

Case Number: _____
Date: _____

**PATERNITY QUESTIONNAIRE
(MOTHER)**

Your Name: _____ Maiden Name: _____
Your Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: _____

CHILD'S INFORMATION

Child's Full Name: _____
Date & Place of Birth: _____
Social Security Number: _____

Please list all of your children that are currently living with you and what type of state assistance, if any, that they are receiving:
(TANF, Medicaid)

<u>Name</u>	<u>Date of Birth</u>	<u>Type of Assistance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you receive child support for any of the children listed above? Please list the name of the child and the county through which the support is ordered.

<u>Name</u>	<u>County</u>	<u>Father's Name</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALLEGED FATHER INFORMATION (Complete this for each alleged father)

Full Name _____
Address _____
City _____ State _____ Zip _____

Telephone _____ Social Security No. _____

Date of Birth _____ Place of Birth _____

Last known employer _____

Address _____ City _____

State _____ Zip _____ Phone _____

Is the alleged father in the military? No ____ Yes ____ Which Branch? _____

Does the alleged father have other child support obligations? () Yes () No

If yes, to whom does he pay support and through what county/state does he pay support? Who:
_____ Where: _____

INFORMATION ABOUT CONCEPTION

When and where did you meet the person you believe to be the father of your child?

When: _____ Where: _____

Did you and he live together? () Yes () No When/Where: _____

When did you first have sexual intercourse with the alleged father? _____

When did you last have sexual intercourse with the alleged father? _____

Due date first estimated by physician: _____

Due date revised: () Yes () No

Based on the due date, the time and place of conception was:

Time: _____ Place: _____

When did you first suspect you were pregnant? _____

When do you believe you became pregnant? _____

Is the alleged father presently married to someone else or was he married to someone else at the time of conception and/or birth of the child? () Yes () No

If yes, explain when and to whom he was married: _____

Were you married to someone at the time of conception? () Yes () No

If yes, explain when and to whom you were married: _____

Did the alleged father sign the "Paternity Affidavit" at the hospital (this is separate from the birth certificate)? () Yes () No (If yes, please bring a copy with you.)

OTHER POSSIBLE FATHERS – *You must complete an additional "Alleged Father Information Sheet" for each person listed below. Failure to do so may result in a sanction being placed against your benefits and/or perjury charges being filed against you.*

During the month before conception, the month of conception, or the month after conception, did you have sexual intercourse with anyone besides the alleged father?

() Yes () No If yes, with whom and how often:

Month of conception – Name: _____ How often: _____

ADDITIONAL ALLEGED FATHER(S) INFORMATION SHEET

Full Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Social Security No. _____

Date of Birth _____ Place of Birth _____

Last known employer _____

Address _____ City _____

State _____ Zip _____ Phone _____

Is the alleged father in the military? No ____ Yes ____ Which Branch? _____

Does the alleged father have other child support obligations? () Yes () No

If yes, to whom does he pay support and through what county/state does he pay support? Who:

_____ Where: _____

ADDITIONAL ALLEGED FATHER(S) INFORMATION SHEET

Full Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Social Security No. _____

Date of Birth _____ Place of Birth _____

Last known employer _____

Address _____ City _____

State _____ Zip _____ Phone _____

Is the alleged father in the military? No ____ Yes ____ Which Branch? _____

Does the alleged father have other child support obligations? () Yes () No

If yes, to whom does he pay support and through what county/state does he pay support? Who:

_____ Where: _____

PATERNITY AFFIDAVIT

_____, being first duly sworn upon her oath, says that:
(Mother's Name)

- (1) she is the mother of _____
(Child's Name)
- (2) the father of said child is _____,

- (3) the person(s) named as father above are the only possibilities and that affiant has named all possible father(s) of said child; and
- (4) affiant understands that if the above man/men is/are excluded as a possible father by genetic tests, and the above man/men is/are the only putative father(s) named at the time this affidavit is signed, she is subject to prosecution for perjury and may be required to reimburse the State of Indiana for the costs of any genetic testing done on the above-named individuals if the State advances the cost of said tests.

