

PATERNITY QUESTIONNAIRE

Page 1 of 4

A separate paternity questionnaire must be completed for each child that paternity must be established for.Child's Name: _____
First Middle Last Suffix**SECTION I: (Complete and then follow the instructions listed after question #5.)**

1. Is there a court order establishing the noncustodial parent's parentage of child? Yes No
2. Is the noncustodial parent willing to agree to a court order of parentage? Yes No
3. When your child was born, did you and the noncustodial parent sign a Declaration of Paternity?
If yes, in what County and State (*attach a copy*): Yes No
4. Were you married to and living with the noncustodial parent when you became pregnant? Yes No

INSTRUCTIONS: If you answered "**NO**" to all of the above questions, continue with Section II now and complete Sections II through X.If you answered "**YES**" to questions 1 or 3, sign and date below. You do not need to complete Sections II through X. If you answered "**YES**" to question 4, you do not need to complete Sections II through X, **UNLESS** your husband was impotent or sterile at the time you became pregnant.**I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**_____
Signature_____
Date**(Complete the remaining sections of this questionnaire only if all your answers in Section I were "No")****SECTION II: ABOUT THE CHILD AND YOUR PREGNANCY****Important Note: If this child is not yet born, write down in the following space the date you expect this child to be born:**Expected due date $\frac{\quad}{\text{MM}} / \frac{\quad}{\text{DD}} / \frac{\quad}{\text{CCYY}}$ Now, skip down to Item Number 4 in this Section.

1. This child's birth date is: $\frac{\quad}{\text{MM}} / \frac{\quad}{\text{DD}} / \frac{\quad}{\text{CCYY}}$ 2. This pregnancy was full term: Yes No
3. The City and State in which this child was born are: _____
4. The City and State where you became pregnant: _____
5. The date you believe you became pregnant: _____
Month Day (if known) Year
6. Doctor's name and address for this pregnancy are: _____

SECTION III: ABOUT THE CHILD'S MOTHER

1. Name: _____
First Middle Last Suffix
2. Address: _____
Street Unit #

City State Zip Code
3. Social Security Number: _____-_____-_____ 4. Date of birth: $\frac{\quad}{\text{MM}} / \frac{\quad}{\text{DD}} / \frac{\quad}{\text{CCYY}}$

SECTION VII: ABOUT MY RELATIONSHIPS WITH OTHER MEN

1. Yes No I had sexual intercourse with someone other than the father of the child within 30 days before I believe I became pregnant. If "yes," please state the name and address of each person:

2. Yes No I had sexual intercourse with someone other than the father of the child within 30 days after I believe I became pregnant. If "yes," please state the name and address of each person:

3. Yes No I was married to someone other than the father when the child was born. If "yes," the person I was married to was:

4. Yes No I was married to someone other than the father when I became pregnant with the child. If "yes," the person I was married to was:

5. Yes No I was married when I became pregnant with the child.

6. Yes No I was married when the child was born.

SECTION VIII: ABOUT POSSIBLE WITNESSES WHO CAN SUPPORT MY CLAIM

1. Yes No There were other people present when I told the father I was pregnant with the child: If "yes," their names and addresses are:

2. Yes No There were other people present when I told the father I had given birth to the child. If "yes," their names and addresses are:

3. Yes No There were other people present when I first showed the child to the father. If "yes," their names and addresses are:

4. Yes No The father admitted to other people that he was the child's father. If "yes," state their names and addresses:

5. Yes No When I had sexual intercourse with the father, there were other people present or nearby. If "yes," state their names and addresses:

6. Yes No Other people have seen the father with me and/or the child. If "yes," state their names and addresses:

7. Yes No The father's parent's, or other family members, have spent time with the child. If "yes," state their names and addresses:

SECTION IX: ABOUT THE FATHER'S RELATIONSHIP WITH THE CHILD

1. Yes No The father was present when this child was born.

2. Yes No The father visited me and this child at the hospital after the child's birth.

3. Yes No The father has seen the child. If "yes," state what he said or did:

4. Yes No The father has provided food, clothing, gifts and/or other financial support for the child.

5. Yes No The father lived with this child. If "yes," state the time periods he lived with the child:
 From: ___/___/___ to: ___/___/___ From: ___/___/___ to: ___/___/___
 From: ___/___/___ to: ___/___/___ From: ___/___/___ to: ___/___/___

6. Yes No The father had his picture taken with the child. If "yes," please provide copies.

SECTION X: ADDITIONAL FACTS WHICH SUPPORT MY CLAIM

1. Yes No The father is listed on the child's birth certificate. If "no," state the name, if any, of the person listed as the child's father:

Why do you believe this person is not the child's real father?

2. Yes No I heard the father admit that he is the natural father of this child.

3. Yes No The father signed an acknowledgment of paternity. If "yes," please provide a copy of the acknowledgment.

4. Yes No I have letters from the father which talk about this child. If "yes," please provide copies.

5. Yes No The father offered to pay for me to get an abortion, or offered to pay for my medical expenses.

6. Yes No The father, or his insurance company, did in fact pay for some or all of my medical expenses.

7. Yes No The father has claimed this child on his tax returns.
 Don't know

8. Yes No The child looks like the father. If "yes," describe how the child looks like him:

9. Yes No There are more facts not mentioned above which support my claim. They are:

I have made all of the above responses as best as I can remember. I understand that I made these responses under penalty of perjury under the laws of the State of California.

Signature

Date