

OTTAWA COUNTY DEPT OF JOB AND FAMILY SERVICES
OTTAWA COUNTY CHILD SUPPORT ENFORCEMENT AGENCY
8043 WEST STATE ROUTE 163, SUITE 200
OAK HARBOR, OH 43449
(419) 898-3688 (800) 665-1677

Please complete one questionnaire per child for which services are being requested. The information will be used to determine which services are needed and an applicant's eligibility for those services.

FULL NAME OF CHILD: _____

ADDRESS: _____

CITY, STATE, AND ZIP: _____ PHONE NO.: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

NAME OF ALLEGED FATHER: _____

ANY KNOWN ALIASES: _____

ADDRESS: _____

CITY, STATE, AND ZIP: _____ PHONE NO.: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

IF UNDER 18, NAME OF PARENT OR GUARDIAN: _____

ADDRESS OF PARENT OR GUARDIAN: _____

CITY, STATE, AND ZIP: _____ PHONE NO.: _____

FULL NAME OF MOTHER: _____

ANY KNOWN ALIASES: _____

ADDRESS: _____

CITY, STATE, AND ZIP: _____ PHONE NO.: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

IF UNDER 18, NAME OF PARENT OR GUARDIAN: _____

ADDRESS OF PARENT OR GUARDIAN: _____

CITY, STATE, AND ZIP: _____ PHONE NO.: _____

OTTAWA COUNTY CHILD SUPPORT ENFORCEMENT AGENCY
ADDENDUM TO JFS 07076 – ESTABLISHMENT QUESTIONNAIRE

1. If you are the mother or alleged father skip to #2, if you are not the mother or alleged father, please provide the following information about yourself:

FULL NAME: _____

ADDRESS: _____

CITY, STATE, AND ZIP: _____ PHONE NO.: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

a. What is your relationship to the child? _____

2. Where was the child born? (Country, State, City, etc.) _____

3. Where was the child conceived? (Country, State, City, etc.) _____

4. What is the approximate date of conception? _____

5. Was the child conceived through artificial insemination? Yes | No

6. Was the pregnancy full term? Yes | No If no, explain: _____

7. Did the mother have sexual intercourse with any other man during the time 30 to 60 days before or after the date of conception? Yes | No (If no, skip to question 8)

a. Please list the names of the other men: _____

b. Do any of the men have a biological relationship with the alleged father? Yes | No
If yes, please explain: _____

c. Why do you believe these men are not the father of the child? _____

OTTAWA COUNTY CHILD SUPPORT ENFORCEMENT AGENCY
ADDENDUM TO JFS 07076 – ESTABLISHMENT QUESTIONNAIRE

8. Was the mother married at the time of the child's birth? Yes | No (If no, skip to question 9)
- a. Is this spouse the alleged father of the child? Yes | No (If yes, skip to question 9)
- b. Why do you believe this spouse is not the father of the child? _____

(Attach any documents such as divorce orders or prior finding of non-paternity if applicable)
- c. Full name of spouse: _____
- d. Address of spouse: _____
9. Is there any other legally presumed father or man who claims to be the father of the child? Yes | No
(If no, skip to question 10)
- a. Please list the names of any other men: _____

- b. Please provide addresses for any other men: _____

- c. Why do you believe these men are not the father of the child? _____

10. Is there a father listed on the child's birth certificate? Yes | No
- a. If yes, who? _____
11. Has there ever been a paternity action regarding the child in any other county or state? Yes | No
- a. If yes, when, and where? _____

12. Did the mother and alleged father ever reside together? Yes | No
- a. If yes, please list the dates the parents resided together: _____

OTTAWA COUNTY CHILD SUPPORT ENFORCEMENT AGENCY
ADDENDUM TO JFS 07076 – ESTABLISHMENT QUESTIONNAIRE

13. Has the mother told the alleged father that he is the father of the child? Yes | No
14. Is the alleged father listed on the birth certificate of the child? Yes | No
15. Has the alleged father admitted that he is the father of the child? Yes | No
16. Has the alleged father signed an acknowledgment of paternity? Yes | No
17. Has the alleged father ever sent cards/letters/text messages/emails regarding the pregnancy or child? Yes | No
18. Did the alleged father visit the mother and/or child at the hospital following the birth? Yes | No
19. Was the alleged father present at the birth of the child? Yes | No
20. Did the alleged father offer to pay for any medical expenses? Yes | No
21. Did the alleged father offer to pay for an abortion? Yes | No
22. Did the alleged father pay for the birth or any related expenses? Yes | No
23. Has the alleged father ever claimed the child on his tax return? Yes | No
24. Has the alleged father ever provided food, clothing, gifts, or other financial support for the child? Yes | No

a. If yes, please explain: _____

25. Has the alleged father ever lived with the child? Yes | No

a. If yes, please explain: _____

OTTAWA COUNTY CHILD SUPPORT ENFORCEMENT AGENCY
ADDENDUM TO JFS 07076 – ESTABLISHMENT QUESTIONNAIRE

26. Has the alleged father ever visited the child?

Yes | No

a. If yes, please explain: _____

27. Does the child resemble the alleged father?

Yes | No

a. If yes, please explain: _____

28. Are there any witnesses to the mother's relationship with the alleged father?

Yes | No

a. If yes, please explain: _____

29. Please provide the following information regarding the **ALLEGED FATHER**:

a. Place of birth: _____

b. Mother's name, including maiden name: _____

c. Father's name: _____

d. Any nicknames: _____

e. Any distinguishing marks or tattoos: _____

f. Current or normal occupation/type of work: _____

g. Current or last known employer: _____

h. Address of listed employer: _____

OTTAWA COUNTY CHILD SUPPORT ENFORCEMENT AGENCY
ADDENDUM TO JFS 07076 – ESTABLISHMENT QUESTIONNAIRE

i. Physical description, including height, weight, hair color, eye color, race: _____

j. Previous places they have lived: _____

k. Names of current or previous spouses, or partners: _____

l. Are they currently residing with anyone? Yes | No If yes, please explain: _____

m. Type of vehicle they own, or drive: _____

n. Have they ever been arrested? Yes | No If yes, please explain: _____

o. Have they ever served in the military? Yes | No If yes, please explain: _____

p. Do they possess any licenses, professional or recreational (i.e.: Realtor, Physician, Hunting, Driver's, etc.), and in which state(s) are they licensed? _____

q. Do they have any other children? Yes | No If yes, please list names and ages: _____

