MANDATORY PATERNITY INTERVIEW FORM

Return this form Dodge County Child Support Agency 210 W Center Street Juneau, WI 53039

| 'n | fo | PPS | ation | mother | |
|----|----|-----|-------|------------|--|

| Information on | | | | | | | | | |
|--|--|---------------------------------|--------------------------|---|----------------------------|--|--|--|--|
| FULL NAME (Fire | st) (Midd! | (Middle) (Last) | | | | Date of Birth | | | |
| | | | | | ļ | | | | |
| Address: Street | | City State | e Zip Code | ; | Social Security | Number or ITIN | | | |
| | | | | | | | | | |
| <u> </u> | | | | | | 1 | | | |
| Employer's Name | & Address (Street | Cit | ty State | Zip Code) | Mother's Daytime Phone | Marital Status at Time of Conception/Birth: | | | |
| į | | | | | Dayune rhone | [] Married [] Single | | | |
| | Husband's Nam | ie: | | | | | | | |
| If ever married*: | - | | | | • | | | | |
| | Husband's Addr | ress: Street City | | | State | Zip Code | | | |
| | · I I I I I I I I I I I I I I I I I I I | Trusband's Address. Street City | | | | Zip Gode | | | |
| | - | | | | | <u> </u> | | | |
| | Date of Marriage | | Date last lived | | ual intercourse with | | | | |
| | | | husband: | | husband: | | | | |
| | * If more than | one marriage | attach shee | t with husban | rd's name and the a | hove details | | | |
| If divorced: | Date and county | | | | 11. | DOTO SOCIAL | | | |
| | | | | | | | | | |
| If you are on publi | ic assistance, the Go | ood Cause N | lotice is enclo | osed | | | | | |
| | | | | | | | | | |
| If you are presently married, list other children born to you during this marriage, but not fathered by the husband: | | | | | | | | | |
| NAN | ME OF CHILD | | DATE OF BIR | राम 📗 | | URITY NUMBER | | | |
| | | | | | | : | | | |
| | | | | | | | | | |
| | 4 51t. | | | | | | | | |
| Information on CHILD'S FULL NA | | (Middle) | (Loot) | | Dete of DidL/Do | P* _ L _ | | | |
| CHIEDS FOLL MA | AME (FIISI) | (Middle) | (Last) | | Date of Birth/Du | e Date | | | |
| | | | | | Name of Doctor | | | | |
| BIRTH WEIGHT: | | | Type of de!ivery: | | | | | | |
| | ounces | | [] Normal [] Caesarean | | | | | | |
| | ss than 5 pounds, 8 | | | | | | | | |
| | Date of I | | | <u> </u> | Name of HMO: | | | | |
| Name and location | TOFfiospital where o | Illiu was bui | i). | | Name of HMO. | | | | |
| | | | | | l | | | | |
| Did Medical Assistance pay for the birth? If not Medical Assistance, who paid for birth? | | | | | | | | | |
| []YES []NO | | | | | | | | | |
| Social Security Nu | Social Security Number Has a paternity action ever been started anywhere for this chiid? | | | | | | | | |
| | | []: | YES []NO | If yes, whe | are? | | | | |
| Information on | potential father(s | ·\· Drovido 1 | ha fallowing | !formation | المساء والمساء | :, | | | |
| man you had sex | ual intercourse wit | h during the | ae ronowing | neriod of <k< td=""><td>TOTHACTI TDS DATE> to <</td><td>∴ KIDS Đ∆T©></td></k<> | TOTHACTI TDS DATE> to < | ∴ KIDS Đ∆T©> | | | |
| man you had sexual intercourse with during the conceptive period of <kids date=""> to <kids date=""> FULL NAME (First) (Middle) (Last) Other Name(s) Used</kids></kids> | | | | | | | | | |
| - | , | | * | - | | • | | | |
| Address: Street | Cit | <u> </u> | State 7 | | Deta 9 Diese of | D'A. | | | |
| Address. Oricer | OII | ty State Zip Code | | | Date & Place of I | Date of Flace Of Diff! | | | |
| | | | | | | | | | |
| Employer's Name | & Address (Street | City | State Z | ip Code) | Social Security N | lumber or ITIN | | | |
| 0.00 | | | | | | | | | |
| Cell Phone | ! | Home Phor | ne | • | Work Phone | | | | |
| Race | Eyes | Hair Weight | | Height | Scars or Tattoos | | | | |
| | _,_, | ''' | , voigin | l loight | Ocars or ratioos | | | | |

| Lab. | | | | | | |
|--|--|---|-------------------------------------|--|--|--|
| Is he married? If yes, wif | e's name: | Ever arrested/Incarcerated? If yes, when & where? | | | | |
| Does he support any other children? [] YES [] NO | If yes, name(s): | | | | | |
| Where do they live? | Did sexual intercourse occur in Wisconsin? If no, what state? []YES []NO | | | | | |
| Did you voluntarily agree (consent) | to the sexual inter | ne sexual intercourse? []YES []NO | | | | |
| - | | | | | | |
| List any other of | hildren born to or | radopted to | gether with this man: | | | |
| NAME OF CHILD | DATE O | F BIRTH | SOCIAL SECURITY NUMBER | | | |
| | | | | | | |
| | | | | | | |
| Information on additional potenti FULL NAME (First) (Middle) | | | | | | |
| FULL NAME (First) (Middle) | (Last) | Othe | er Name(s) Used | | | |
| Address: Street City | State | Zip Code | Date & Diese of Dist | | | |
| | Otato | 2000 | Date & Place of Birth | | | |
| Employer's Name & Address (Street | City State | Zip Code) | Social Security Number or ITIN | | | |
| | | | | | | |
| Cell Phone | Home Phone | | Work Phone | | | |
| | | | vvoik Prione | | | |
| Race Eyes | Hair Weight | Height | Scars or Tattoos | | | |
| Is he married? If yes, wife's name |): E | ver arrested/ir | ncarcerated? If yes, when & where? | | | |
| []YES []NO | 1 | JYES []NO | O | | | |
| Does he support any other children? 1 | f yes, name(s): | | | | | |
| The state of the s | Did sexual intercourse | accur in Mine | oppoin 2 If I I I I | | | |
| <u></u> | []YES []NO | | consin? If no, what state? | | | |
| Did you voluntarily agree (consent) to | the sexual interco | urse? []Y | ES []NO | | | |
| | | | | | | |
| NAME OF CHILD | oren born to or a | dopted toge | ther with this man: | | | |
| TANKE OF OTHER | DATE OF E | 3IK I H | SOCIAL SECURITY NUMBER | | | |
| | | | | | | |
| If you are naming more than 2 pote | ntial fathers, attac | h a sheet w | ith the names 9 full in factor | | | |
| ADDITIONAL COMMENTS: | | in a slieet w | till the harnes & full information. | | | |
| | | _ | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Do you need an interpreter? [] YES | | | | | | |
| | ,, | ~ ~ | | | | |
| lave you filed a voluntary paternity acknowledgment form for this child? [] YES [] NO If yes, what state? Date mailed: | | | | | | |
| no, do you intend to file a voluntary paternity a | | | | | | |
| I certify that the information provide | ded on this form ' | | | | | |
| I certify that the information provides | ueu on uns torm is t | rue and corre | ect to the best of my knowledge. | | | |
| Signature | Da | te | | | | |
| | | | | | | |

Provide a picture of the potential father(s) if available