

**LA CROSSE COUNTY CHILD SUPPORT
MANDATORY PATERNITY INTERVIEW FORM**

Failure to complete and return this form could result in denial of any public assistance received

IVD # _____ CHILD'S NAME _____ SS _____

Information on MOTHER:

Name _____ Date of Birth _____

Address _____ SSN: _____

Phone numbers (cell) _____ (home) _____ (work) _____

Employer Name, Address, phone _____

Marital status at time of child's conception or birth:

() married at conception () married at birth () never married () divorced at conception

If married: Date of marriage _____ Husband's name _____ SS# _____

Husband's address: _____ City/State _____

If divorced: Date, county and state of divorce _____

Please provide copies of any divorce orders.

Information on CHILD:

1. Child's full name _____ Date of Birth _____ SS# _____

2. Name & location of hospital where child was born: _____

If child was born outside Wisconsin, please provide a copy of the birth certificate

3. Birth weight: ____pounds ____ounces 4. Type of delivery:
Normal _____ Caesarean _____

5. Did Medical Assistance/BadgerCare pay for the birth? Yes _____ No _____

If no, provide copies of Explanation of Benefits and/or Insurance information. Even if paternity is already established or you are in the process of adding the father's name to the birth certificate or you reside with the father, birth costs may need to be recouped.

6. Was child conceived in Wisconsin? _____

7. Has a paternity action ever been started anywhere for this child? If so, where? _____ **Provide copies of any orders pertaining to paternity or child support established for this child.**

Have you filed a voluntary paternity acknowledgment form (blue form) with the state? _____

Date mailed _____

Information on POTENTIAL FATHER(S)

Provide the following information for each man you had sexual relations with during the conceptive period of _____ to _____.

1. Full name _____ Date of birth/Approx. age _____
(first) (middle) (last)

2. Address _____ SSN _____

3. Employer Name and Address _____

4. Phone numbers (cell) _____ (home) _____ (work) _____

5. Race _____ Eyes _____ Hair _____ Weight _____ Height _____

6. Distinguishing Marks (ie: scars or tattoos): _____

7. Is he currently in the military or on active duty? ____ Yes ____ No If Yes, where is he stationed?

8. Is he currently incarcerated? ____ If yes, where is he incarcerated? _____
9. Is he a member of any Native American Tribe? If yes, which one _____
10. Is he married? _____ Wife's Name _____
11. Does he support any other children?/name(s) _____
12. Where do these child(ren) live? _____
13. When did you last have contact with the potential father? _____

Information on additional POTENTIAL FATHERS

1. Full name _____ Date of birth/Approx. age _____
 (first) (middle) (last)
2. Address _____ SSN _____
3. Employer Name and Address _____
4. Phone numbers (cell) _____ (home) _____ (work) _____
5. Race _____ Eyes _____ Hair _____ Weight _____ Height _____
6. Distinguishing Marks (ie: scars or tattoos): _____
7. Is he currently in the military or on active duty? ____ Yes ____ No If Yes, where is he stationed?

8. Is he currently incarcerated? ____ If yes, where is he incarcerated? _____
9. Is he a member of any Native American Tribe? If yes, which one _____
10. Is he married? _____ Wife's Name _____
11. Does he support any other children?/name(s) _____
12. Where do these child(ren) live? _____
13. When did you last have contact with the potential father? _____

IF MORE THAN TWO POTENTIAL FATHERS, PLEASE ATTACH A SHEET WITH NAMES

Additional comments: _____

Is an interpreter necessary for either you or the potential father(s)? ____ If yes, what language? _____
 I certify that the information provided on this form is true and correct to the best of my knowledge.

 Signature Print Name Date

PLEASE PROVIDE A PICTURE OF THE POTENTIAL FATHER(S), IF AVAILABLE