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|--------------|--------------|
| CHILD'S NAME | CASE NUMBER: |
|--------------|--------------|

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)