OTTAWA COUNTY CHILD SUPPORT ENFORCEMENT AGENCY
ADDENDUM TO JFS 07076 – ESTABLISHMENT QUESTIONNAIRE

r. Do they receive any of the following?

- | | | | | |
|-------------------------------|------------------------------|--|-----------------------------|---------------------|
| i. Cash Assistance | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | If yes, When? _____ |
| ii. Food Assistance | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | If yes, When? _____ |
| iii. Medicaid Benefits | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | If yes, When? _____ |
| iv. Unemployment Compensation | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | If yes, When? _____ |
| v. Worker's Compensation | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | If yes, When? _____ |
| vi. Social Security Benefits | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | If yes, When? _____ |
| vii. Veteran's Benefits | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | If yes, When? _____ |

30. Please provide the following information regarding the **MOTHER**:

a. Place of birth: _____

b. Mother's name, including maiden name: _____

c. Father's name: _____

d. Any nicknames: _____

e. Any distinguishing marks or tattoos: _____

f. Current or normal occupation/type of work: _____

g. Current or last known employer: _____

h. Address of listed employer: _____

i. Physical description, including height, weight, hair color, eye color, race: _____

j. Previous places they have lived: _____

k. Names of current or previous spouses, or partners: _____

OTTAWA COUNTY CHILD SUPPORT ENFORCEMENT AGENCY
ADDENDUM TO JFS 07076 – ESTABLISHMENT QUESTIONNAIRE

l. Are they currently residing with anyone? Yes | No If yes, please explain: _____

m. Type of vehicle they own, or drive: _____

n. Have they ever been arrested? Yes | No If yes, please explain: _____

o. Have they ever served in the military? Yes | No If yes, please explain: _____

p. Do they possess any licenses, professional or recreational (i.e.: Realtor, Physician, Hunting, Driver's, etc.), and in which state(s) are they licensed? _____

q. Do they have any other children? Yes | No If yes, please list names and ages: _____

r. Do they receive any of the following?

- | | | | |
|-------------------------------|------------------------------|-----------------------------|---------------------|
| i. Cash Assistance | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, When? _____ |
| ii. Food Assistance | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, When? _____ |
| iii. Medicaid Benefits | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, When? _____ |
| iv. Unemployment Compensation | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, When? _____ |
| v. Worker's Compensation | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, When? _____ |
| vi. Social Security Benefits | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, When? _____ |
| vii. Veteran's Benefits | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, When? _____ |

31. Where and how did the mother and alleged father meet? _____

32. When was the last time you had contact with the mother or alleged father? _____

OTTAWA COUNTY CHILD SUPPORT ENFORCEMENT AGENCY
ADDENDUM TO JFS 07076 – ESTABLISHMENT QUESTIONNAIRE

33. Is there any past or present court activity regarding the child? Yes | No

a. If yes, please check all that apply:

- i. Adoption
- ii. Children's Services
- iii. Custody
- iv. Dissolution
- v. Divorce
- vi. Guardianship
- vii. Shared Parenting
- viii. Surrogacy
- ix. Visitation
- x. Other: _____

b. Please provide the Court name, County, and State of any existing orders: _____

34. Who has legal custody of the child? _____

35. Who has physical custody of the child? _____

36. Is the child currently receiving cash assistance? Yes | No If yes, please provide the effective date and the amount: _____

37. Is the child currently receiving Medicaid? Yes | No If yes, please provide the effective date and the Medicaid billing number: _____

38. Is there an active protection order or threat of domestic violence for the child or either parent or guardian? Yes | No

a. If yes, please explain: _____

OTTAWA COUNTY CHILD SUPPORT ENFORCEMENT AGENCY
ADDENDUM TO JFS 07076 – ESTABLISHMENT QUESTIONNAIRE

b. Please indicate if any of the following apply:

- i. A parent or the child is being subjected to domestic violence. Yes | No
- ii. The legal adoption of the child is pending. Yes | No
- iii. The child was conceived as a result of incest or rape. Yes | No

Note: If you answered yes to any of these questions you may qualify for a Good Cause Waiver. A Good Cause Waiver waives your requirement to participate in the establishment of paternity or support as it would not be in the best interest of the child. Please indicate if you would like to request a Good Cause Waiver: Yes | No

39. Please provide any other information that you feel may be helpful: _____

40. Please attach the following verifications:

- a. A copy of the child’s birth certificate
- b. Any court orders regarding the child
- c. Any previous findings of paternity for the child
- d. Any protection order or a written statement regarding potential threat
- e. Photo of alleged father
- f. Photo of alleged father with child
- g. Correspondence received from alleged father regarding pregnancy or child
- h. Any other documents you feel may be helpful

By signing below, you are acknowledging that you have fully answered the questions above and that the answers you have provided are true to the best of your knowledge.

SIGNATURE OF APPLICANT

DATE OF SIGNATURE

WRITTEN NAME OF APPLICANT

PHONE NUMBER