

Child Support Services Paternity Questionnaire

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to be Completed by the Birth Parent

BIRTH PARENT INFORMATION										
First Name:	Mido	dle Name:	Maid	en Name:	Last Name:					
Social Security Number (SSN): Date of Birth (DOB):										
Have you ever been married? No Yes If yes, how many times? Please provide the following for each marriage:										
Date of marriage: Spouse name:										
Date of marriage:	Spouse name:									
Date of marriage: Spouse name:										
Have you ever been divorced? No Yes If yes, please provide the following:										
Court order: Coun	ty:	State: Da	ate of divo	orce:	_ Name of spouse: _					
	rt order: County:				_ Name of spouse:					
Court order: Coun	court order: County:		ate of divo	orce:	Name of spouse:					
Have you lived outside of Kansas?	No □Yes, list where	e and dates:								
Who lives in your home currently:										
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	L	DEPENDENT #1	INFORM	ATION						
Dependent Name (First, Middle, Last):				DOB:	SSN:					
Did anyone say they were the child's pa	arent at the child's b	oirth? □ No □Y	es, please	provide names:	•					
				•						
Did anyone sign anything at the child's birth? □ No □Yes, please provide names: Has anyone said they are the child's parent to your family or community? □ No □Yes, please provide name:										
How many sexual partners did you have 30 days before and 30 days after you became pregnant? Please tell us what you know about each sexual partner										
1 First Name:		is what you know				DOB/approvimate age				
1 First Name:	Middle Name:		Last N	ame.		DOB/approximate age:				
Date of intercourse:		What city and s	tate did v	nu have sexual in	tercourse?					
Date of intercourse: What city and state did you have sexual intercourse? Do you remain in contact with this person? No Up Yes										
Do you have an address and/or phone number for them? INo IYes, please provide:										
Do you have social media information for		No QYes, please				1				
2 First Name:	Middle Name:		Last N	lame:		DOB/approximate age:				
Date of intercourse:	What city and state did you have sexual intercourse?									
Do you remain in contact with this perso										
Do you have an address and/or phone i	number for them?	□ No □Yes, ple	ease provid	de:						
Do you have social media information for	or this person?	No ⊡Yes, please	e list type:							
3 First Name:	Middle Name:		Last N	lame:		DOB/approximate age:				
Date of intercourse:		What city and s	state did yo	ou have sexual in	tercourse?					
Do you remain in contact with this person? □ No □Yes										
Do you have an address and/or phone number for them? No Yes, please provide:										
		<i>.</i>								
Do you have social media information for this person?										
DEPENDENT #2 INFORMATION										
Dependent Name (First, Middle, Last):	-			DOB:	SSN:					
				202						
Did anyone say they were the child's parent at the child's birth? □ No □Yes, please provide names:										
Did anyone sign anything at the child's birth? No Yes, please provide names:										
Has anyone said they are the child's parent to your family or community? No Yes, please provide name:										
					le name:					
How many sexual partners did you have										
		is what you know		ich sexual partne	r					
1 First Name:	Middle Name:		Last N	lame:		DOB/approximate age:				
	1		1			1				

Date of intercourse:	What city and state did you have sexual intercourse?									
Do you remain in contact with this person? No Yes										
Do you have an address and/or phone number for them? No Yes, please provide:										
Do you have social media information for this person? □ No □Yes, please list type:										
2 First Name:	Middle Name:		Last Na			DOB/approximate age:				
Date of intercourse:	<u> </u>	What city and sta	te did vo	ou have sexual intercours	se?					
Do you remain in contact with this perso	n? □ No □Yes									
Do you have an address and/or phone number for them? No Yes, please provide:										
Do you have social media information for this person? □ No □Yes, please list type:										
3 First Name:	Middle Name:					DOB/approximate age:				
Date of intercourse:		What city and sta	te did yo	ou have sexual intercours	se?					
Do you remain in contact with this person? No Yes										
Do you have an address and/or phone number for them? No Yes, please provide:										
Do you have social media information for this person? □ No □Yes, please list type:										
		DEPENDENT #3 II		ATION						
Dependent Name (First, Middle, Last):				DOB:	SSN:					
Did anyone say they were the child's pa	rent at the child's b	oirth? □ No □Yes	s, please	provide names:						
Did anyone sign anything at the child's birth? □ No □Yes, please provide names:										
Has anyone said they are the child's parent to your family or community?										
How many sexual partners did you have 30 days before and 30 days after you became pregnant?										
		us what you know a								
1 First Name:	Middle Name:		Last Na			DOB/approximate age:				
Date of intercourse:	Date of intercourse: What city and state did you have sexual intercourse?									
Do you remain in contact with this person? Do D										
Do you have an address and/or phone number for them? No Yes, please provide:										
Do you have social media information for	or this person?	No □Yes, please l	list type:_							
2 First Name:	Middle Name:		Last Name: DOB/approximate age			DOB/approximate age:				
Date of intercourse:		What city and sta	ite did yo	ou have sexual intercours	se?	·				
Do you remain in contact with this perso	on? □ No □Yes									
Do you have an address and/or phone r	number for them?	□ No □Yes, pleas	se provid	le:						
Do you have social media information for		No ⊡Yes, please l	list type:_							
3 First Name:	Middle Name:		Last Na	ame:		DOB/approximate age:				
Date of intercourse:		What city and sta	ite did yo	ou have sexual intercours	se?					
Do you remain in contact with this perso										
Do you have an address and/or phone number for them? □ No □Yes, please provide:										
Do you have social media information for	or this person?	No □Yes, please l	list type:_							
BIRTH PARENT'S AFFIRMATION AND AGREEMENT										
I hereby swear and affirm under the penalties of perjury that the information contained in this questionnaire is true and correct to the best of my knowledge. Providing false information could result in perjury charges being filed against me.										
Printed Name of Birth Parent					Date Signed (mm/dd/yyyy)					
Printed Name of Parent/Guardian (if mo unemancipated minor)	ther is an		arent/Guardian (if applicant is an d minor)			Date Signed (mm/dd/yyyy)				

If you need assistance with this questionnaire call Child Support Services at (888) 757-2445 or visit your nearest Child Support Office found at http://www.dcf.ks.gov/services/CSS/Pages/Contractor-Information.aspx. Please send this questionnaire to Child Support Services by mail PO Box 552 Lawrence, Kansas 66044; fax 844-682-2171; or email dcf.cssapplications@ks.gov