I affirm under the penalties for perjury that the foregoing representations are true.

Date

AFFIANT (Your signature)

PRINTED NAME

PARENT LOCATE DATA SHEET

Today's Date: _____ **County:** _____

APPLICANT'S INFORMATION:

Full Name: _____

Address: _____

Telephone Number where you can be reached: _____

Relationship to non-custodial parent: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING THE NON-CUSTODIAL PARENT:

Full Name of Non-Custodial Parent:

Current Address (if known): _____

Approximate Age: _____ **Race** _____ **Sex** _____ **Height** _____ **Weight** _____

Hair _____ **Eyes** _____ **Date of Birth** _____ **Place of Birth** _____

Social Security Number _____

Father's Name _____ **Mother's Name** _____

Address _____ **Address** _____

City/State _____ **City/State** _____

When was the non-custodial parent last seen? _____

Where? _____

Last known address

Date at this address _____

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES

State Form 34882 (R6/12-92) DFC Form 425A

Complete one application for each absent parent for whom application is made.

PRIVACY STATEMENT

Indiana Department of Child Services

CHILD SUPPORT BUREAU

402 W. Washington St. Rm. W360

Indianapolis, IN 46204

The records in this series are confidential according to 45 CFR 303.21. This agency is requesting disclosure of personal information that is necessary to accomplish the statutory purpose of the agency according to 45 CFR 303.70. Disclosure of this information is mandatory. Failure to provide any information may prevent this form from being processed.

INSTRUCTIONS (please read)

The Indiana Child Support Bureau offers child support services to persons desiring to obtain child support from a responsible parent outside the home. These services are: Complete Service or Parent Locator Only Service. **ALL FEES FOR SERVICES ARE NONREFUNDABLE.**

COMPLETE SERVICE: The applicant will be entitled to all services offered by the IV-D program as long as the case remains active. This service shall include the Parent Locator Service and the legal services of the local IV-D agency. These services include Establishing Paternity, Establishing and/or Enforcing a support obligation (including health insurance coverage). The complete service does NOT include handling a divorce case, enforcement of custody or visitation provisions, nor matters other than those associated with the support of dependent children. All support payments may be directed to the State for monitoring and disbursement. **ANY COSTS INCURRED IN EXCESS OF THE APPLICATION FEE, SUCH AS COURT COSTS, WITNESS FEES, BLOOD TEST COSTS, IRS INTERCEPT FEES AND ADMINISTRATIVE COSTS ASSOCIATED WITH THIS CASE MAY BE CHARGED AGAINST THE APPLICANT.**

In addition the Tax Refund Intercept Project may be used to collect child support arrearages. Application for complete service does not guarantee, however, that your case will be submitted for tax refund intercept nor that tax refund monies will be collected. In order to certify a case for intercept, there must be a valid child support order, the absent parent must be at least \$500 in arrears, and the applicant must have the absent parent's Social Security number. If any children of the absent parent have received TANF/AFDC in the past, any collection made from an intercept will first be applied by the State to any unreimbursed public assistance on any former TANF/AFDC case. If the IRS, for any reason, reclaims all or any portion of an intercepted refund that has already been paid to you, you are obligated to repay the State of Indiana the amount reclaimed by the IRS. You authorize that any such repayment may be deducted from support collected on your behalf if other arrangements have not been made and fulfilled.

PARENT LOCATOR SERVICE: The applicant will be entitled to all resources offered by the State and Federal Parent Locator Service until a verified address is provided or all sources for location are exhausted. The payment of the application fee does not guarantee a successful location. The success will greatly depend on the applicant's own knowledge about the absent parent. If all sources of information are exhausted without a successful location, the applicant will be notified. Upon notification, the applicant will have six months to provide additional information. If no additional information is provided within the six month period, the case will be closed and the applicant notified.

