

Warren County Child Support Enforcement Agency

Parentage and/or Support Establishment Information Sheet

Case No. _____

YOU MUST COMPLETE AND RETURN THIS PACKET

These questions are personal but you are still required to answer them. If you are not the mom or alleged dad answer them to the best of your ability.

YOUR NAME:	Relationship to the child? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caretaker/Legal guardian		
Your address:	Your email address:		
Your date of birth:	Your SS#:	Your phone #:	
If you are under the age of 18 , provide name and address of your guardian and your relationship to the guardian.			
Name of your guardian:	Relationship to your Guardian:		
Address of guardian:	Guardian's email address:		

Children Information

PLEASE ATTACH A COPY OF THE BIRTH CERTIFICATE FOR EACH CHILD.

Name	Sex (M/F)	Date of Birth	Social Security #:	Did anyone sign as father on birth certificate? ** If yes, who signed?	
1.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
**If you answered YES as to who signed the birth certificate, please list their names below:					
1.	2.	3.	4.		

Hospital of Birth for Child				
1.	2.	3.	4.	
Doctor of Delivery of Child				
1.	2.	3.	4.	

Who is the child(ren) living with?				
Have you ever been to court before regarding the child(ren) in this case? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, what Court? <input type="checkbox"/> Juvenile <input type="checkbox"/> Domestic Relations <input type="checkbox"/> CSEA <input type="checkbox"/> Probate Court				
What city: _____ State: _____ County: _____ Case #: _____				
Who has legal custody of the Child(ren)?				
Have you ever been involved with Children Services Board regarding your child(ren)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, please explain:				
<i>If you are not the mother, YOU MUST PROVIDE COPIES OF PROOF OF LEGAL CUSTODY or guardianship!!!</i>				

Information about the Non-Custodial or Non-Residential Parent. For convenience, the questions below refer to the other parent as an NCP which means Non-Custodial or Non-Residential Parent.

Non-Custodial Parent Name:	
Current address:	Email address:

If current address unknown, list the last known address:	
Home phone number:	Cell phone number:
Social Security Number:	Date of Birth:
Name of Employer:	Annual income: \$
Employer Address:	Employer Phone:

Physical description:

Height:	Weight:	Race:
Hair color:	Eye color:	Scars/tattoos:

Alias/Nickname(s) for NCP: _____

If date of birth is unknown, give age, month born or zodiac sign: _____ Under 18 years old? _____

If under 18, Guardian _____ Address: _____

If present employer is unknown, provide NCP's past employer (even if employed for one day)

Is there a protection order/restraining order against any of the parties? _____

Has NCP served in the Military? YES NO If yes, what branch and date? _____

Please check any of the following the NCP has ever received and name the State: _____

Welfare/GR Unemployment Worker's Compensation Social Security Veteran's Benefit

Specify any benefits currently receiving: _____

Does NCP own any property? YES NO If yes, list address, city and state? _____

Is or was NCP in jail? YES NO If yes, give place and date: _____

Does the NCP visit the children? YES NO If yes, how often? _____

Does NCP receive mail at your present address? YES NO

Has NCP ever lived with you? YES NO If yes, where and when? _____

When and where was the last contact you had with NCP? _____

Provide NCP's Mom and Dad's full names and any other relative (include addresses and indicate relationship to NCP, even if deceased) _____

Has the NCP been married to or lived with someone else? YES NO If yes, who: _____

Complete the following if the NCP has a child *with someone else other than you* (include the city and state where they live)

Child's Name	City and State	Date of Birth	Other parent name
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Provide any other information or comments which may be helpful in locating NCP: _____

Provide the name of the schools and graduation year or last year attended by NCP: _____

Provide the NCP place of birth (City and State): _____

List all States where NCP has lived, along with all known addresses: _____

List all States where NCP may have or had a driver's license: _____

Has the NCP ever provided money, food, clothing, gifts, etc., for the children? YES NO If yes, what/when: _____

Relationship of the child(ren)'s Parents

Do Mother and Father currently live together? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are Mother and Father are currently married to each other? <input type="checkbox"/> YES <input type="checkbox"/> NO
Were Mother and Father ever married to each other? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, date of marriage:
Do Mother and Father currently have a divorce pending? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, county and state:
Do Mother and/or Father currently have child support ordered? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, county and state:

Other Information:

Please Note: Did the mother of these children have sex with anyone else 2 months before or 2 months after becoming pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?
Did the act of sexual intercourse which caused the mom to become pregnant take place in the State of Ohio? <input type="checkbox"/> YES <input type="checkbox"/> NO
NOTE TO MOM: If genetic tests exclude ALL alleged dads you named, sanctions can occur for not providing sufficient information.

Is the mom (for the children on this case) now or has she ever been married to someone else? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, to whom? _____ Date of Marriage: _____ Place of marriage: _____ County and State: _____
Is the mom now divorced? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN If yes, from whom? _____ Date of Divorce: _____ Place of Divorce: _____ Please provide a copy of the order
Is there a divorce action pending for the mom? <input type="checkbox"/> YES <input type="checkbox"/> NO In what county and state will the divorce take place? What is the anticipated date of the final hearing? _____ If the case number is known, please provide: _____

VOLUNTARY STATEMENT & ADDITIONAL INFORMATION

Please use this space for any additional information you may have regarding the Non-Custodial parent:

******ATTACH A PHOTO OF NON-CUSTODIAL PARENT TO THIS QUESTIONNAIRE******

Once completed, please return form to: Warren County CSEA 500 Justice Drive, Lebanon, OH 45036

I have fully answered the questions on this form. The answers are true to the best of my knowledge. I understand that it may constitute a crime if I provide false or misleading information. I understand that if the Child Support Enforcement Agency (CSEA) accepts my case, a paternity action will be filed against the person I stated to be the other parent at no cost to myself. If I decide to hire a private attorney, legal fees will be my responsibility. I understand that the CSEA and its Staff Attorney and Hearing Officers represent the State of Ohio and not myself. I understand that I must fully cooperate with the CSEA. I understand that if I change my address, I must report it in writing to the CSEA. I further understand that I must appear at all hearings and appointments scheduled. If I am on ADC/TANF/OWF or Medicaid/CareSource, I understand that failing to cooperate with the CSEA may also affect my ADC/TANF/OWF and/or Medicaid/Caresource.

I HAVE FULLY READ THE ABOVE OR IT HAS BEEN READ TO ME. I UNDERSTAND THE ABOVE AND THOSE PARTS I DID NOT UNDERSTAND HAVE BEEN FULLY EXPLAINED.

Your Signature

Date

REMINDER

YOU MUST COMPLETE AND RETURN THIS PACKET OR APPEAR AT YOUR SCHEDULED APPOINTMENT. FAILURE TO COMPLY COULD RESULT IN SANCTIONS.