



# Sarpy County Child Support Services Mother's Paternity Questionnaire

[12/11]

### 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](http://www.sarpy.com). Go to "Child Support Enforcement" link and click on "Office Resources and Forms" then "Mother's Application for Paternity Services".

For your information, our office is also on **Facebook**. Visit our web site and click on the Facebook link, or log on to Facebook and look for the "Sarpy County Attorney-Child Support Services" page. By clicking the "like" button you will be signing up for free court schedule updates as well as other useful information.

### PART 1: INFORMATION ABOUT YOURSELF

Today's Date: \_\_\_\_\_, 2012

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? \$ \_\_\_\_\_

10. Does your employer offer health/medical insurance for your minor child? \_\_\_\_\_. (If No, skip to question # 12) 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 employer's 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 yes, attach a copy of your divorce decree.  
(If You Have Never been married, skip to Question # 16)

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.)

1. Your child's name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (M.I.) \_\_\_\_\_

2. Their Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ What is your child's sex? \_\_\_\_\_

3. Birth date: (month) \_\_\_\_\_, (day) \_\_\_\_\_, (year) \_\_\_\_\_

4. Was your child born either premature or late? \_\_\_\_\_; If Yes, by what period of time? \_\_\_\_\_

5. Does your child have any exceptional medical problems? \_\_\_\_\_ If Yes, please explain: \_\_\_\_\_

6. Does your child resemble the alleged father? \_\_\_\_\_ If Yes, describe resemblance: \_\_\_\_\_

7. Where was your child born (i.e. name of hospital/city)? \_\_\_\_\_

8. Does your child presently reside in your home? \_\_\_\_\_

9. Has your child ever not lived with you? \_\_\_\_\_ If yes, when and under what circumstances? \_\_\_\_\_

10. Did YOU personally have to pay any medical bills associated with your pregnancy or the birth of your child? \_\_\_\_\_ If Yes, how much? \$ \_\_\_\_\_ and to whom? \_\_\_\_\_

11. **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)

12. Did the alleged father sign any papers at the hospital or otherwise acknowledging paternity? \_\_\_\_\_; 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: \_\_\_\_\_;

His Web Page (My Space; 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? \_\_\_\_\_.  
If Yes, please explain: \_\_\_\_\_

9. If he owns any real estate (house, land, business), please provide what information you can as to what is owned and where it located: \_\_\_\_\_

10. Is the alleged father presently married? \_\_\_\_\_. If Yes: are their children of that marriage? \_\_\_\_\_.  
If Yes, how many, and their approx. age(s) \_\_\_\_\_

11. All together, how many additional children under age 18 does the alleged father have? \_\_\_\_\_

12. Is the alleged father ordered by any COURT to pay child support for any children? \_\_\_\_\_.  
If Yes, do you know where/how much? \_\_\_\_\_

13. Does the alleged father receive child support for any children? \_\_\_\_\_.  
If Yes, do you know how much he receives per month? \$ \_\_\_\_\_

14. 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 \_\_\_\_\_  
 (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: 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 our office at 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? \_\_\_\_\_

11. 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? \_\_\_\_\_

12. 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: \_\_\_\_\_

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

14. Do you believe that the alleged father will admit in court that he is the father of your child? \_\_\_\_\_

15. Did the alleged father ever:

	YES	NO
Take you to the doctor for prenatal visits:	_____	_____
Participate in childbirth classes with you:	_____	_____

YES NO

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: \_\_\_\_\_

16. 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.) \$ \_\_\_\_\_

17. 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 \_\_\_\_\_, 2012.

\_\_\_\_\_  
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. The 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](http://www.sarpy.com). Click on the Child Support Enforcement office link. You may also sign up for updates via *Facebook*.

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Please return the completed questionnaire and any accompanying documents to:

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