

INFORMATION ABOUT THE FATHER:

For each child, name every individual with whom you had sexual relations within the twelve (12) months prior to the date of birth: _____

Who is the individual most likely to be the father of each child: _____

Were you ever married to this individual: { } Yes { } No If yes, explain: _____

Has he admitted being the father of the child(ren)? { } Yes { } No If yes, when and where, and to whom did he make the admission: _____

Has he given you money or gifts for the child(ren) or during your pregnancy? { } Yes { } No If yes, what did he do and when: _____

Do you object to this individual having reasonable visitation with the child(ren)? { } Yes { } No If yes, what visitation would be acceptable? _____

Do you object to the last name of the child(ren) being changed? { } Yes { } No

ABSENT PARENT INFORMATION (Complete this form for each absent parent, {A.P.}):

A.P.=s Full Name: _____ Alias(es): _____
SSN: _____ - _____ - _____

Last Known Address(es): _____ Date: _____

_____ Date: _____

What is the A.P.=s current income (if known)? _____

Does the A.P. have other child support obligations? { } Yes { } No { } Don=t Know
If yes, to whom does the A.P. pay support and what is weekly amount (if known)? _____

A.P.=s Date of Birth: _____ **Age:** _____ **A.P.=s Birth Place:** _____

Physical Description:
Race: _____ Sex: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

A.P.=s Military Experience: _____ Branch: _____

A.P.=s Arrest Record: Offense: _____ City/State: _____ Dates: _____
Offense: _____ City/State: _____ Dates: _____

A.P.=s Father=s Name & Address: _____

A.P.=s Mother=s Name & Address: _____

Friends or Relatives with whom the A.P. would have contact and their addresses:

Organizations to which the A.P. belongs: _____

Automobile Owned by A.P.:

Make: _____ Model: _____ License Plate No. _____

Does the A.P. receive any type of government benefits? Yes No If yes, what type of benefits and how much does the A.P. receive each month? _____

Please add any additional information about the A.P. which you believe may be helpful: (If you need more space, please write on the back of this sheet.) _____

INFORMATION ABOUT CONCEPTION (Complete this form for *each* pregnancy):

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

Did you and he live together? Yes No If yes, when and where: _____

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

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

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

What was your due date? _____

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

In the month before conception, the month of conception, and the month after conception, how often did you have sexual intercourse with the alleged father? _____

During this period of time, did you or the father use any method of birth control? Yes No
If yes, what was used & by whom: _____

Did you tell the alleged father that you were pregnant? Yes No If yes, when and where, and what was his reaction? _____

Was anyone else present when you told him? Yes No If yes, who: _____

Did the alleged father tell anyone else about your pregnancy? Yes No If yes, who did he tell and what was said (if you know)? _____

Was the child conceived in Indiana? Yes No If no, in what state? _____

Did the alleged father acknowledge in writing that he is the father of the child(ren)?
 Yes No If yes, when and where did he acknowledge? _____

Did you and the alleged father discuss abortion? Yes No If yes, describe what was said: _____

Have you ever been prosecuted for a criminal offense (except traffic tickets) Yes No
If yes, describe where and when you were prosecuted, and explain the result (guilty, not guilty, dismissed, etc.): _____

Please print the full name of child(ren), **including middle name**:

First Name Middle Name Last Name

First Name Middle Name Last Name

Did you and the AP sign a **Paternity Affidavit** at the hospital when child(ren) was born?
 Yes No **If yes**, please provide a copy with this questionnaire.

CERTIFICATION

I UNDERSTAND THAT THE INFORMATION I HAVE PROVIDED IS CONFIDENTIAL AND IS INTENDED FOR THE USE OF THE WHITLEY COUNTY PROSECUTING ATTORNEY IN PURSUING LEGAL ACTION ON BEHALF OF MY CHILD(REN). 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(REN). I REALIZE THAT COOPERATION INCLUDES ANSWERING QUESTIONS FULLY AND TRUTHFULLY ABOUT POSSIBLE FATHERS WHEN ASKED, ATTENDING COURT PROCEEDINGS WHEN REQUIRED, AND SUBMITTING TO GENETIC TESTS WHEN ORDERED.

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 INDIANA DEPARTMENT OF FAMILY AND CHILDREN OR TITLE IV-D PROGRAM FOR FAILING TO COOPERATE WITH THE PROSECUTING ATTORNEY.

I DECLARE AND AFFIRM UNDER PENALTIES OF PERJURY THAT I HAVE NOT CONCEALED ANY REQUESTED INFORMATION AND THAT ALL OF THE INFORMATION WHICH I HAVE PROVIDED IS TRUE.

OFFICE OF MATTHEW J. RENTSCHLER
WHITLEY COUNTY PROSECUTING ATTORNEY (No. 18852-92)
CHILD SUPPORT DIVISION
101 W. VAN BUREN STREET, ROOM 13
COLUMBIA CITY, IN 46725

TELEPHONE: 260-244-3000
FACSIMILE: 260-244-2334
(SERVICE BY FACSIMILE **NOT** ACCEPTED)

(APPLICANT'S SIGNATURE)

(PARENT OR GUARDIAN=S
SIGNATURE)
FOR APPLICANTS **YOUNGER THAN** 18 YEARS OLD

(Date Completed and Returned)