



Sarpy County Child Support Services Father's Paternity Questionnaire

[2016]

INSTRUCTIONS:

Please complete the following questionnaire, answering all questions you are capable of answering. If you are unsure of a specific answer, use your best guess, and indicate that it is a best guess or the best information you have.

Applications are processed as quickly as possible, and in the order in which they are received. Due to the volume of applications received, it may take from 30 to 60 days for the processing of your application.

It is important to keep the child support office updated on any significant changes that may occur with regard to the information you provide to our office. For instance, should you change address, phone number, or employment status, please be sure to let the Child Support Services Office know of the changes at once. We may be reached toll free at (1)-877-631-9973 or via email at childsupport@sarpy.com. Our web site is at www.sarpy.com. Click on the child support link.

PART 1: INFORMATION ABOUT YOURSELF

Today's Date: _____, 2016.

1. Your Name: (last) _____ (first) _____ (M.I.) _____

2. Your Social Security #: _____ - _____ - _____

3. Your birthdate: (month) _____, (day) _____, (year) _____



How Can We Reach You:

4. Personal phone #: _____, Other Daytime # (if any) _____

Email address: (please print) _____

Emergency contact #: _____ (name of contact): _____



5. Your home address:
(street): _____, (city) _____, (zip) _____

6. Are you presently receiving any form of public assistance? (*AFDC, SNAP, S.S.I., Unemployment, Medicaid*)
_____. If Yes, please list the type(s) and monthly amounts you receive: _____

Your Financial/Health Insurance Information:

7. (If you are presently unemployed, skip to question #9) If employed, please answer the following questions about your employment:



Employer name: _____

(address): _____

(city/state): _____ (zip): _____ (phone) _____ - _____ - _____

The # of hours per week you typically work: _____,

Your wage/salary: \$ _____ per _____

(Please include a copy of a recent pay stub when you return this form)

8. Is a **family** health/medical insurance policy offered to you (through your employer/otherwise)? _____
If it is, do you have such insurance in place now? _____. What does/would it cost you per month
to obtain a **family** insurance policy? \$ _____

9. If unemployed, please answer the following questions:
When were you last employed? _____. What did that job pay you? \$ _____ per _____
Do you have any physical or mental impairments that prevent you from obtaining gainful
employment? _____.

If Yes, please describe the condition(s) and state whether the condition(s) are temporary or permanent in nature: _____

What is your normal trade or profession? _____

Are you receiving unemployment, worker's compensation or other disability benefits? _____

If Yes, please list all sources of income and the monthly \$ amounts you receive: _____

Additional Information:

10. Are you presently (check one): ___ married; ___ single; ___ divorced; ___ married but separated ___ other – please explain: _____

11. Are you presently under a court order from any court in any state requiring **you to pay** child support? _____

If Yes:

- What is the name/location of the court? _____
- How much are you obligated to pay each month? \$ _____. What are the name(s) and date(s) of birth of the child(ren) you are ordered to **pay** support for? _____

PART 2: INFORMATION ABOUT YOUR CHILD(REN)

Child # 1: child's name: (last) _____ (first) _____ (M.I.) _____

Social Security #: _____ - _____ - _____

Birth date: (month) _____, (day) _____, (year) _____

Does this child have any exceptional medical problems? _____ If Yes, please explain: _____

Was this child conceived inside the State of Nebraska? _____

Where was this child born (i.e. name of hospital/city)? _____

Are you listed on the birth certificate as this child's father? _____

If Yes, do you have a copy of the birth certificate? _____ (attach a copy)

Have you previously acknowledged paternity for this child in writing, such as at the hospital at the time of birth, or on some other government form? _____ If yes, explain and provide a copy if possible: _____

Child # 2: child's name: (last) _____ (first) _____ (M.I.) _____

Social Security #: _____ - _____ - _____

Birth date: (month) _____, (day) _____, (year) _____

Does this child have any exceptional medical problems? _____ If Yes, please explain: _____

Was this child conceived inside the State of Nebraska? _____

Where was this child born (i.e. name of hospital/city)? _____

Are you listed on the birth certificate as this child's father? _____

If Yes, do you have a copy of the birth certificate? _____ (attach a copy)

Have you previously acknowledged paternity for this child in writing, such as at the hospital at the time of birth, or on some other government form? _____ If yes, explain and provide a copy if possible: _____

(for additional children, please make a photocopy of this section for use concerning the additional child)

PART 3: INFORMATION ABOUT THE MOTHER OF YOUR CHILD(REN)

NOTE: Please complete this section as best you can. If you are unsure of an answer, try filling it out anyway, and indicate that the answer is your best guess.

