

# PATERNITY INFORMATION GATHERING

APPLICATION SEQUENCE NUMBER: \_\_\_\_\_

IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, PLEASE CALL OUR OFFICE  
AT: (671) 475-3360

## I. INFORMATION ABOUT YOU (THE CUSTODIAL PARENT OR PERSON WITH CUSTODY)

**(Please print all information)**

1. Your full legal name \_\_\_\_\_  
Last
First
Middle Initial

Your maiden name \_\_\_\_\_

2. What is your relationship to the children? \_\_\_\_\_

3. Your mailing address \_\_\_\_\_  
Address
City
State
Zip Code

4. Your physical address/telephone number \_\_\_\_\_  
Street
City

\_\_\_\_\_

State
Zip Code
County
Telephone

5. Your employer's name/telephone number/address \_\_\_\_\_  
Name
Telephone

\_\_\_\_\_

Address
City
State
Zip Code

6. Your gross monthly income \_\_\_\_\_ Hourly Wage \_\_\_\_\_  
(Attach 6 most recent stubs)

7. Any additional income per month [  ] Yes [  ] No Explain: \_\_\_\_\_  
 \_\_\_\_\_

8. Please provide the following information about yourself:

Date of Birth	Birthplace (city and state)	Social Security Number	
Driver's License or ID number (include state)	Sex	Race	
Height	Weight	Hair Color	Eye Color
List any physical or mental impairments, medical problems, etc.		What is your language preference?	
List identifying information (for example: glasses, scars, tatoos, marks, etc.)			

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9. Give information where we can contact you other than home:

Relationship to you	Name	Telephone Number	
Address	City	State	Zip Code
Relationship to you	Name	Telephone Number	
Address	City	State	Zip Code

10. Are you currently receiving TANF (welfare) benefits?  Yes  No

Have you received TANF benefits in the past?  Yes  No

If yes, list all dates: \_\_\_\_\_

List IV-D ID Number: \_\_\_\_\_

11. Are you or the children receiving Medicaid benefits?  Yes  No

If yes, please provide the Medicaid number? \_\_\_\_\_

12. Do you have another attorney or agency helping you with your child support case?

Yes  No

If yes, list the name of agency or attorney and address \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip Code

13. Are you pregnant now?  Yes  No

If yes, who is the biological father? \_\_\_\_\_

When is the baby due? \_\_\_\_\_

14. Please list all marriages (current and previous):

Husband's name	Date of marriage	Date of separation/divorce	Common law marriage or marriage license?
Husband's name	Date of marriage	Date of separation/divorce	Common law marriage or marriage license?

15. Is there a restraining order in effect against the Non Custodial Parent by the Custodial Parent?

If yes, court case number: \_\_\_\_\_

Date of court order: \_\_\_\_\_

16. Is there a criminal Family Violence case filed against the Non Custodial Parent where the Custodial Parent is the victim?  Yes  No

If yes, Criminal Case Number: \_\_\_\_\_

Did a Judge issue a stay-away order in the criminal case?  Yes  No

If yes, date of stay-away order? \_\_\_\_\_

17. Has the Non Custodial Parent ever threatened you so that you fear for your life or safety or that of your children? [ ] Yes [ ] No

Are you afraid of the Non Custodial Parent? [ ] Yes [ ] No

If yes, what makes you fear him/her? \_\_\_\_\_

Do you feel that by seeking child support the Non Custodial Parent will harm you or your children? [ ] Yes [ ] No

Has the Non Custodial Parent ever threatened to harm you or your children if you sought child support against him/her? [ ] Yes [ ] No

18. Where does the child(ren) live? \_\_\_\_\_

Who has physical custody of the child(ren) right now? \_\_\_\_\_

19. Is there a court-ordered guardianship for the minor child(ren)? [ ] Yes [ ] No

If yes, who has guardianship? \_\_\_\_\_

What is the relationship to the child? \_\_\_\_\_

What is the court case number? \_\_\_\_\_

When was the guardianship ordered? \_\_\_\_\_

Get copies of the guardianship papers.

