

PATERNITY QUESTIONNAIRE

Public Assistance # _____

SETS # _____

Date on Assistance _____

Date off Assistance _____

Birth Costs paid by Welfare: Yes _____ NO _____

Custodial Parent:

Name: _____ Race: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ S.S.#: _____ D.O.B. _____

Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Child(ren) _____ S.S.#: _____ D.O.B. _____ Race: _____ Sex: M / F

_____ S.S.#: _____ D.O.B. _____ Race: _____ Sex: M / F

_____ S.S.#: _____ D.O.B. _____ Race: _____ Sex: M / F

_____ S.S.#: _____ D.O.B. _____ Race: _____ Sex: M / F

_____ S.S.#: _____ D.O.B. _____ Race: _____ Sex: M / F

Alleged Father:

Name: _____ Race: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ S.S.#: _____ D.O.B. _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Complexion: _____ Distinguishing marks and scars: _____

Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

In what county was child(ren) born: _____

In what county/state was child conceived: _____

Did alleged father sign birth certificate: Yes _____ No _____

How long did you date the alleged father: _____

Did you have intercourse with any other man around the time you became pregnant: Yes _____ No _____

If yes, Name(s) _____

Why do you believe he is or they are not the father of the child(ren)? _____

Have you ever been married: Yes _____ No _____ If yes, to whom: _____

Date of marriage: _____ Are you still married? Yes _____ No _____

REMARKS: _____

Signature

Date