

LA CROSSE COUNTY CHILD SUPPORT
UNBORN PATERNITY INTERVIEW FORM

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

IVD # _____ Support Specialist _____

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 BABY estimated due date: _____

1. Medical Assistance/BadgerCare to pay for the birth? Yes _____ No _____

2. Do you have Private Insurance through an employer or a parent? Yes _____ No _____

**** Provide name of Insurance provider.** _____

2. Was child conceived in Wisconsin? _____

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