

DATE: _____

INTERVIEWED BY: _____

AFDC RECIPIENT: _____

NON-AFDC RECIPIENT: _____

INTERVIEW WORKSHEET FOR PATERNITY ESTABLISHMENT

MOTHER'S BACKGROUND

GENERAL

NAME OF MOTHER: _____ MAIDEN NAME: _____

MOTHER'S PHONE NUMBER: _____

MOTHER'S AGE AND DOB: _____ PLACE OF BIRTH: _____

MOTHER'S ADDRESS: _____

FAMILY

FULL NAME OF CHILD: _____

CHILD'S DOB: _____ HOSPITAL OF BIRTH: _____

WHEN APPROXIMATELY WAS THE CHILD CONCEIVED: _____

ARE YOU NOW OR HAVE EVER BEEN MARRIED: _____

HAVE YOU EVER BEEN DIVORCED: _____

DO YOU HAVE OTHER CHILDREN: _____ HOW MANY: _____

ARE ANY OF THE OTHER CHILDREN ILLEGITIMATE: _____ HOW MANY: _____

ARE YOU NOW PREGNANT: _____

FINANCIAL

ARE YOU EMPLOYED: _____ WHERE: _____

WHAT IS YOUR WEEKLY SALARY: _____

WHAT IS THE NAME OF YOUR DOCTOR: _____

WHAT IS THE DOCTOR'S ADDRESS: _____

HAVE YOU INCURRED MEDICAL BILLS IN CONNECTION WITH YOUR PREGNANCY AND/OR CHILD BIRTH: _____

HOW MUCH HAS BEEN PAID: _____

BY WHOM WERE THE BILLS PAID: _____

WOULD YOU BE WILLING TO TAKE A POLYGRAPH OR BLOOD TEST IF NECESSARY: _____

ALLEGED FATHER'S BACKGROUND

NAME OF FATHER OF CHILD: _____

CURRENT OF LAST KNOWN ADDRESS OF FATHER: _____

FATHER'S PHONE NUMBER: _____

PREVIOUS ADDRESSES FOR FATHER: _____

FATHER'S AGE: _____ DOB: _____ PLACE OF BIRTH: _____

FAMILY OF ALLEGED FATHER

IS FATHER MARRIED: _____ WIFE'S NAME: _____

FATHER'S WIFE'S ADDRESS: _____

DOES FATHER HAVE ANY CHILDREN: _____ HOW MANY: _____

ARE ANY OF FATHER'S CHILDREN ILLEGITIMATE: _____ HOW MANY: _____

FATHER'S FINANCIAL INFORMATION

FATHER'S SOCIAL SECURITY NUMBER: _____

FATHER'S PLACE OF EMPLOYMENT: _____

ANY PREVIOUS PLACES OF FATHER'S EMPLOYMENT: _____

DOES FATHER OWN A CAR: _____

MAKE: _____ YEAR: _____ LICENSE NO: _____

DOES FATHER OWN ANY REAL PROPERTY: _____

FATHER'S NEXT OF KIN: _____

THEIR ADDRESS: _____ PHONE NO: _____

FATHER'S CLOSE FRIENDS: _____

THEIR ADDRESS: _____ PHONE NO: _____

FATHER'S PHYSICAL DESCRIPTION

HEIGHT: _____ HAIR COLOR: _____

WEIGHT: _____ COLOR OF EYES: _____

DOES FATHER HAVE AN ARREST RECORD: _____

BRIEF DESCRIPTION OF ARREST (WHERE, WHEN)

WAS FATHER IN THE MILITARY: _____ BRANCH: _____ YEARS: _____

MOTHER & FATHER'S RELATIONSHIP

DID YOU EVER LIVE WITH THE FATHER: _____ WHEN: _____

WHERE YOU MARRIED TO THE FATHER: _____ WHEN: _____

HOW LONG HAVE YOU KNOWN THE FATHER: _____

ARE YOU RELATED TO THE FATHER: _____ EXPLAIN: _____

WHEN DID THE ACT OF CONCEPTION OCCUR: _____

WERE YOU FORCED INTO THE ACT: _____ EXPLAIN: _____

HAS THE FATHER EVER ADMITTED THAT HE IS THE FATHER OF YOUR CHILD: _____

TO WHOM DID HE MAKE THIS: _____

HAS A SUPPORT ORDER BEEN ESTABLISHED FOR THIS CHILD: _____

IF YES WHERE: _____

**PLEASE PROVIDE THIS OFFICE WITH A COPY OF THE ORDER OR THE ADMISSION OF PATERNITY SIGNED
AT THE HOSPITAL**