**II. INFORMATION ABOUT THE BIOLOGICAL FATHER OF THE CHILD(REN)**

**(Please print all information)**

1. Non-custodial parent's (NCP) full legal name: \_\_\_\_\_  
Last First Middle  
 Alias/Nickname \_\_\_\_\_

2. Present or last known address/telephone number  
 \_\_\_\_\_  
Address City State Zip Code Telephone

3. Current employer's name/telephone number/address \_\_\_\_\_  
Name  
 \_\_\_\_\_  
Address City State Zip Code Telephone

4. Previous employer's name/telephone number/address \_\_\_\_\_  
Name  
 \_\_\_\_\_  
Address City State Zip Code Telephone

What is the date you last knew the NCP was with this employer? \_\_\_\_\_

Approximate current monthly wages? \$ \_\_\_\_\_

If the NCP is unemployed, what does he/she usually earn? \$ \_\_\_\_\_

What kind of work (plumber, mechanic, fast food, etc.) does he/she usually do?  
 Answer even he/she is unemployed. \_\_\_\_\_

5. The NCP description:

Date of Birth	Birthplace (city and state)	Social Security Number	
Driver's License or ID number (include state)	Sex	Race	
Height	Weight	Hair Color	Eye Color
List any physical or mental impairments, medical problems, etc.		What is your language preference?	
List identifying information (for example: glasses, scars, tatoos, marks, etc.)			
Do you have a photograph of the NCP? [ ] Yes [ ] No. If yes, please include a photograph when you return this form.			

6. Has the NCP been in jail or prison? [ ] Yes [ ] No. If yes, Date: \_\_\_\_\_  
 Location: \_\_\_\_\_

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7. Has the NCP been on probation or parole?  Yes  No.

If yes, please provide name of parole or probation officer and location.

Name	City	State
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8. Has the NCP served in the military?  Yes  No.

If yes, what branch? \_\_\_\_\_

Dates of service, from: \_\_\_\_\_ To \_\_\_\_\_

Is the NCP retired?  Yes  No.

9. Does the NCP receive any benefits (food stamps, TANF, retirement, worker's compensation, Social Security, etc.)  Yes  No.

If yes, what type of benefits: \_\_\_\_\_

10. List information about the non-custodial parent vehicle: Year of car/truck: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ License plate number:(include state): \_\_\_\_\_

11. Does the NCP own any land or have any substantial property or assets?  Yes  No.

If Yes, list below:

Real estate: \_\_\_\_\_ Financial: \_\_\_\_\_

Registered vehicles (Other than listed above) \_\_\_\_\_

Other (explain): \_\_\_\_\_

12. Please provide information about the non-custodial parent's relatives:

His/Her mother's name	His/Her mother's maiden name	Telephone number:	
Address	City	State	Zip code
His/Her father's name		Telephone number	
Address	City	State	Zip code
Friend or relative's name		Telephone number	
Address	City	State	Zip code

13. Provide any other information about the NCP's whereabouts (stays with friends, frequent bars, etc.): \_\_\_\_\_  
 \_\_\_\_\_

14. Is the NCP member of a union?  Yes  No

If yes, please provide name and location of union: \_\_\_\_\_  
 \_\_\_\_\_

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15. Has the NCP been employed by the federal state government? [ ] Yes [ ] No

If yes, what agency did he/she work for? \_\_\_\_\_

What was his/her job title? \_\_\_\_\_

16. What high school/college did he/she attend? \_\_\_\_\_

Address of school \_\_\_\_\_

Address

City

State

ZIP Code

17. Marital Status: Is he/she currently married? [ ] Yes [ ] No

If yes, who did he/she marry? \_\_\_\_\_

When did he/she marry? \_\_\_\_\_ Where did he/she get married? \_\_\_\_\_

18. Does the NCP have other biological child(ren) under 18 years of age?

[ ] Yes [ ] No

If yes, how many? \_\_\_\_\_

**IIIa. INFORMATION ABOUT THE CHILD**

**(Please print all information)**

1. Please complete the following information:

Full legal name of child – Last, First, Middle Initial	Date of Birth	Place of Birth (city and state)
Child's Social Security Number	Sex	List any physical or mental impairments, medical problems, etc.
Does the child live with you <input type="checkbox"/> Yes <input type="checkbox"/> No	Race	Weight at birth (pounds and ounces)

