

# PATERNITY/SUPPORT QUESTIONNAIRE

Investigator \_\_\_\_\_

## Applicant's Information

Name \_\_\_\_\_  
(first) (middle) (last)

Address: \_\_\_\_\_  
Street & number City State Zip Code

Your Date of Birth: \_\_\_\_\_ Your Social Security Number: \_\_\_\_\_

Your Home Phone #: \_\_\_\_\_ Your e mail address: \_\_\_\_\_

Your Cell Phone #: \_\_\_\_\_ Your Work # \_\_\_\_\_

Are you receiving cash assistance from the County? \_\_\_\_\_

Are you or any of your children on the County medical card? \_\_\_\_\_

Your Parents' names: Mother: \_\_\_\_\_ Mother's maiden name: \_\_\_\_\_  
Father: \_\_\_\_\_

If you are a non-parent Caretaker, what is your relationship to child: \_\_\_\_\_

When did child start living with you: \_\_\_\_\_

## Household Composition:

Names and dates of birth of other minor children who live with you: \_\_\_\_\_

Is any child support ordered to be paid to you for the other children: \_\_\_\_\_

How much and for what other children: \_\_\_\_\_

Are you ordered to pay Child Support for any other children? \_\_\_\_\_

How much and for which other children: \_\_\_\_\_

What other adults live in the household and what is their relationship, if any, to you: \_\_\_\_\_

## Marriage/Custody

Has Mother ever been Married? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Name of Spouse: \_\_\_\_\_ Spouse DOB: \_\_\_\_\_

Are you separated \_\_\_\_\_ Date of separation \_\_\_\_\_

Are you divorced \_\_\_\_\_ Date of Divorce \_\_\_\_\_

County of Divorce \_\_\_\_\_ Divorce Court Order # \_\_\_\_\_

Was this child/children named in this Divorce action: \_\_\_\_\_ Which parent was awarded custody: \_\_\_\_\_

If any other legal proceedings or custody proceedings involving these children, please provide the following information:

Court or Agency: \_\_\_\_\_ County/State \_\_\_\_\_

Case Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Pending or Outcome \_\_\_\_\_

Is there a Protection Order/Restraining Order against any of the parties? \_\_\_\_\_

Have you ever been involved with Children Protective Services? \_\_\_\_\_ In what County? \_\_\_\_\_

## Additional Info

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

# PATERNITY/SUPPORT QUESTIONNAIRE

## Child Info (Child #1)

Child's Name: \_\_\_\_\_  
(first) (middle) (last)

Child's DOB: \_\_\_\_\_ Child's Place of birth: \_\_\_\_\_  
Hospital State County

Who is the child living with: \_\_\_\_\_ Who has legal custody \_\_\_\_\_

Alleged father's name(s) \_\_\_\_\_

HAS PATERNITY BEEN ESTABLISHED? \_\_\_\_\_

IF YES, How? \_\_\_\_\_

IF NO, Name of Father on Birth Certificate \_\_\_\_\_

Did the mother have sex with anyone else within the 2 months before or after becoming pregnant? \_\_\_\_\_

If Yes, who? \_\_\_\_\_

Did the act of sexual intercourse which caused the mom to become pregnant take place in the State of Ohio? \_\_\_\_\_

If No, What State? \_\_\_\_\_

Did the other parent ever live in the state of Ohio: \_\_\_\_\_ What county and When: \_\_\_\_\_ :

Do you receive child support for this child? \_\_\_\_\_

## Child Info (Child #2)

Child's Name: \_\_\_\_\_  
(first) (middle) (last)

Child's DOB: \_\_\_\_\_ Child's Place of birth: \_\_\_\_\_  
Hospital State County

Who is the child living with \_\_\_\_\_ Who has legal custody \_\_\_\_\_

Alleged father's name(s) \_\_\_\_\_

HAS PATERNITY BEEN ESTABLISHED? \_\_\_\_\_

IF YES, How? \_\_\_\_\_

IF NO, Name of Father on Birth Certificate: \_\_\_\_\_

Did the mother have sex with anyone else within the 2 months before or after becoming pregnant? \_\_\_\_\_

