

## Parentage and/or Support Establishment Questionnaire

(Please complete all pages)

Case # \_\_\_\_\_

Do the children live with you:  Yes or  No

What is your relationship to the children? \_\_\_\_\_

### Information about YOU:

Your Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Phone # where you can be reached: \_\_\_\_\_

May we contact you by phone?  Yes or  No

Email Address: \_\_\_\_\_

**If you are under 18 years old, provide name and address of your parent/custodian/guardian:**

\_\_\_\_\_ Relationship to you: \_\_\_\_\_

**Provide complete address of parent/custodian/guardian:**

\_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer phone #: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Are you now or have you ever been married?  Yes or  No If yes, please provide the name(s) of the other party(s) and the date(s) of marriage(s):

\_\_\_\_\_

Are you currently Divorced?  Yes or  No If yes, please provide the date and place of divorce:

\_\_\_\_\_ Name of the person(s) you divorced: \_\_\_\_\_

Is there currently any divorce/dissolution action pending?  Yes or  No If yes, answer below:

\* In what state and county will the divorce/dissolution action take place? \_\_\_\_\_

\*What is the anticipated date of the final hearing? \_\_\_\_\_

\* Do you have an attorney?  Yes or  No Attorney's Name: \_\_\_\_\_

\*If the court case/docket number is known, please provide it: \_\_\_\_\_

**ARE THERE ANY TEMPORARY COURT ORDERS REGARDING CHILD(REN)?**  Yes or  No

\*\*\* (PLEASE PROVIDE A COPY OF ANY TEMPORARY COURT ORDERS) \*\*\*

**IS THERE ANY COURT ACTION INVOLVING THE CHILD(REN) YOU ARE APPLYING FOR? (CHECK ALL THAT APPLY)**

- Adoption  Custody Action  Parenting Time  
 Any other juvenile court action

**Additional Screening Questions:**

Have you ever been a victim of domestic violence?  Yes or  No

Have the child(ren) that you are completing this application for ever been a victim of domestic violence?  
 Yes or  No

If you or the child(ren) were victims of domestic violence, was the domestic violence committed by the other parent?  Yes or  No

If you or the child(ren) have been victims of domestic violence at the hands of the child(ren)'s other parent, are you still residing in the same household with that other parent?  Yes or  No

If you checked yes to one of the boxes above, we MAY need to contact you to request some additional information.

**Check the boxes below that you feel would be a safe way for our agency to contact you for additional screening questions. You may check more than one box. If you don't feel like it would be safe for us to contact you, please check the NO CONTACT box and provide additional information as requested. This only applies to cases where domestic violence or family violence were indicated in the Additional Screening Questions listed above.**

Telephone: (call would be made to you at phone number provided on page 1)

Mail: (letter would be sent to address provided on page 1)

Email: (email would be sent to the email address provided on page 1)

NO CONTACT: Contacting me with additional domestic violence screening questions could put me or the child(ren) I am applying for services for in immediate danger. If you check this box, please provide some additional information as to why this would put you or your child(ren) in immediate danger.

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**ARE THERE ANY CIVIL PROTECTION ORDERS REGARDING YOU OR THE CHILD(REN)?**  Yes or  No

\*\*\* (PLEASE PROVIDE A COPY OF CIVIL PROTECTION ORDERS) \*\*\*

**Information about the other parent:**

Other Parent's Name: \_\_\_\_\_

Aliases Or Nicknames: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

If date of birth of other parent is unknown, give approximate age or month born: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone # where they can be reached: \_\_\_\_\_

**Employment information for the other parent:**

Employer Name: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

Employer Address: \_\_\_\_\_

If you don't know exactly where they work, what type of work do they normally do?

\_\_\_\_\_

Known Past Employers: \_\_\_\_\_

\*\*\*\*\*

**Physical Description of the Other Parent:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race (for identification purposes only): \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Scars/ Tattoos: \_\_\_\_\_

**Military Service for Other Parent**

Has the other parent ever served in the military:  Yes or  No

If yes, branch of service: \_\_\_\_\_ Dates of military Service: \_\_\_\_\_

**Please check any of the following if the other parent is currently receiving or has ever received including the dates and state received in (if known):**

Food Assistance \_\_\_\_\_  Medicaid \_\_\_\_\_

Cash Assistance \_\_\_\_\_  Veteran's Benefits \_\_\_\_\_

Social Security \_\_\_\_\_  Worker's Comp \_\_\_\_\_

Unemployment \_\_\_\_\_

**Additional Information about the Other Parent:**

Is/Was the other parent ever in jail or prison?  Yes or  No

If yes, when & where were they in jail/prison? \_\_\_\_\_

Does the other parent own any property?  Yes or  No

If yes, what is the address of the property?  
\_\_\_\_\_

Other Parent's Mother & Father's Names & Addresses (If deceased, please note that):

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Provide other Parent's Place of Birth: \_\_\_\_\_

List all the states where the other parent has lived, including all known addresses: \_\_\_\_\_

\_\_\_\_\_

Does the other parent visit the child(ren)?  Yes or  No How often? \_\_\_\_\_

Has the other parent ever lived with you?  Yes or  No When & where? \_\_\_\_\_

\_\_\_\_\_

Does the other parent receive mail at your present address?  Yes or  No

When and where did you last have contact with the other parent? \_\_\_\_\_

\_\_\_\_\_

Where did you meet the other parent? (be specific) \_\_\_\_\_

Has the other parent been married to or lived with someone other than you?  Yes or  No

If yes, with whom and when? \_\_\_\_\_

If the other parent has a child(ren) with someone **other than you**, please complete the following:

