

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
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Address	City	State	Zip Code
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Relationship to you	Name	Telephone Number
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Address	City	State	Zip Code
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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
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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?
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Husband's name	Date of marriage	Date of separation/divorce	Common law marriage or marriage license?
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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.

VII. ENTIRE HOUSEHOLD

(Please print all information)

PLEASE LIST ALL YOUR CHILDREN THAT ARE IN YOUR HOUSEHOLD:

Full legal name(as shown on birth certificate)	Date of Birth	Name of biological father
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

VIII. REQUIRED SIGNATURE

_____ I declare all information provided in this form is true and correct.

(Initial)

_____ I consent to any action by the Office of the Attorney General, Child Support Enforcement Division,
 (Initial) to obtain a decree establishing child support or paternity of the child.

_____ I understand that the Child Support Enforcement Division does not represent me.

(Initial)

_____ I agree that the Child Support Enforcement Division may withhold an incremental amount at a resonable
 (Initial) rate from future child support to correct an overpayment.

_____ I understand that it is Mandatory to receive child support payments via
 (Initial) electronic means. I choose the following option:

_____ Kids First Card (KFC) debit card through Bank of Guam.

_____ Faster Access and Secure Transactions (F.A.S.T.) direct deposit to my bank account.

 (Signature)

 Date