If Yes who? \_\_\_\_\_

Did the act of sexual intercourse which caused the mom to become pregnant take place in the State of Ohio? \_\_\_\_\_

If No, What State? \_\_\_\_\_

Did you the other parent ever live in the state of Ohio: \_\_\_\_\_ What county and When: \_\_\_\_\_

Do you receive child support for this child? \_\_\_\_\_

## Child Info (Child #3)

Child's Name: \_\_\_\_\_  
(first) (middle) (last)

Child's DOB: \_\_\_\_\_ Child's Place of birth: \_\_\_\_\_  
Hospital State County

Who is the child living with \_\_\_\_\_ Who has legal custody \_\_\_\_\_

Alleged father's name(s) \_\_\_\_\_

HAS PATERNITY BEEN ESTABLISHED? \_\_\_\_\_

If YES, How? \_\_\_\_\_

IF NO, Name of Father on Birth Certificate \_\_\_\_\_

Did the mother have sex with anyone else within the 2 months before or after becoming pregnant? \_\_\_\_\_

If Yes, who? \_\_\_\_\_

Did the act of sexual intercourse which caused the mom to become pregnant take place in the State of Ohio? \_\_\_\_\_

If No, What State? \_\_\_\_\_

Did the other parent ever live in the state of Ohio: \_\_\_\_\_ What county and When: \_\_\_\_\_ :

Do you receive child support for this child? \_\_\_\_\_

# PATERNITY/SUPPORT QUESTIONNAIRE

## Absent Parent (AP) #1

(Alleged or Presumed)

*Please attach a picture of absent parent if available*

AP's Name: \_\_\_\_\_  
(first) (middle) (last)

AP's D.O.B: \_\_\_\_\_ AP's SSN: \_\_\_\_\_

AP's Home Phone #: \_\_\_\_\_ AP's e mail address: \_\_\_\_\_

AP's Cell Phone #: \_\_\_\_\_

AP's Address: \_\_\_\_\_

Does AP live with Friends / Relatives: \_\_\_\_\_

If yes, their names: \_\_\_\_\_

AP's Parents names: Mother: \_\_\_\_\_ Mother's maiden name: \_\_\_\_\_  
Father: \_\_\_\_\_

AP's Height: \_\_\_\_\_ Weight : \_\_\_\_\_ Hair Color: \_\_\_\_\_ Race: \_\_\_\_\_

AP's National or Ethnic Origin: \_\_\_\_\_

Scars/tattoos: \_\_\_\_\_

AP's State of Birth: \_\_\_\_\_ H.S. attended: \_\_\_\_\_

Highest grade of education completed: \_\_\_\_\_ College? \_\_\_\_\_

Criminal Record: \_\_\_\_\_

Has this person ever provided support and/or have a relationship with this child? \_\_\_\_\_

Explain: \_\_\_\_\_

Has the AP ever served in the military? \_\_\_\_\_

Has the AP ever received: Welfare/GR \_\_\_\_\_ Unemployment \_\_\_\_\_ Worker's Comp \_\_\_\_\_  
Social Security \_\_\_\_\_ Veteran's Benefit \_\_\_\_\_

Does AP own any property \_\_\_\_\_ Where? \_\_\_\_\_

Does the AP receive mail at your present address \_\_\_\_\_

Has AP ever lived with you \_\_\_\_\_ Where: \_\_\_\_\_

Has AP ever been married to or lived with someone else \_\_\_\_\_

AP's Place of employment: \_\_\_\_\_ Work #: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Date of employment: \_\_\_\_\_

Additional Info: \_\_\_\_\_

# PATERNITY/SUPPORT QUESTIONNAIRE

**Absent Parent (AP) #2**

*(Alleged or Presumed)*

***Please attach a picture of absent parent if available***

AP's Name: \_\_\_\_\_  
(first) (middle) (last)

