

Iowa Department of Human Services
Establishment Questionnaire

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 this 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.

Instructions

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

Your Signature

Please sign and date the questionnaire 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 questionnaire are true and correct to the best of my knowledge and belief.

<p>Sign Here:</p> 	<p>Date:</p>
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Establishment Questionnaire

Case Number(s): _____

SECTION #1: Tell us about you and the child(ren). Please change information if incorrect.

Your Name:	First: Middle: Last:	Your Social Security Number:	
Your Address:		Your Daytime Telephone Number:	

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

Have you ever received FIP, ADC, or TANF benefits with these children? Yes No If yes, what state? _____

Have you ever received Medicaid (Title 19) benefits with these children? Yes No If yes, what state? _____

If payee is the mother

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): _____

What is your maiden name? _____

Are you pregnant now? Yes No If yes, by whom? _____

What is your due date? ____/____/____

	Child's Full Name (first, middle, last)	Legal Paternity Information
1 →	First: _____ Middle: _____ Last: _____	Name of child's father: _____ 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: _____	Name of child's father: _____ 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: _____	Name of child's father: _____ 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): _____, _____

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Do you have an attorney who is working on establishing paternity for any child(ren) listed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following information: County _____ State _____ Attorney Name _____ Attorney's Phone _____ Attorney's Address _____ City _____ State _____ Zip _____ List names of children covered under this pending action: _____ _____
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Include additional sheets if you care for have more children.

SECTION #2: Tell us about the parents (if caretaker case) mother (Dad is payee) father (Mom is payee).

1	Full name of the parent	First: Middle: Last:	↓	First: Middle: Last:	↓
2	Marital status of this parent 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	This parent's place of birth	City: _____ State _____		City: _____ State _____	
5	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 _____	
6	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.	
7	Please complete if you marked "Death" in line #6:	Date of Death: State: County:		Date of Death: State: County:	
8	If this parent lives with someone, list their name and relationship:	Lives With: _____		Lives With: _____	
9	Home or cell phone number of this parent	Home Number () _____ - _____ Cell Phone Number () _____ - _____		Home Number () _____ - _____ Cell Phone Number () _____ - _____	
10	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: _____	
11	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: _____	

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12	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: _____
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SECTION #3: Give us information to see if Iowa has legal jurisdiction over the children's father mother.

		_____ _____ _____ ↓	_____ _____ _____ ↓	_____ _____ _____ ↓
1	Child's birthplace	City: _____ State: _____ County: _____	City: _____ State: _____ County: _____	City: _____ State: _____ County: _____
	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 <i>in Iowa</i> because <input type="checkbox"/> the parents <input type="checkbox"/> you and the mother <input type="checkbox"/> you and the father had sexual intercourse <i>in Iowa</i> ?	<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 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 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: _____
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? Where (city & place)? Address: _____ Apt: _____ City: _____ State: _____ Zip: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If Yes, when? Where (city & place)? Address: _____ Apt: _____ City: _____ State: _____ Zip: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If Yes, when? Where (city & place)? 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"/> him <input type="checkbox"/> 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

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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 the <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 <input type="checkbox"/> care for <input type="checkbox"/> have more children.				

If caretaker case

SECTION #4: Give us information to see if Iowa has legal jurisdiction over the children's mother.

		_____ ↓ _____	_____ ↓ _____	_____ ↓ _____
1	If the child was born in Iowa, will the 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 this 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 _____
	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 <input type="checkbox"/> care for <input type="checkbox"/> have more children.				

Establishment Questionnaire

Case Number(s): _____

If seeking order to establish paternity

SECTION #5: Tell us about the birth of your children. Complete this section only for your children who do not have paternity legally established.

Tell us about the birth of the children. Complete the questions to the best of your ability. Only complete this section for the children who do not have paternity legally established.

		_____ ↓ _____	_____ ↓ _____	_____ ↓ _____
1	Approximate date <input type="checkbox"/> the mother <input type="checkbox"/> you got pregnant.			
2	Was the pregnancy full term? Number of weeks _____ <input type="checkbox"/> early <input type="checkbox"/> late	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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		↓	↓	↓
11	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, who? First Name: _____ Middle Name: _____ Last Name: _____ Address: _____ Apt: _____ City: _____ State: _____ ZIP: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, who? First Name: _____ Middle Name: _____ Last Name: _____ Address: _____ Apt: _____ City: _____ State: _____ ZIP: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, who? First Name: _____ Middle Name: _____ Last Name: _____ Address: _____ Apt: _____ City: _____ State: _____ ZIP: _____
Include additional sheets if you <input type="checkbox"/> care for <input type="checkbox"/> have more children.				

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 14th 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