

# TUSCARAWAS COUNTY CHILD SUPPORT ENFORCEMENT AGENCY



154 SECOND ST NE  
NEW PHILADELPHIA OH 44663

330-343-0099  
1-800-685-CSEA (2732)  
FAX: 1-330-364-4854

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## PATERNITY QUESTIONNAIRE

Please complete these questions and bring to the Child Support Enforcement Agency with a IV-D application for services

Your Full Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

With Whom Do You Live? Children \_\_\_\_\_ Parents \_\_\_\_\_ Other \_\_\_\_\_

Name and Address of Parents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Places of Employment: \_\_\_\_\_  
\_\_\_\_\_

Address, Phone Number & Date of Employment: \_\_\_\_\_  
\_\_\_\_\_

Are You Now Married? \_\_\_\_\_ If yes, Current Husband's Name: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Your Maiden Name: \_\_\_\_\_

Have You Ever Been Married? \_\_\_\_\_

**If Yes:**

1. Husband's Name: \_\_\_\_\_
2. Date of Divorce: \_\_\_\_\_
3. Date of Separation: \_\_\_\_\_
4. State in Which Divorce was Granted: \_\_\_\_\_
5. Children? (*list all children in the home*)

Name	Age	Father's Name	Child's S/S #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has Paternity Been Established: \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_

Are You on Public Assistance: \_\_\_\_\_

ADC Case Number: \_\_\_\_\_

**Alleged Father Information:**

Full Name: \_\_\_\_\_ Also Known As or Nickname: \_\_\_\_\_

Current or Last Known Address: \_\_\_\_\_  
\_\_\_\_\_

Date & Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Race: \_\_\_\_\_

Do You Have a Photo of the Alleged Father? \_\_\_\_\_

Identifying Marks, Scars, Tattoos: \_\_\_\_\_

His Usual Occupation/Skills: \_\_\_\_\_

Current Place of Employment: \_\_\_\_\_

Address, Telephone Number & Date of Employment: \_\_\_\_\_

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Previous Employers: \_\_\_\_\_

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Arrest Record? (*date, place & charge*): \_\_\_\_\_

Armed Forces History: \_\_\_\_\_

Alleged Father's Father: (*include address & phone #*) \_\_\_\_\_

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Alleged Father's Mother (*include Address & phone #*) \_\_\_\_\_

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Does the Alleged Father Live with Anyone? \_\_\_\_\_ With Whom? \_\_\_\_\_

Is the Alleged Father Married? \_\_\_\_\_ To Whom? \_\_\_\_\_

Does the Alleged Father Have a Driver's License? \_\_\_\_\_ State License Issued? \_\_\_\_\_

Does the Alleged Father Own a Vehicle? \_\_\_\_\_ Description of Vehicle \_\_\_\_\_

Does the Alleged Father Own Real Estate, A Business, Or any Type of Assets? \_\_\_\_\_

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List Friends, Relatives, Etc., That May Have Contact With the Alleged Father

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____

Does the Alleged Father Know Where You Live? \_\_\_\_\_

Did You Tell Him He was the Father of the Child? \_\_\_\_\_

Is the Alleged Father's Name on the Birth Certificate? \_\_\_\_\_

Did He Sign the Birth Certificate? \_\_\_\_\_

Is Anyone Else's Name on the Birth Certificate as the Father? \_\_\_\_\_ Who? \_\_\_\_\_

Does the Alleged Father Acknowledge the Child? \_\_\_\_\_

Does He Admit to Being the Father? (*if so what did he say*) \_\_\_\_\_

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Did He Write Any Letters at All in Which He Admitted Being the Father? \_\_\_\_\_

Did He Offer to Pay the Doctor Bills? \_\_\_\_\_

Did He Offer to Pay Support for the Child or Give Any Financial Aid? \_\_\_\_\_

Did He Give You Any Money (*cash or check*) in Connection with Your Pregnancy? \_\_\_\_\_

Is the Alleged Father Represented by an Attorney? \_\_\_\_\_ Attorney's Name: \_\_\_\_\_

Will the Alleged Father Cooperate in Establishing Paternity? \_\_\_\_\_

Will He Attempt to Leave the County if Contacted By Our Office? \_\_\_\_\_

How Long Did You Know the Alleged Father? \_\_\_\_\_

Where Did You Meet the Alleged Father? \_\_\_\_\_

What was the Nature of Your Relationship? Casual Dating \_\_\_\_\_ Living Together \_\_\_\_\_

Engaged \_\_\_\_\_ Going to Get Married \_\_\_\_\_ Was Marriage Mentioned \_\_\_\_\_

Did You Keep Track of Your Menstrual Period Up to Last Period? \_\_\_\_\_

When Did You Last Have a Menstrual Period Prior to Your Pregnancy? \_\_\_\_\_

Were Your Menstrual Periods Regular Up to the Last Period? \_\_\_\_\_

Were Any Birth Control Methods Used? \_\_\_\_\_ What Kind? \_\_\_\_\_

When Do You Think Conception Occurred? \_\_\_\_\_

Where did conception occur? (City, State) \_\_\_\_\_

What was the Average Number of Times in One Week That You had Intercourse with the Alleged Father During the Possible Time of Conception? \_\_\_\_\_

Did You Have Intercourse with Anyone Else During This Possible Time of Conception? \_\_\_\_\_

If so, Name & Address: \_\_\_\_\_

Did You Date Other Men Three Months Prior or While You Were Dating the Alleged Father? \_\_\_\_\_

Names: \_\_\_\_\_

Did You Have Intercourse with Anyone Within Three Months After You had Intercourse With the Alleged Father: \_\_\_\_\_ Name/Address: \_\_\_\_\_

Did You Tell Anyone Other Than the Alleged Father That You Were Pregnant? \_\_\_\_\_

Who? (name & address) \_\_\_\_\_

Any Attempted Abortion? \_\_\_\_\_ Did Alleged Father Offer Money for an Abortion? \_\_\_\_\_

What Hospital was Child Born In? (name of Hospital, City & State) \_\_\_\_\_

Child's Due Date: \_\_\_\_\_

Was the Child Overdue at Birth? \_\_\_\_\_ (count back 40 weeks from the date of birth to give approximate time of conception)

Child's Weight at Birth: \_\_\_\_\_ Child's Length at Birth: \_\_\_\_\_

Name of Doctor Who Delivered the Child: \_\_\_\_\_

I \_\_\_\_\_ HAVE PERSONALLY READ OR HAD READ TO ME THE ABOVE INFORMATION THIS DATE. I FULLY UNDERSTAND ITS CONTENT AND STATE THAT THE ALLEGED FATHER OF MY CHILD(REN) \_\_\_\_\_ IS \_\_\_\_\_.

I STATE THAT NO ONE ELSE COULD BE THE FATHER OTHER THAN THE INDIVIDUAL NAMED ABOVE.

\_\_\_\_\_

DATE

CLIENT SIGNATURE

State of Ohio :  
County of Tuscarawas :

Sworn to before me and subscribed to me in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ .

\_\_\_\_\_  
Notary Public  
My Commission  
expires: \_\_\_\_\_