

PATERNITY WORKSHEET

MOTHER'S INFORMATION

Full Name: _____

Address: _____

Race: _____ (Important if Genetic Testing Is Needed) Date of Birth: _____

Home/Cell Phone: (_____) _____ Message OK at Home? Yes No

Work Phone: (_____) _____ Message OK at Work? Yes No

E-mail Address: _____

CHILD'S INFORMATION

Full Name: _____

Date of Birth: (MM/DD/YY) _____ Sex of child: Male Female

Place of Birth (City/County/State): _____

Name/Address of Hospital: _____

Who paid for birth of child? MA/MNCare Insurance Unknown Unpaid

Name of Insurance Provider, Policy Holder & Member Numbers: _____

Date of Conception as determined by Doctor: _____

Due date as determined by Doctor: _____

Child's Birth Weight: _____ Length: _____ Eye Color: _____ Hair: _____

Define any health problems or birth defects: _____

Name of Father listed on the birth certificate: _____

Did the alleged Father sign papers about paternity? Yes (Provide a copy to the Agency) No

If Yes, what did he sign? Affidavit of Paternity Declaration of Parentage Recognition of Parentage

Other: _____

When and where did he sign papers? _____

Is he the father of any of your other child/ren? Yes No

If yes, state name(s) and birth date(s) of child/ren: _____

(ALLEGED) FATHER'S INFORMATION

Note: If there is more than 1 possible father, please ask for additional (Alleged) Father's Info pages.

Total number of (Alleged) Father's Info pages completed: _____

Full Name: _____

Last Known Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail Address: _____

If not in MN, did he EVER live in MN? Yes No If Yes, when? _____

Did you ever live together? Yes No If Yes, when? _____

Date of Birth: _____ SSN: _____ - _____ - _____ Race: _____

Employer Name & Address: _____

Work Phone: (_____) _____ Current as of when? _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Tatoos/Scars/Other Identifying marks: _____

What kind of work does he do? _____

Is he married? Yes No Unknown If Yes, name of wife: _____

Does he live with his wife? Yes No Unknown

What High School did he attend? _____ College? _____

Describe all the types of vehicles he drives: _____

His Parent's Names/Address: _____

Did his parents accept your child as their grandchild? Yes No

Who else could provide more info on him? Names/Phone/Relationship: _____

When and where did you meet him? _____

Any additional information that may help us locate him: _____

CONCEPTION/PREGNANCY INFORMATION

Approximate date you became pregnant: _____

(City/County/State) Where you become pregnant: _____

Start/end dates of your last menstrual period before you became pregnant? _____

Did you have sexual relations with any other man with in six weeks before or within six weeks after you became pregnant? Yes No

If you answered Yes to above, give dates and name(s): _____

The following questions are necessary to determine if another man is “presumed” under the law to be the child’s father. Genetic tests may be needed to prove the “presumed” father is not the child’s biological father.

Were you married at the time you become pregnant with this child or at the time this child was born?

Yes No If Yes, Name of your Husband: _____

Date & Place of Marriage: (MM/DD/YY) _____ (City/County/State) _____

Date of Separation: _____ Date of Divorce: _____

Place of Divorce (City/County/State) _____

Does the “alleged father” believe he is your child’s father? Yes No

If No, who does he believe the father is? _____

Has the process to establish paternity of your child been started elsewhere? Yes No

If yes, please explain where and when: _____

What is your present relationship with the alleged father? _____

Does he visit your child? Yes No If yes, how often? _____

Additional Comments/Information: _____

**** Only complete this page if you are currently under 18 years old ****

**Paternity Worksheet
Addendum**

People under age 18 must have an adult appointed as a Guardian Ad Litem by the court.

Who do you choose? Mother Father Other

Name: _____

Address: _____

Phone (_____) _____ E-mail Address: _____

If Other, relationship to you: _____

**AFFIDAVIT OF MOTHER
(OR OTHER CUSTODIAN OF THE CHILD)**

I have provided the above information to the Wright County Child Support Agency. To the best of my recollection, the information is true and correct. No one has pressured me into providing the information. I have indicated **all** possible fathers of my child. In the event all named fathers are excluded by genetic testing, I understand I may be considered as “not cooperating” with the Child Support Agency, and be subject to sanctions if receiving Public Assistance. In the event all named fathers are excluded by genetic testing and I am **not** receiving Public Assistance, I understand the Child Support Agency will undertake no further action on my case without my continued cooperation.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minnesota Statutes, section 358.116.

Mother/Custodian of Child

Date

State of Minnesota

County of _____
(County where Affidavit was signed)