

**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.**

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**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? \_\_\_\_\_

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**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? \_\_\_\_\_

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**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***