TERMINATION OF SERVICES: The applicant may terminate services only if any charges due or overpayments owing are paid, by notifying the Child Support Bureau in writing that services are no longer desired. The State may terminate services only in accordance with 45 C.F.R. 303.11. Services in respect to this application will also terminate if the applicant receives TANF/AFDC.

APPLICANT'S OBLIGATIONS: The applicant is expected to fully cooperate with the local IV-D agency in the legal and non-legal preparation of the case, including, but not limited to notifying the local IV-D agency of change of address, supplemental information regarding the absent parent, reuniting with the absent parent, and other information pertinent to the case. **THE APPLICANT MUST ALSO NOTIFY THE CHILD SUPPORT BUREAU AT THE ABOVE ADDRESS OF ANY CHANGE OF ADDRESS.**

APPLICANT'S STATEMENT

I affirm that the information in this application is true and correct and that false information could result in perjury charges against me. I understand that I am to cooperate with the local IV-D agency in order for my case to be processed, and non-cooperation can result in termination of my case. I further understand that payment of the application fee does not guarantee successful action on the case but rather all reasonable attempts, will be made in my behalf to obtain successful results for the service requested. I have read and understand the above **NOTICE.**

I hereby request the following service under the terms outlined above.

Complete Service Parent Locator Service Only

Signature of applicant

Date signed (mo., day, yr.)

Application taken by

Fee paid

STATE OF INDIANA

) IN THE MORGAN _____ Court
) SS:
) CAUSE NUMBER:

MORGAN COUNTY

, BY STATE OF INDIANA

TITLE IV-D
Petitioner

vs

Respondent

TITLE IV-D WAIVER

The Undersigned custodial parent acknowledges that the MORGAN COUNTY Prosecutor's Office is an agent of the State of Indiana and the Department of Child Services and cannot serve as a private attorney to custodial persons. The Prosecutor's Office of Morgan County represents the State of Indiana, and not the interests of any other person. (I.C. 31-25-4-13(d)) The Prosecuting Attorney's Office function is to protect and promote the interests of the State at large and the best interest of children in particular, and these interests may conflict at times with the interests of a custodial person.

Pursuant to Title IV-D of the Social Security Act, the Office of the MORGAN COUNTY Prosecuting Attorney provides four basic services:

1. The location of absent parents.
2. The establishment of paternity and support orders.
3. The enforcement of support orders.
4. The modification of support orders.

The prosecutor's Office does not provide representation with regard to the issues of visitation, custody and property settlement. In fact, pursuant to the mandate of Title IV-D, the office is not allowed to become involved in such matters of custody, visitation, or property settlement. You should consult with a private attorney or legal aid concerning those issues.

Pursuant to I.C. 31-25-4-13(d)(e), the undersigned acknowledges that they are not entering into an attorney-client relationship with any attorney in the Office of the MORGAN COUNTY Prosecuting Attorney. Accordingly, any confidential information provided to this office is not information protected by an attorney-client relationship. Therefore, information provided to the Office of the Prosecuting Attorney may be used by the Office in the prosecution of criminal offenses or civil violations without regard for source of the information. The undersigned acknowledges that his/her involvement in the Title IV-D Child Support Program does not protect him/her from prosecution for any criminal offense or civil infraction.

NOTE: THIS FORM IS A WAIVER OF LEGAL RIGHTS AND SHOULD BE SIGNED ONLY AFTER BEING READ CAREFULLY. YOUR SIGNATURE VERIFIES THAT YOU HAVE READ AND UNDERSTAND THE CONTENTS OF THIS FORM.

I have read the above and fully understand the contents of this waiver and consent to its terms.

Date: Signature _____

Printed Name

MORGAN COUNTY PROSECUTING ATTORNEY
CHILD SUPPORT DIVISION
COURTHOUSE
MARTINSVILLE, IN 46151
TELEPHONE: (765) 342-0086
FACSIMILE: (765) 342-1107
CASE NUMBER: 000