2. Was this child born(check one)  Early?  Late?  On Time?

3. Do you have any other children by the biological father  Yes  No

If yes, please list names \_\_\_\_\_

4. Does this child have a relationship with the biological father?  Yes  No

5. Do you want this child to have the biological father's last name?  Yes  No

If no, why not? \_\_\_\_\_

6. Is the child currently enrolled in a health plan?  Yes  No

If yes, who is the provider  Mother  Alleged father  Other

\_\_\_\_\_

What is the cost to cover the child? List amount \$ \_\_\_\_\_ per \_\_\_\_\_

Enrollment date \_\_\_\_\_

Name/address of insurance company: \_\_\_\_\_

Name

\_\_\_\_\_

Address

City

State

Zip Code

Telephone

What is the Group Number? \_\_\_\_\_ Policy Number? \_\_\_\_\_

7. Do you have child care/day care expenses for this child?  Yes  No

If yes, who is the provider and what is the cost per month? \_\_\_\_\_

8. Is this child attending private school?  Yes  No

If yes, name of the school \_\_\_\_\_

Cost per month \_\_\_\_\_ Extra expenses \_\_\_\_\_

Did the alleged father agree? \_\_\_\_\_

**IIIb. INFORMATION ABOUT THE CHILD**

**(Please print all information)**

1. Please complete the following information:

Full legal name of child – Last, First, Middle Initial	Date of Birth	Place of Birth (city and state)
Child's Social Security Number	Sex	List any physical or mental impairments, medical problems, etc.
Does the child live with you <input type="checkbox"/> Yes <input type="checkbox"/> No	Race	Weight at birth (pounds and ounces)

2. Was this child born(check one)  Early?  Late?  On Time?

3. Do you have any other children by the biological father  Yes  No

If yes, please list names \_\_\_\_\_

4. Does this child have a relationship with the biological father?  Yes  No

5. Do you want this child to have the biological father's last name?  Yes  No

If no, why not? \_\_\_\_\_

6. Is the child currently enrolled in a health plan?  Yes  No

If yes, who is the provider  Mother  Alleged father  Other

\_\_\_\_\_

What is the cost to cover the child? List amount \$ \_\_\_\_\_ per \_\_\_\_\_

Enrollment date \_\_\_\_\_

Name/address of insurance company: \_\_\_\_\_

Name

Address City State Zip Code Telephone

What is the Group Number? \_\_\_\_\_ Policy Number? \_\_\_\_\_

7. Do you have child care/day care expenses for this child?  Yes  No

If yes, who is the provider and what is the cost per month? \_\_\_\_\_

8. Is this child attending private school?  Yes  No

If yes, name of the school \_\_\_\_\_

Cost per month \_\_\_\_\_ Extra expenses \_\_\_\_\_

Did the alleged father agree? \_\_\_\_\_

**IIIc. INFORMATION ABOUT THE CHILD**

**(Please print all information)**

1. Please complete the following information:

Full legal name of child – Last, First, Middle Initial	Date of Birth	Place of Birth (city and state)
Child's Social Security Number	Sex	List any physical or mental impairments, medical problems, etc.
Does the child live with you <input type="checkbox"/> Yes <input type="checkbox"/> No	Race	Weight at birth (pounds and ounces)

2. Was this child born(check one)  Early?  Late?  On Time?

3. Do you have any other children by the biological father  Yes  No

If yes, please list names \_\_\_\_\_

4. Does this child have a relationship with the biological father?  Yes  No

5. Do you want this child to have the biological father's last name?  Yes  No

If no, why not? \_\_\_\_\_

6. Is the child currently enrolled in a health plan?  Yes  No

If yes, who is the provider  Mother  Alleged father  Other

\_\_\_\_\_

What is the cost to cover the child? List amount \$ \_\_\_\_\_ per \_\_\_\_\_

Enrollment date \_\_\_\_\_

Name/address of insurance company: \_\_\_\_\_

Name

\_\_\_\_\_

Address City State Zip Code Telephone

What is the Group Number? \_\_\_\_\_ Policy Number? \_\_\_\_\_

7. Do you have child care/day care expenses for this child?  Yes  No

If yes, who is the provider and what is the cost per month? \_\_\_\_\_

8. Is this child attending private school?  Yes  No

If yes, name of the school \_\_\_\_\_

Cost per month \_\_\_\_\_ Extra expenses \_\_\_\_\_

Did the alleged father agree? \_\_\_\_\_

**IV. INFORMATION ABOUT THE MOTHER'S RELATIONSHIP WITH THE BIOLOGICAL FATHER**

**(Please print all information)**

1. When was the first time you had sexual intercourse with the biological father? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

