



If yes, explain: \_\_\_\_\_

Amount of Medical Bills: \$ \_\_\_\_\_ Doctor Bills: \$ \_\_\_\_\_ Hospital Bills: \$ \_\_\_\_\_

Have the medical bills been paid in full?  Yes  No If no, how much is left to be paid? \$ \_\_\_\_\_

If yes, were the bills paid by:  Medicaid  Insurance  Other: \_\_\_\_\_

If paid by Insurance, was there any amount not covered?  Yes  No If yes, how much? \$ \_\_\_\_\_

Do you want to have custody of the child?  Yes  No If no, who will have custody? \_\_\_\_\_

Estimated weekly expenses for child (food, clothes, diapers, day care, etc.): \$ \_\_\_\_\_

Are there are any extraordinary medical/educational expenses for the child?  Yes  No

If yes, explain: \_\_\_\_\_

### **INFORMATION REGARDING THE PATERNITY OF CHILD**

Name every individual with whom you had sexual relations within the twelve (12) months prior to the child's date of birth:

_____	_____
_____	_____
_____	_____

Who is the individual most likely to be the father of this child?

\_\_\_\_\_

Were you ever married to this individual?  Yes  No

Has he admitted to being the father of the child?  Yes  No

Where, when, and to whom did he make this admission? \_\_\_\_\_

Has he given you money or gifts for the child or during your pregnancy?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you object to this individual having visitation with the child?  Yes  No

If yes, what visitation would be acceptable? \_\_\_\_\_

Do you object to the last name of the child being changed?  Yes  No

**INFORMATION REGARDING THE ABSENT PARENT (AP)**

Full Legal Name: \_\_\_\_\_

Maiden Name/Aliases: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_  
\_\_\_\_\_

What is the AP's current income (if known)? \_\_\_\_\_

Does the AP have other child support obligations?  Yes  No  Unknown

If yes, to whom does the AP pay support? \_\_\_\_\_

If known, what is the AP's existing support obligation? \$ \_\_\_\_\_ per \_\_\_\_\_

AP Military Experience: \_\_\_\_\_ Branch: \_\_\_\_\_

AP Arrest Record: \_\_\_\_\_ Offense: City/State Date: \_\_\_\_\_

AP's Father's Name and Address: \_\_\_\_\_

AP's Mother's Name and Address: \_\_\_\_\_

Friends or relatives names & contact information with whom the AP would have contact:  
\_\_\_\_\_  
\_\_\_\_\_

Organizations to which the AP belongs: \_\_\_\_\_

Automobile Owned by AP:

Make	Model	License Place No.
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Does the AP receive any type of government benefits?  Yes  No

If yes, what type of benefits and how much does the AP receive each month?

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Please add any additional information about the AP which you believe may be helpful:

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**INFORMATION REGARDING CONCEPTION:**

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

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Did you and he live together?  Yes  No

If yes, when and where: \_\_\_\_\_

When and where did you first have sexual intercourse with the presumed father?

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When and where did you last have sexual intercourse with the presume father?

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When did you first believe you were pregnant (date of last menstrual period)?

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What was your due date? \_\_\_\_\_

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

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(time and place meaning date and city and state)

Did you tell the presumed father that you were pregnant?  Yes  No

If yes, when and where, and what was his reaction? \_\_\_\_\_

Did the presumed father tell anyone else about your pregnancy?

Yes  No  Unknown If yes, who did he tell: \_\_\_\_\_

Did the presumed father acknowledge in writing that he is the father of the child?  Yes  No

If yes, when and where did he acknowledge: \_\_\_\_\_

During the month before conception, the month of conception, or the month after conception, did you have sexual intercourse with anyone besides the presumed father?  Yes  No

If yes, with whom and how often: \_\_\_\_\_

Were you and the presumed father married to each other during the time of conception?

Yes  No If yes, are you still married?  Yes  No

If no, how and when did the marriage end? (divorce, annulment, etc.) \_\_\_\_\_

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

If yes, name his wife and explain when he was married: \_\_\_\_\_

Were you married to someone else other than the presumed father at the time of conception?

Yes  No If yes, name your husband and explain when you were married:

Did you and the presumed father attempt to marry each other after the birth of the child?  Yes  No

If yes, please explain: \_\_\_\_\_

Did the child live with the presumed father at any time?  Yes  No

If yes, please explain: \_\_\_\_\_

Has any member of his family (mother, sister, etc.) seen or asked to see the child?

Please add any additional information about the conception of the child which you believe may be helpful in establishing paternity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**INFORMATION ABOUT YOU**

Do you presently receive court-ordered support payments for any of your children?

{ } Yes      { } No      If yes, for which child(ren) and from whom do you receive these payments, and how much is court-ordered support: \_\_\_\_\_

Have you previously pursued legal action to establish paternity for any of your child?

{ } Yes      { } No      If yes, against whom and what was the result? \_\_\_\_\_

Please add any additional information or comments which you believe may be helpful:

\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

I understand that the information I have provided is confidential and is intended for the use of The Elkhart County Prosecuting Attorney in pursuing legal action on behalf of my child. I also understand that further action is completely within the discretion of the Prosecuting Attorney.

I further understand that I must cooperate with the Prosecuting Attorney in establishing the paternity of my child. I realize that cooperation includes answering questions fully and truthfully about possible fathers when asked, attending court proceedings when required, and submitting to DNA testing when ordered by the court.

I further realize that my failure to provide complete and truthful answers in this questionnaire may result in perjury charges being filed against me and/or that I may be removed from the Indian Department of Family and Children or The Title IV-D Program for failing to cooperate with the prosecuting attorney.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date