

**CONFIDENTIAL PATERNITY QUESTIONNAIRE (PART I)**

DCSS 0095 (08/16/04)

CASE NAME

*Please complete this form to the best of your ability.***Privacy Statement**

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act of 1974 (Public Law 93-579) requires that this notice be provided when collecting personal information from individuals. Information requested on this form, including your Social Security Number, is used by the Department of Child Support Services (DCSS) for purposes of identification and communication with you. The DCSS is required, under Section 466(a)(13) of the Social Security Act, to collect the Social Security Number of any individual who is subject to a divorce decree, support order, or paternity determination or acknowledgement. Social Security Number information is mandatory and will be kept on file at the local child support agency to locate and identify individuals and assets for the purpose of establishing, modifying, and enforcing child support obligations. Enrolling a child in health insurance may require the release of the child's Social Security Number and mailing address to the other parent's employer or the release of the child's Social Security Number to the other parent. The information in your case may be discussed with or given to the State, other public agencies that can legally receive such information, and to the other parent or his/her attorney to the extent required by law.

**1. Please fill out the following personal information for the mother.**

Name of Mother		Date of Mother's Birth		
Address	Street	City	State	Zip Code
Social Security Number	Home Phone	Work Phone	Message Phone	

**2. Please fill out the following personal information for the child.**

Name of Child	Date of Birth (or Expected Date)
Place of Birth	Social Security Number

**3. Please fill out the following personal information for the father.**

Name of Father		Date of Birth				
Last Known Address	Street	City	State	Zip Code		
Last Known Phone	Home	Work	Message			
Last Known Employment (Type, Business Name)						
Address of Last Known Employment						
Physical Description	Height	Weight	Hair Color	Eye Color	Complexion	Race

**4. Are there any court orders naming the father of the child?**  Yes  No

If Yes, please explain below:

Name of Court	Court Date	Case Number
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(Name of father if determined by the court and address if other than above)

Result:

Amount of child support awarded:

**If the court has determined paternity, or a signed Declaration of Paternity is filed with the State of California, no further answers are required. Sign at the end of the form.**



**CONFIDENTIAL PATERNITY QUESTIONNAIRE (PART I)**

DCSS 0095 (08/16/04)

**5. Were you married when you became pregnant?**  Yes  No

**If Yes, explain below:**

Name of husband  Were you living with your husband at the time you became pregnant?  Yes  No

When did you separate?  Was your husband impotent or sterile at the time you became pregnant?  Yes  No

**If you were living with your husband at the time you became pregnant and he was not impotent or sterile, then no further answers are required, sign below. If not, complete PART II after signing below.**

**6. Comments**

**I declare under penalty of perjury that the information on this form is true to the best of my knowledge and belief.**

Signature  MM/DD/YYYY

Executed at  City  County  State

*Note: If you signed outside of the State of California, this form should be notarized.*

**CONFIDENTIAL PATERNITY QUESTIONNAIRE (PART II)**

OCSS 0095 (08/16/04)

If the father of your child(ren) is with you at your interview and will legally acknowledge paternity and cooperate in establishment of paternity, you do not need to complete Parts II and III at this time.	CASE NAME
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1. Name of Mother

2. Date you became pregnant

Where?

Why do you believe that this date is correct?

3. Name the father listed on the birth certificate

If this is not the same person named in PART I, Question 3, please explain.

4. Did the father agree to the use of his name on your child's birth certificate?

 Yes  No

5. Has the father ever seen the child?

 Yes  No

If Yes, what did he say or do?

6. Did the father give you any money or articles for the child?

 Yes  No

Explain:

7. Has the father ever lived with the child?

 Yes  No

If Yes, when and where?

8. Did the father ever admit that the child was his?

 Yes  No

Explain:

Give the names and addresses of persons to whom the father has admitted paternity.

9. Is the father willing to sign a statement admitting that he is the father?

 Yes  No

10. Have you ever received correspondence (cards and letters) from the father referring to your pregnancy, to you as mother, or to the child?

 Yes  No

When?

What did he say?

**CONFIDENTIAL PATERNITY QUESTIONNAIRE (PART II)**

DCSS 0095 (08/16/04)

11. Did you and the father ever live together? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give dates.
Date(s) and Address(es):	
12. Were you and the father ever married? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, date of marriage.
Date of separation	
13. Did you have any sexual intercourse with anyone else during the month, the month before or the month after you became pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give name(s) and address(es).
14. Comments	

***I declare under penalty of perjury that the information on this form is true to the best of my knowledge and belief.***

Signature	Day, Month, Year Signed		
Executed at	City	County	State

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**CONFIDENTIAL PATERNITY QUESTIONNAIRE (PART III)**

DCSS 0095 (08/16/04)

If the father of your child(ren) is with you at your interview and will legally acknowledge paternity and cooperate in establishment of paternity, you do not need to complete Parts II and III at this time.		CASE NAME
1. Name of Mother		Name of Father
2. Why do you believe this person is the father of your child?		
3. When did you begin dating the father of your child?		
4. When and in which city or town did you first have sexual intercourse with the father?		
5. When and in which city or town did you last have sexual intercourse with the father?		
6. Please give the name(s) and address(es) of people (friends, relatives, neighbors, landlord) who have seen you with the father and where they saw you:		
7. Did you ever register at a motel or hotel with the father? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, where and when?		
Please give the name(s) and address(es) of anyone who saw you there together.		
8. Did the father use any birth control method? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please list the method used.
9. What was the date of your last menstrual period before this pregnancy?		
10. What was the weight of the child at birth?		
11. What was the name of your doctor during pregnancy?		
Doctor's Address:		
12. Was the father informed of your pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No		By whom?
What did the father say?		
Who else was present when he was informed?		
13. Did you ever discuss your pregnancy condition with the father? <input type="checkbox"/> Yes <input type="checkbox"/> No		What was said?
Who else heard the discussions?		
14. Did the father ever pay or promise to pay any other money to you during your pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Explain:

**CONFIDENTIAL PATERNITY QUESTIONNAIRE (PART III)**

DCSS 0095 (08/16/04)

15. Did the father ever pay or promise to pay any doctor, hospital, or medical bills related to your pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
16. Have you ever written to the father concerning the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?
What did you say?	
17. Does the child resemble the father? <input type="checkbox"/> Yes <input type="checkbox"/> No	In what way?
18. Has the father ever claimed the child on his income tax? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?
19. Comments	

***I declare under penalty of perjury that the information on this form is true to the best of my knowledge and belief.***

Signature	Day, Month, Year Signed
Executed at	City
County	State

***Note: If you signed outside of the State of California, this form should be notarized.***