What was the frequency? \_\_\_\_\_ When was the last time \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

2. Where did you live when you became pregnant with this child? \_\_\_\_\_  
City State

What was the date of conception? \_\_\_\_\_

3. Did the biological father live in Guam during the sexual relationship?  Yes  No.  
If not, then what state? \_\_\_\_\_

4. Did the sexual relationship occur in Guam?  Yes  No.  
If not, then what state? \_\_\_\_\_

5. Who knew of your relationship with the biological father (friends, neighbors, landlord, etc.)

Relationship to you Name Address

Relationship to you Name Address

6. Why do you believe this person is the biological father of your child? \_\_\_\_\_  
\_\_\_\_\_

7. Did the biological father ever admit to you or anyone that he is the father?  Yes  No.  
If yes, to whom? \_\_\_\_\_  
What did he say? \_\_\_\_\_

8. When was the last time you spoke to or saw him? \_\_\_\_\_  
Where? \_\_\_\_\_

9. What kind of relationship did you have with the biological father?  
 Date regularly  Going to get married  Living together  
If living together, for how long? \_\_\_\_\_

10. Will he admit he is the father of this child?  Yes  No.  
If yes, do you think he will sign the necessary papers to become the legal father of this child?  
 Yes  No.

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11. Is the biological father's name on this child's birth certificate?  Yes  No.

If yes, please attach a copy.

12. Has the biological father ever visited this child?  Yes  No.

If yes, how often: \_\_\_\_\_

13. Do you have any letters of proof that the biological father is the father of this child?

Yes  No.

If yes, please hold on to the letters.

14. Did the biological father ever give money for bills or for the needs of this child?

Yes  No.

If yes, please attach a list of amounts and dates. Keep receipts if you have any.

15. Do the parents of the biological father know about this child?  Yes  No.

If yes, have they given the child gifts or money?  Yes  No.

Visited this child?  Yes  No.

16. What is the current relationship between the mother and the biological father of the child?

Never married  Married  Divorced

Date of marriage \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

17. If you are divorced or have any court order (divorce order, paternity order, custody order, protective order, etc.) of any kind regarding this child, please attach a copy of the order to this form. If you are unable to provide a copy you must provide the following:

Date of court order	Case/Cause number	County	State	Court

18. Are there any legal actions pending that affect the child listed above?  Yes  No

If yes, attach a copy of the pending legal action to this form.

If you are unable to provide a copy you must provide the following:

Date of court order	Case/Cause number	County	State	Court

Attorney name and address: \_\_\_\_\_

19. Did you have a sexual relationship with anyone other than the biological father, before, during, or after 90 days of the date that you became pregnant with this child?  Yes  No

If yes, when? \_\_\_\_\_

Name, address, and telephone number of the person \_\_\_\_\_

\_\_\_\_\_

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20. Have you or any other person ever named any other man as the father of this child?

Yes  No

If yes, who was named? \_\_\_\_\_



6. What is the current relationship between the mother and the biological father of the child?

Never married  Married  Divorced

Date of marriage \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

If you are divorced or have any court order (divorce order, paternity order, custody order, protective order, etc.) of any kind regarding this child, please attach a copy of the order to this form. If you are unable to provide a copy you must provide the following:

Date of court order	Case/Cause number	County	State	Court

7. Are there any legal actions pending that affect the child listed above?  Yes  No

If yes, attach a copy of the pending legal action to this form.

If you are unable to provide a copy you must provide the following:

Date of court order	Case/Cause number	County	State	Court

Attorney name and address: \_\_\_\_\_

**VI. COMMENTS**

Please write any additional comments you may have.

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