AP's D.O.B: \_\_\_\_\_ AP's SSN: \_\_\_\_\_

AP's Home Phone #: \_\_\_\_\_ AP's e mail address: \_\_\_\_\_

AP's Cell Phone #: \_\_\_\_\_

AP's Address: \_\_\_\_\_

Does AP live with Friends / Relatives: \_\_\_\_\_

If yes, their names: \_\_\_\_\_

AP's Parents names: Mother: \_\_\_\_\_ Mother's maiden name: \_\_\_\_\_  
Father: \_\_\_\_\_

AP's Height: \_\_\_\_\_ Weight : \_\_\_\_\_ Hair Color: \_\_\_\_\_ Race: \_\_\_\_\_

AP's National or Ethnic Origin: \_\_\_\_\_

Scars/tattoos: \_\_\_\_\_

AP's State of Birth: \_\_\_\_\_ H.S. attended: \_\_\_\_\_

Highest grade of education completed: \_\_\_\_\_ College? \_\_\_\_\_

Criminal Record: \_\_\_\_\_

Has this person ever provided support and/or have a relationship with this child? \_\_\_\_\_

Explain: \_\_\_\_\_

Has the AP ever served in the military? \_\_\_\_\_

Has the AP ever received: Welfare/GR \_\_\_\_\_ Unemployment \_\_\_\_\_ Worker's Comp \_\_\_\_\_  
Social Security \_\_\_\_\_ Veteran's Benefit \_\_\_\_\_

Does AP own any property \_\_\_\_\_ Where? \_\_\_\_\_

Does the AP receive mail at your present address \_\_\_\_\_

Has AP ever lived with you \_\_\_\_\_ Where: \_\_\_\_\_

Has AP ever been married to or lived with someone else \_\_\_\_\_

AP's Place of employment: \_\_\_\_\_ Work #: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Date of employment: \_\_\_\_\_

Additional Info: \_\_\_\_\_

Once completed, please return forms to:

**Clermont County CSEA, 2400 Clermont Center Dr., Suite 107, Batavia, Ohio 45103**

I have fully answered the questions on these forms. The answers are true to the best of my knowledge. I understand that it may constitute a crime if I provide false or misleading information.

I understand that if the Child Support Enforcement Agency (CSEA) accepts my case, a paternity action will be filed against the person (s) I stated to be the other parent.

I understand that the CSEA and its Staff Attorney and Hearing Officers represent the State of Ohio and not myself. I understand that I have the right to hire my own attorney at my own expense.

I understand I must fully cooperate with the CSEA, if CSEA is to continue with attempting to establish paternity or support.

**I UNDERSTAND THAT THE CSEA OR THE COURT MAY ISSUE ORDERS WHICH WOULD REQUIRE ME TO DO AND/OR PAY FOR CERTAIN THINGS, INCLUDING BUT NOT LIMITED TO, ORDERING ME TO PROVIDE MEDICAL INSURANCE FOR THE CHILDREN, PAYING FOR ALL OR A PORTION OF UNCOVERED HEALTH CARE EXPENSES AND SHARING OR GIVING UP THE INCOME TAX EXEMPTIONS ATTRIBUTABLE TO THE CHILDREN.**

**I understand that if I change my address, I must report it in writing to the CSEA.**

**I further understand that I must appear at all hearings and appointments scheduled.**

If I am on ADC/TANF,OWF or Medicaid/CareSource, I understand that failing to cooperate with the CSEA may also affect my ADC/TANF/OWF and/or Medicaid/CareSource.

I HAVE FULLY READ THE ABOVE OR IT HAS BEEN READ TO ME.

I UNDERSTAND ALL THE ABOVE AND THOSE PARTS I DID NOT UNDERSTAND HAVE BEEN FULLY EXPLAINED TO ME.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date