

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE**

**INDIO** 47-671 Oasis St., Indio, CA 92201  
 **MURRIETA** 30755-G Auld Rd., Murrieta, CA 92563

**RIVERSIDE** 9991 County Farm Rd., Riverside, CA 92503

**RI-JV014**

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar Number and Address</i> )     TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	FOR COURT USE ONLY     CASE NUMBER: _____
CHILD'S NAME:  ( <i>Complete a separate form for each child</i> )	
<b>PARENTAGE QUESTIONNAIRE</b>	

**COMPLETE FORM AND RETURN TO YOUR ATTORNEY:**

Because you are signing this form under the penalty of perjury, your answers have the same effect as testimony before the court and you are legally obligated to tell the truth. This form may be provided to the local child support agency for the purposes of obtaining support for the child.

Mother's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Please list all potential fathers and provide the requested information.*

A. Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

- |                                                                         |                               |                             |
|-------------------------------------------------------------------------|-------------------------------|-----------------------------|
| 1. Is the father's name on the child's birth certificate?               | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| 2. Was the father at the hospital when the child was born?              | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| 3. Were you married to the father at the time the child was born?       | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| 4. Were you living with the father at the time the child was conceived? | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| 5. Did the father live with the child at any time after the birth?      | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| 6. Was paternity testing done?                                          | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| 7. Was paternity ever established in court?                             | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| 8. Did a court ever order the father to pay child support?              | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| 9. Is there any court case involving custody of the child?              | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |

\*If yes, please provide the type of case, the name of the county and the case number.

Family Law     Probate     Juvenile    Name of County: \_\_\_\_\_

Case Number(s) \_\_\_\_\_

CHILD'S NAME	CASE NUMBER:
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B. Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_


- |                                                                         |                               |                             |
|-------------------------------------------------------------------------|-------------------------------|-----------------------------|
| 1. Is the father's name on the child's birth certificate?               | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| 2. Was the father at the hospital when the child was born?              | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| 3. Were you married to the father at the time the child was born?       | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| 4. Were you living with the father at the time the child was conceived? | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| 5. Did the father live with the child at any time after the birth?      | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| 6. Was paternity testing done?                                          | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| 7. Was paternity ever established in court?                             | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| 8. Did a court ever order the father to pay child support?              | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| 9. Is there any court case involving custody of the child?              | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |

\*If yes, please provide the type of case, the name of the county and the case number.

Family Law     Probate     Juvenile    Name of County: \_\_\_\_\_  
 Case Number(s) \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
 (TYPE OR PRINT NAME OF  ATTORNEY  PARTY MAKING DECLARATION)     \_\_\_\_\_ (SIGNATURE)