1. Mother's name: (last) _____, (first) _____ (M.I.) _____
2. Present address: (If not certain, provide what information you can, and indicate that it is a guess)

(street)

(city)

(state/zip)

3. Mother's personal phone #: _____ - _____ - _____; work phone: _____;
Any other phone #: _____ - _____ - _____; Email: _____;
4. Name/address and/or telephone # of anyone else who may know the whereabouts of the other parent. (Answer this question only if your are unsure of the address and/or phone # of the other parent.)

5. Does mother have any social networking account, such as MySpace, Facebook, Twitter, etc?
_____ If yes, provide whatever information you have regarding the account(s): _____

6. Is the mother presently married? _____ If Yes, to whom? _____

7. Was the mother married at the time the child(ren) was/were conceived? _____; At the time the child/ren was/were born? _____ If Yes, what is the name of her husband?

8. Does the mother have any other *minor* children living with her? _____
If Yes, how many? _____

9. Does mother work? _____ If Yes, do you know where? _____

10. Does the Mother have any conditions that prevent her from maintaining full time employment?
_____ If yes, please explain: _____

11. Does the other parent either receive **or** pay child support for any other children? _____
If Yes, do you know how much she: receives per month? \$ _____/
pays per month? \$ _____

12. Has the other parent, to the best of your knowledge, either told other people that someone other than yourself was the child's father, or tried to go to court to declare someone other than yourself to be the child's father? _____ If Yes, explain: _____

Please Note: Corroboration of your testimony is required before a court lawsuit can be filed seeking an order of paternity and child support. If no DNA testing has already been performed you will need to provide this office with other documentation demonstrating that you are the biological and legal father of the named child(ren). An example would be a copy of your child's birth certificate identifying you as the father, or a notarized hospital Acknowledgment of Paternity form filled out by both you and the mother. If you have any questions about this requirement please call our office at 1-877-631-9973 *before* you return this form.

Please use the following space to provide any additional information which you believe might be useful to the child support enforcement office in its efforts at working on your application.

I authorize the Sarpy County Attorney's Office to initiate all appropriate actions to determine paternity and obtain child support. I understand that there may ultimately be a charge for this service:

Dated this _____ day of _____, 2016

Applicant Signature

The Sarpy County Child Support Services Office will use its best efforts to find the other parent, bring them to court, and, if the facts support it, obtain a judgment of paternity and order for child support. This office processes applications for the establishment of paternity on a "first come, first served" basis. The quicker this questionnaire is completed and returned to this office, the quicker it will be processed.

When your file is opened you will be contacted and you may be scheduled for an in office interview with one of our attorneys and/or the caseworker assigned to your file. It is important to keep this office immediately advised of any changes in your home or work address or daytime telephone number, as your file may be placed on inactive status if our attempts to contact you at any time are unsuccessful (i.e. a disconnected telephone or "moved, left no forwarding address" notification on letters returned by the postal service).

This office does not become actively involved in issues of custody or visitation. Should custody or visitation become contested issues, you are advised to consult with a private attorney of your own selection, as this office is not allowed by law to assist you on *those* issues. If you do not have an attorney, you may benefit by calling the Lawyer Referral Service (402-280-3603). Nebraska Legal Aid *may* be able to assist you if you are of very low income. Their number is 402-348-1069.

This office represents the child support interests of the State of Nebraska. It does not and can not directly represent the interests of individual parties such as yourself.

Please return the completed questionnaire to:

**Child Support Services
Hall of Justice, Box 1420
1210 Golden Gate Dr.
Papillion NE 68046**