UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF RECOVERY SERVICES / CHILD SUPPORT SERVICES

PATERNITY QUESTIONNAIRE

| SECTION I | | | | | | | | | |
|--|-------------------------|-------------|-----------------------------------|-------------------------------|-----------------------------------|--|----------------------------------|--|--|
| 1. Mother's First Name | | | Mother's N | /iddle Name | | Mother's Last Name | | | |
| 2. Alleged Father's F | | Alleged Fat | ther's Middle Nar | ne | Alleged Father's Last Name | | | | |
| 3. Child's First Name | | Child's Mid | ldle Name | | Child's Last Name | | | | |
| 4. Child's Date Of Bi | rth (mm/dd | /уууу) | 5. Child's C | 5. Child's Gender (check one) | | | | | |
| | | | | | | | | | |
| 6. Where was the ch (In which city a pre | | City of Con | ception | | State of Conception | State of Conception | | | |
| 7. Child's City of Birt | | Child's Cou | inty of Birth | | Child's State or Country of Birth | Child's State or Country of Birth | | | |
| 8. Name of the hospital where this child was born | | | | | | | | | |
| 9. Was the mother married to the father or to any other man during the time period beginning 300 days before this child was born? NO YES IF YES, PROVIDE THE FOLLOWING INFORMATION FOR EACH HUSBAND DURING THIS TIME PERIOD | | | | | | | | | |
| | Full Name Of Husband | | | | | | | | |
| | Date of Marriage | | | | | | | | |
| | Has the marriage ended? | | | | | | | | |
| | | | How did marriag | ge end? (Divorce | or Annulment) | Date Marriage Ended (mm/dd/y | Date Marriage Ended (mm/dd/yyyy) | | |
| 10. Has there been previous court action or other action regarding the paternity of your child? | | | | | | | | | |
| IF YES: | | | | | City, County | City, County and State of Action Attorney Name/Phone Number | | | |
| | | | | | Attorney Nar | | | | |
| | Results of | previou | us action: | | | | | | |
| | L | | | | | | | | |
| | | | ner on this child's birt | | | □ No □ Yes | | | |
| 12. Have you, at any time, named someone else as the father of this child? No Yes IF YES: Name(s) of other man/men named as the father of this child. | | | | | | | | | |
| | | | h. d 2 | | N | | | | |
| Were genetic tests done IF YES: Date o | | | ts done? Date of Genetic Test: | | | Yes Location of Genetic Tests | | | |
| | | 23. | Date of Genetic Test. | 2 | | | | | |
| 13. During the months when this child could have been conceived (ten, nine, and eight months before the | | | | | | | | | |
| child's birth if the pregnancy was full term), did you have sexual intercourse with any man other than the father listed on this form? | | | | | | | | | |
| | IF YES: | Com | plete Section | <u> </u> | | Skip to Section III | | | |
| ORS USE: | TEAM | | OR | | CASE | • | | | |

| SECTION II | | | | | | | | | | |
|---|--|-------|----------------------------|--|--|--|--|--|--|--|
| 14. Alleged Father's First Name (List Again) | Alleged Father's Middle Name | All | Alleged Father's Last Name | | | | | | | |
| | | | | | | | | | | |
| 15. Answer the following questions regarding the month that was TEN months before the birth of this child: | | | | | | | | | | |
| - | se with the man listed on this form during tha se with any other men during that month? | month | ? 🗆 Yes 🗆 No □ Yes 🔅 No | | | | | | | |
| 16. Answer the following questions regarding the month that was NINE months before the birth of this child: | | | | | | | | | | |
| Did you have sexual intercourse with the man listed on this form during that month? Did you have sexual intercourse with any other men during that month? If Yes, provide names: | | | | | | | | | | |
| 15. Answer the following questions regarding t of this child: | the month that was EIGHT months before the | birth | Month/Year | | | | | | | |
| Did you have sexual intercour: Did you have sexual intercour: | t month | ? | | | | | | | | |
| If Yes, provide names: IF YOU HAD SEXUAL INTERCOURSE WITH ANY OTHERMEN DURING THESE THREE MONTHS WHEN THIS CHILD COULD HAVE BEEN CONCEIVED, YOU MUST COMPLETE A SERVICE DATERNATY OURSTIONNAUES ABOUT FACULOS TURNATION | | | | | | | | | | |
| CONCEIVED, YOU MUST COMPLETE A SEPARATE PATERNITY QUESTIONNAIRE ABOUT EACH OF THEM, TOO. | | | | | | | | | | |
| Support Services (ORS//CSS) and the Attorney General's Office cannot represent you in this matter. The Attorney General is not your attorney. The Attorney General is the attorney for the State of Utah. You may ask a private attorney to represent you. You may file a "good cause" action at the Department of Workforce Services (DWS), the public assistance office, if you fear that emotional or physical harm will come to you or your child as a result of an action to establish paternity. However, you should ask for "good cause" immediately as we must work this case until we receive notice from DWS of your "good cause" action. If you are an unemancipated minor, a parent or legal guardian must sign a "Statement of Natural Guardian." Request this form from ORS/CSS. The Attorney General may take action against you if it is found that you have given false information to the Attorney General's Office or to ORS/CSS. | | | | | | | | | | |
| STATE OF UTAH) SS. COUNTY OF | | | | | | | | | | |
| my knowledge. 3. I have read and understand the information in the "Statement of Understanding" above. | | | | | | | | | | |
| DATED this day of,,, | | | | | | | | | | |
| Signature | | | | | | | | | | |
| SUBSCRIBED AND SWORN TO BEFORE ME this day of,,,, | | | | | | | | | | |
| | NOTARY PUBLIC | | | | | | | | | |