



Sarpy County Child Support Services Mother's Paternity Questionnaire

[CSEO Mother's Pat Q2016]

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. This form may also be accessed at www.sarpy.com. Go to "Child Support Enforcement" link and click on "Office Resources and Forms" then "Mother's Application for Paternity Services".

PART 1: INFORMATION ABOUT YOURSELF

Today's Date: _____, 2016

1. Your Name: (last) _____ (first) _____ (m.i.) _____
2. Your Social Security #: _____ - _____ - _____;
3. Your Age _____; Your birth date: (month) _____, (day) _____, (year) _____
4. Your present marital status: _____ Single, never married; _____ married but separated; _____ Divorced; _____ Other

How Can We Reach You:

5. Personal phone #: _____ - _____ - _____, Additional # (if any) _____ - _____ - _____



E-mail address: (please print) _____

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



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

7. 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/Insurance Information:

8. **(If you are presently unemployed, skip to question #11)** If employed, please answer the following questions about your employment:

Employer name: _____

(address): _____ (city/state): _____ (zip) _____

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)

9. Do you have work related child care expenses? _____. If yes, on average, how much *per month* does your child care provider charge for the care of the child(ren) at issue? \$ _____



- 10a. Does your employer *offer* health/medical insurance for your minor child? _____.
- 10b. Do you have health insurance through the federal Affordable Care Act (a/k/a Obamacare)? _____
 (If your answers to 10a and 10b are both No, skip to question # 11)
 If Yes, Is your child enrolled in the policy? _____
 What is (or would be) the extra monthly cost to *you* to carry your child on your existing private health insurance? \$ _____
11. If you are presently unemployed:
 Are you *actively seeking* full or part time employment at this time? _____ Do you have any physical or mental disabilities that prevent you from obtaining gainful employment? _____. If Yes, briefly describe the condition(s) and state whether the condition(s) is/are temporary or permanent in nature: _____

 When were you last regularly employed? _____; Salary or wage: \$ _____
 What is your normal trade or profession? _____

Additional Information:

12. What is the highest level of education you have obtained? _____
13. Are you still in school, or have plans to return? If yes, provide details: _____

14. **Have you EVER been married?** _____ (If you have never been married, skip to Question # 16)
 If yes: What is the name of your former spouse? _____
 Where were you divorced? (city) _____ (State) _____
 When were you divorced? (month) _____ (Year) _____
[Please attach a copy of your divorce decree to this completed form]
15. Were you married...when you became pregnant? _____; during your pregnancy? _____; After your child was born? _____. If you responded Yes to any of the preceding, please complete the following: Name of the person you married: _____
 His current address: (street) _____ (city) _____ (state) _____
16. Do you presently live with any other adults not married to you? _____. If Yes, please list their name(s) and relationship to you: _____

PART 2: INFORMATION ABOUT YOUR CHILD

(for multiple children, please make a photocopy of this section for use concerning the additional child;
 Please attach a photocopy of your child's birth certificate when you return this form.)

- Your child's name: (last) _ (first) _ (M.I.) _
- Their Social Security #: _____ - _____ - _____ What is your child's sex? _
- Birth date: (month) _____, (day) _____, (year) _____
- Was your child born either premature or late? _____; If Yes, by what period of time? _____
- Does your child have any exceptional medical problems? _____ If Yes, please explain: _____
- Does your child resemble the alleged father? _____ If Yes, describe resemblance: _____
- Where was your child born (i.e. name of hospital/city)? _____
- Does your child presently reside in your home? _____
- Has your child ever not lived with you? _____ If yes, when and under what circumstances? _____
- Does your child's birth certificate list anyone as the father?** _
 If Yes, who is listed as the father? _____
 (Please include a copy of the birth certificate when you return this form)

11. Did the alleged father sign any papers at the hospital or otherwise acknowledging paternity? _____
12. If Yes, provide us with a copy if you can.
What was signed? _____

PART 3: INFORMATION ABOUT THE ALLEGED FATHER

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. His name: (last) _____, (first) _____ (M.I.) _____
Alias(es): _____
2. Present address: (Street) _____ (City) _____ (State) _____
3. His phone #: _____ - _____ - _____; work phone: _____ - _____ - _____
_____ ; Other phone # or E-mail: _____ ;
Does he maintain a social media account (*Facebook*, etc.) _____
Social Security #: _____ - _____ - _____; Age or date of birth: _____ ;
race: _____; height: _____; weight: _____; Hair Color: _____ ;
eye color: _____; tattoos or birthmarks: _____.
4. Name/address and/or telephone # of anyone else who may know the whereabouts of the other parent. (Answer this question only if you are unsure of the address and/or phone # of the other parent.)

5. Name & address of alleged father's employer: _____

What is his normal occupation/line of work? _____
His average wage or monthly income, if known? \$ _____ per _____
6. Does the alleged father have any physical or mental disabilities that would prevent him from full-time employment? _____. If Yes, describe: _____
7. Does the alleged father have any addictions that would prevent him from maintaining regular employment? _____ If yes, explain: _____
8. Does the alleged father have *any* additional sources of income, such as stocks or bonds, interest income, trust fund income, retirement pay, social security, illegal activity, and the like?

