

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

## PATERNITY QUESTIONNAIRE

SECTION I			
1. Mother's First Name	Mother's Middle Name	Mother's Last Name	
2. Alleged Father's First Name	Alleged Father's Middle Name	Alleged Father's Last Name	
3. Child's First Name	Child's Middle Name	Child's Last Name	
4. Child's Date Of Birth (mm/dd/yyyy)	5. Child's Gender (check one) <div style="text-align: center;"><input type="checkbox"/> MALE    <input type="checkbox"/> FEMALE</div>		
6. Where was the child conceived? (In which city and state did you get pregnant?)	City of Conception	State of Conception	
7. Child's City of Birth	Child's County 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? <input type="checkbox"/> NO <input type="checkbox"/> YES <b>IF YES, PROVIDE THE FOLLOWING INFORMATION FOR EACH HUSBAND DURING THIS TIME PERIOD</b>			
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Full Name Of Husband</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date of Marriage</div> <div style="display: flex; justify-content: space-between;"> <span>Has the marriage ended?</span> <span><input type="checkbox"/> No    <input type="checkbox"/> Yes</span> </div> <div style="display: flex;"> <div style="flex: 1; border: 1px solid black; padding: 5px; margin-right: 5px;">IF YES:</div> <div style="flex: 2; border: 1px solid black; padding: 5px; margin-right: 5px;">How did marriage end? (Divorce or Annulment)</div> <div style="flex: 1; border: 1px solid black; padding: 5px;">Date Marriage Ended (mm/dd/yyyy)</div> </div>			
10. Has there been previous court action or other action regarding the paternity of your child? <input type="checkbox"/> No <input type="checkbox"/> Yes			
<div style="display: flex;"> <div style="flex: 1; border: 1px solid black; padding: 5px; margin-right: 5px;">IF YES:</div> <div style="flex: 2; border: 1px solid black; padding: 5px; margin-right: 5px;">Date (mm/dd/yyyy)</div> <div style="flex: 2; border: 1px solid black; padding: 5px;">City, County and State of Action</div> </div> <div style="display: flex; margin-top: 5px;"> <div style="flex: 2; border: 1px solid black; padding: 5px; margin-right: 5px;">Civil Number of Action</div> <div style="flex: 2; border: 1px solid black; padding: 5px;">Attorney Name/Phone Number</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Results of previous action:</div>			
11. Is the father listed above as the father on this child's birth certificate? <input type="checkbox"/> No <input type="checkbox"/> Yes			
12. Have you, at any time, named someone else as the father of this child? <input type="checkbox"/> No <input type="checkbox"/> Yes			
<div style="display: flex;"> <div style="flex: 1; border: 1px solid black; padding: 5px; margin-right: 5px;">IF YES:</div> <div style="flex: 3; border: 1px solid black; padding: 5px;">Name(s) of other man/men named as the father of this child.</div> </div> <div style="display: flex; margin-top: 5px;"> <span>Were genetic tests done?</span> <span style="margin-left: 100px;"><input type="checkbox"/> No    <input type="checkbox"/> Yes</span> </div> <div style="display: flex; margin-top: 5px;"> <div style="flex: 1; border: 1px solid black; padding: 5px; margin-right: 5px;">IF YES:</div> <div style="flex: 2; border: 1px solid black; padding: 5px; margin-right: 5px;">Date of Genetic Tests</div> <div style="flex: 1; border: 1px solid black; padding: 5px;">Location of Genetic Tests</div> </div>			
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? <span style="float: right;"><input type="checkbox"/> No    <input type="checkbox"/> Yes</span>			
<b>IF YES: Complete Section II</b>		<b>IF NO: Skip to Section III</b>	

ORS USE:    TEAM     OR        CASE: \_\_\_\_\_

## SECTION II

14. Alleged Father's First Name (List Again)	Alleged Father's Middle Name	Alleged Father's Last Name
15. Answer the following questions regarding the month that was TEN months before the birth of this child:		Month/Year
Did you have sexual intercourse with the man listed on this form during that month?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you have sexual intercourse with any other men during that month?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide names:		
16. Answer the following questions regarding the month that was NINE months before the birth of this child:		Month/Year
Did you have sexual intercourse with the man listed on this form during that month?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you have sexual intercourse with any other men during that month?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide names:		
15. Answer the following questions regarding the month that was EIGHT months before the birth of this child:		Month/Year
Did you have sexual intercourse with the man listed on this form during that month?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you have sexual intercourse with any other men during that month?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide names:		
<b>IF YOU HAD SEXUAL INTERCOURSE WITH ANY OTHERMEN DURING THESE THREE MONTHS WHEN THIS CHILD COULD HAVE BEEN CONCEIVED, YOU MUST COMPLETE A SEPARATE PATERNITY QUESTIONNAIRE ABOUT EACH OF THEM, TOO.</b>		

## SECTION III

### Statement of Understanding

1. The State will seek to establish paternity and set support based upon Utah's child support guidelines. The Office of Recovery Services/Child 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.
2. 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.
3. If you are an unemancipated minor, a parent or legal guardian must sign a "Statement of Natural Guardian." Request this form from ORS/CSS.
4. 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 \_\_\_\_\_ )

I, \_\_\_\_\_ being sworn on oath to tell the truth, say the following:

1. I am the person who answered the foregoing questionnaire.
2. I have read my answers to the questionnaire, and they are true, correct, and complete to the best 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