time <input type="checkbox"/> the mother <input type="checkbox"/> you became pregnant?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, who?</p> <p>First Name: _____                      Middle Name: _____                      Last Name: _____                      Address: _____                      Apt: _____                      City: _____                      State: _____ ZIP: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, who?</p> <p>First Name: _____                      Middle Name: _____                      Last Name: _____                      Address: _____                      Apt: _____                      City: _____                      State: _____ ZIP: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, who?</p> <p>First Name: _____                      Middle Name: _____                      Last Name: _____                      Address: _____                      Apt: _____                      City: _____                      State: _____ ZIP: _____</p>
Include additional sheets if you <input type="checkbox"/> care for <input type="checkbox"/> have more children.				