9. If Yes, please explain: _____
10. If he owns any real estate (house, land, business), please provide what information you can as to what is owned and where it located: _____
11. Is the alleged father presently married? _____ If Yes: are their children of that marriage? _____
If Yes, how many, and their approx. age(s) _____
12. All together, how many *additional* children *under age 18* does the alleged father have? _____
13. Is the alleged father ordered by any *COURT* to pay child support for any children? _____ ;
If Yes, do you know where/how much? _____
14. Does the alleged father *receive* child support for any children? _____
If Yes, do you know how much he receives per month? \$ _____
15. Did you and the alleged father ever live together? ___ If so, for what period of time? _____
16. Is the alleged father likely to admit in court that he is the father of your child(ren)? _____

PART 4: YOUR RELATIONSHIP WITH THE ALLEGED FATHER

1. Did you have sexual intercourse with him within 30 days of the time you believe you became pregnant? _____
2. Do you still maintain an intimate relationship with the father? _____

3. Was your child likely conceived in Nebraska? _____ If No, in what state? _____
4. Was the alleged father living in Nebraska at the time your child was conceived? _____
5. Did you ever reside together with the alleged father? _____. If Yes, where and when?

_____ From _____ to _____
 (address/ town/ state) (month/year) (month/year)
 (this question continues onto the next page)

_____ From _____ to _____
 (list any additional address where you lived together) (month/year) (month/year)

6. Please describe if any contact you *still maintain* with the alleged father or member of his family:

7. From 2 months BEFORE you became pregnant until 2 months AFTER you became pregnant, did you have sexual intercourse with any *other* man? _____ If Yes, please list when and with whom you had sexual intercourse with during this period of time:

Name: _____ Date: (month) _____ (day) _____ (year) _____

Name: _____ Date: (month) _____ (day) _____ (year) _____

(If more space is needed to complete this question, check here _____, and use space on next page of this form to complete your answer)

8. Has genetic testing (DNA testing) been performed already on any other man, which testing excluded the other man from being the biological father of your child? _____. If yes, explain: _____

 **Please Note: Legal 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 the man you named as being the father of your child is in fact the biological father. An example would be a copy of your child's birth certificate bearing the name of the alleged father, or a hospital Acknowledgment of Paternity form filled out by both you and the man. Other written documents wherein the man admits or acknowledges paternity may also qualify. If you have any questions about this requirement please call us (1)-877-631-9973 *before* you return this form.

9. Did you tell the alleged father that he was the father? _____ If Yes, what was his response? _____

10. Did you ever tell the alleged father that he was NOT the father of your child? _____
 If Yes, why? _____

11. Did *you* ever identify someone else as the father of your child? _____. If Yes, when and to Whom did you say that? _____
 Why did you say that? _____
 Who did you say the father was? _____

12. Have you ever before attempted to establish the paternity of THIS child? (through an attorney, social services agency or another child support office, for example): _____ If yes, where? _____

13. Has the alleged father ever identified himself to others as being the father of your child? _____

If you answered Yes, please provide the name(s) of these other persons: _____

14. Has the alleged father ever stated *in writing* that he is the father of your child? _____ If Yes, where is the paper? _____

15. Do you believe that the alleged father will admit in court that he is the father of your child? _____

16. Did the Alleged Father ever:

	YES	NO
Take you to the Doctor for prenatal visits?	___	___
Participate in Child Birth Classes?	___	___
Take you to the hospital to have your baby?	___	___
Stay with you in the labor or delivery room?	___	___
Visit you or your baby in the hospital?	___	___
Identify himself to hospital staff as your baby's father?	___	___
Suggest a name for your child?	___	___
Give you money or gifts for your child?	___	___
Purchase necessities (diapers, etc.) for your child?	___	___
Babysit your child for you?	___	___
Visit your child after he/she left the hospital?	___	___
Invite your child to family events?	___	___

17. What is your best estimate of the total value (in dollars) of the alleged father's contributions for the benefit of your minor child up until today's date? (including cash, gifts, rent, other necessities, child care, etc.) \$ _____

18. 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

PART 5: COOPERATION AND THE RIGHT TO CLAIM GOOD CAUSE

The law requires you to cooperate with this office to obtain:

1. Child support for any children receiving A.D.C./TANF (Temporary Assistance for Needy Families)
2. Spousal support owed to you (if the support is a part of a child support order for children receiving A.D.C./TANF); and/or
3. Medical insurance coverage.

Cooperation means, for instance:

1. Providing the name of the other parent;
2. Providing information necessary to find the other parent;
3. Cooperating with the child support office as requested;
4. Assigning your child support payments over to the State as a condition of receiving A.D.C./TANF benefits.

Penalties for Non-Cooperation:

1. Your portion of your A.D.C./TANF benefit will be reduced;
2. You will no longer receive medical assistance;
3. If you are receiving transitional medical assistance, you will not be entitled to medical coverage, food stamps, or a child care allowance.

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 may be contacted and scheduled for an in office interview with one of our attorneys and/or the case specialist 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 (402-341-4104). Nebraska Legal Services *may* be able to assist you if you are of very low income. Their number is 402-348-1060.

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.

You may visit us online for a variety of resources, including court schedules and other useful information. We are at www.sarpy.com. Click on the Child Support Enforcement office link. You may also sign up for updates via *Facebook*.

Please return the completed questionnaire and any accompanying documents to:

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