**Child's Name:**                      **City & State:**                      **Date of Birth:**                      **Other Parent of Child:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide any additional information which might be helpful in locating the other parent: \_\_\_\_\_

\_\_\_\_\_

**\*\*\* IF AVAILABLE, PLEASE PROVIDE A PHOTO OF THE OTHER PARENT \*\*\***

**INFORMATION REGARDING THE CHILD(REN) BORN TO YOU AND THE OTHER PARENT:**

**FIRST CHILD**

Child's Name: (First/Middle/Last): \_\_\_\_\_

Child's Address: \_\_\_\_\_

Child's Date of Birth: \_\_\_/\_\_\_/\_\_\_ Child's Social Security #: \_\_\_\_\_

Has there ever been a paternity action regarding this child in another county or state?  Yes or  No

If yes, where was paternity action? \_\_\_\_\_

Were you married to any other person when this child was born?  Yes or  No

If yes, to whom were you married? \_\_\_\_\_

Have you ever been to court regarding this child?  Yes or  No

If yes, where & when were you in court? \_\_\_\_\_

Did anyone sign as the father of this child on the birth certificate or paternity affidavit?  Yes or  No

If yes, who signed? \_\_\_\_\_

State that the child was conceived in? \_\_\_\_\_ State child was born in? \_\_\_\_\_

Did you have sexual intercourse with anyone else one month before or one month after the date of conception?  Yes or  No. If yes, name of the person: \_\_\_\_\_

**SECOND CHILD**

Child's Name: (First/Middle/Last): \_\_\_\_\_

Child's Address: \_\_\_\_\_

Child's Date of Birth: \_\_\_/\_\_\_/\_\_\_ Child's Social Security #: \_\_\_\_\_

Has there ever been a paternity action regarding this child in another county or state?  Yes or  No

If yes, where was paternity action? \_\_\_\_\_

Were you married to any other person when this child was born?  Yes or  No

If yes, to whom were you married? \_\_\_\_\_

Have you ever been to court regarding this child?  Yes or  No

If yes, where & when were you in court? \_\_\_\_\_

Did anyone sign as the father of this child on the birth certificate or paternity affidavit?  Yes or  No

If yes, who signed? \_\_\_\_\_

State that the child was conceived in? \_\_\_\_\_ State child was born in? \_\_\_\_\_

Did you have sexual intercourse with anyone else one month before or one month after the date of conception?  Yes or  No. If yes, name of the person: \_\_\_\_\_

**THIRD CHILD**

Child's Name: (First/Middle/Last): \_\_\_\_\_

Child's Address: \_\_\_\_\_

Child's Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Child's Social Security #: \_\_\_\_\_

Has there ever been a paternity action regarding this child in another county or state?  Yes or  No

If yes, where was paternity action? \_\_\_\_\_

Were you married to any other person when this child was born?  Yes or  No

If yes, to whom were you married? \_\_\_\_\_

Have you ever been to court regarding this child?  Yes or  No

If yes, where & when were you in court? \_\_\_\_\_

Did anyone sign as the father of this child on the birth certificate or paternity affidavit?  Yes or  No

If yes, who signed? \_\_\_\_\_

State that the child was conceived in? \_\_\_\_\_ State child was born in? \_\_\_\_\_

Did you have sexual intercourse with anyone else one month before or one month after the date of conception?  Yes or  No. If yes, name of the person: \_\_\_\_\_

**FOURTH CHILD**

Child's Name: (First/Middle/Last): \_\_\_\_\_

Child's Address: \_\_\_\_\_

Child's Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Child's Social Security #: \_\_\_\_\_

Has there ever been a paternity action regarding this child in another county or state?  Yes or  No

If yes, where was paternity action? \_\_\_\_\_

Were you married to any other person when this child was born?  Yes or  No

If yes, to whom were you married? \_\_\_\_\_

Have you ever been to court regarding this child?  Yes or  No

If yes, where & when were you in court? \_\_\_\_\_

Did anyone sign as the father of this child on the birth certificate or paternity affidavit?  Yes or  No

If yes, who signed? \_\_\_\_\_

State that the child was conceived in? \_\_\_\_\_ State child was born in? \_\_\_\_\_

Did you have sexual intercourse with anyone else one month before or one month after the date of conception?  Yes or  No. If yes, name of the person: \_\_\_\_\_



**PLEASE PROVIDE A COPY OF THE BIRTH CERTIFICATE FOR EACH CHILD. COPIES OF BIRTH CERTIFICATES ARE REQUIRED BEFORE WE CAN PROCEED.**

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\*\*\*\*\*PLEASE COMPLETE THE SECTION BELOW\*\*\*\*\*

I have fully answered the questions on this form. The answers are true to the best of my knowledge. I understand that if the Child Support Enforcement Agency (CSEA) accepts my case, a paternity and/or support action may be filed against the person I stated to be the other parent (if necessary) at no cost to me. If I decide to hire a private attorney, legal fees will be my responsibility. I understand that the CSEA and its Staff Attorney and Hearing Officers represent the State of Ohio and not me. I understand that if I change my address, I must report it in writing to the CSEA. I understand that I must fully cooperate with the CSEA, which may include providing information, appearing at any court hearings or scheduled appointments. I understand that if I fail to cooperate with the CSEA, the Staff Attorney or Hearing Officers will have no choice but to dismiss my case. If I am on Cash Assistance, I understand that failing to cooperate with the CSEA may also affect my benefits.

**I HAVE FULLY READ THE ABOVE OR IT HAS BEEN READ TO ME. I UNDERSTAND THE ABOVE AND THOSE PARTS I DID NOT UNDERSTAND HAVE BEEN FULLY EXPLAINED TO ME.**

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature of the person completing the form (if not the applicant):

\_\_\_\_\_

