

SETS #: \_\_\_\_\_

## Custodial/ Noncustodial Questionnaire

### You Must Complete and Return This Packet

These questions are personal, but *you are still required to answer them*. If you are not the biological parent, answer them to the best of your ability.

**Once you have completed this form, return it to: Hamilton County CSEA, 222 E. Central Parkway, Cincinnati, OH 45202**

#### Your Information

First Name:	Middle Initial:	Last Name:	DOB:	SSN:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Your address (include city, state, & zip)			Your Phone #	Relationship to child: <input type="checkbox"/> Birth parent; <input type="checkbox"/> Non-birth parent; <input type="checkbox"/> Caretaker/Legal guardian	
Does the child(ren) live with you? <input type="checkbox"/> Y <input type="checkbox"/> N, If not, with whom and where does the child(ren) live?					
<b>If you are <u>under</u> the age of 18, you must provide the name and address of your parent(s)/guardian.</b>					
Your Parent's Name and address:		Your Parent's Name and address:		Your Guardian's Name and address:	

#### Child(ren)'s Information – Attach additional questionnaires as needed. If you have them, please provide a copy of each child's birth certificate.

#1 Child's First, Middle, Last Name: (as listed on birth certificate)	DOB:	SSN:	Sex: <input type="checkbox"/> M; <input type="checkbox"/> F	Hospital of Birth:
Were you pregnant 9 months with this child: <input type="checkbox"/> Y <input type="checkbox"/> N If not, what was the <b>last due date</b> you were given?	Was the child conceived or born during a legal marriage? <input type="checkbox"/> Y <input type="checkbox"/> N		Did you get pregnant in Ohio? <input type="checkbox"/> Y <input type="checkbox"/> N – If not, where did you get pregnant?	
*Use the chart on the instruction sheet to answer this section* During the months of _____, _____ (month of pregnancy), and _____, did you have sexual intercourse with any man other than the alleged father? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, give their name(s).			Have you ever lived with the child's non-birth parent? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, when and where?	
Does this individual believe they are the parent? <input type="checkbox"/> Y <input type="checkbox"/> N – If not, why?	Could any other person be the child's biological parent? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, list their name(s) and address(es). <b>(Additional questionnaires must be completed for any man named.)</b>			
Has a court or agency in another state or Ohio County found a person to be the parent of the child or established an order for support? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, where?	Has the non-birth parent given you any other types of support? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, what?			
Does your child receive any Soc. Sec benefits? <input type="checkbox"/> N <input type="checkbox"/> Y If yes, how much? \$ _____	Have you ever had DNA testing with someone for this child? <input type="checkbox"/> N <input type="checkbox"/> Y If yes, what was the noncustodial parent's name(s) and what were the results?			
#2 Child's First, Middle, Last Name: (as listed on birth certificate)	DOB:	SSN:	Sex: <input type="checkbox"/> M; <input type="checkbox"/> F	Hospital of Birth:
Were you pregnant 9 months with this child: <input type="checkbox"/> Y <input type="checkbox"/> N If not, what was the <b>last due date</b> you were given?	Was the child conceived or born during a legal marriage? <input type="checkbox"/> Y <input type="checkbox"/> N		Did you get pregnant in Ohio? <input type="checkbox"/> Y <input type="checkbox"/> N – If not, where did you get pregnant?	
*Use the chart on the instruction sheet to answer this section* During the months of _____, _____ (month of pregnancy), and _____, did you have sexual intercourse with any man other than the alleged father? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, give the man's name(s).			Have you ever lived with the child's non-birth parent? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, when & where?	
Does this individual believe they are the parent? <input type="checkbox"/> Y <input type="checkbox"/> N – If not, why?	Could any other person be the child's biological parent? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, list their name(s) and address(es). <b>(Additional questionnaires must be completed for any man named.)</b>			
Has a court or agency in another state or Ohio County found a person to be the parent of the child or established an order for support? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, where?	Has the non-birth parent given you any other types of support? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, what?			
Does your child receive any Soc. Sec benefits? <input type="checkbox"/> N <input type="checkbox"/> Y If yes, how much? \$ _____	Have you ever had DNA testing with someone for this child? <input type="checkbox"/> N <input type="checkbox"/> Y If yes, what was the noncustodial parent's name(s) and what were the results?			

## Additional children with the same biological parents

### Child(ren)'s Information – If you have them, please provide a copy of each child's birth certificate.

Child's First ,Middle, Last Name: (as listed on birth certificate)	DOB:	SSN:	Sex: <input type="checkbox"/> M; <input type="checkbox"/> F	Hospital of Birth:
Were you pregnant 9 months with this child: <input type="checkbox"/> Y <input type="checkbox"/> N If not, what was the <b>last due date</b> you were given?	Was the child conceived or born during a legal marriage? <input type="checkbox"/> Y <input type="checkbox"/> N		Did you get pregnant in Ohio? <input type="checkbox"/> Y <input type="checkbox"/> N – If not, where did you get pregnant?	
*Use the chart on the instruction sheet to answer this section* During the months of _____, _____ (month of pregnancy), and _____, did you have sexual intercourse with any man other than the alleged father? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, give their name(s).			Have you ever lived with the child's non-birth parent? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, when & where?	
Does this individual believe they are the parent? <input type="checkbox"/> Y <input type="checkbox"/> N – If not, why?	Could any other person be the child's biological parent? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, list their name(s) and address(es). <b>(Additional questionnaires must be completed for any man named.)</b>			
Has a court or agency in another state or Ohio County found a person to be the parent of the child or established an order for support? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, where?	Has the non-birth parent given you any other types of support? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, what?			
Does your child receive any Soc. Sec benefits? <input type="checkbox"/> N <input type="checkbox"/> Y If yes, how much? \$ _____	Have you ever had DNA testing with someone for this child? <input type="checkbox"/> N <input type="checkbox"/> Y If yes, what was the noncustodial parent's name(s) and what were the results?			

  

Child's First, Middle, Last Name: (as listed on birth certificate)	DOB:	SSN:	Sex: <input type="checkbox"/> M; <input type="checkbox"/> F	Hospital of Birth:
Were you pregnant 9 months with this child: <input type="checkbox"/> Y <input type="checkbox"/> N If not, what was the <b>last due date</b> you were given?	Was the child conceived or born during a legal marriage? <input type="checkbox"/> Y <input type="checkbox"/> N		Did you get pregnant in Ohio? <input type="checkbox"/> Y <input type="checkbox"/> N – If not, where did you get pregnant?	
*Use the chart on the instruction sheet to answer this section* During the months of _____, _____ (month of pregnancy), and _____, did you have sexual intercourse with any man other than the alleged father? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, give the man's name(s).			Have you ever lived with the child's non-birth parent? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, when & where?	
Does this individual believe they are the parent? <input type="checkbox"/> Y <input type="checkbox"/> N – If not, why?	Could any other person be the child's biological parent? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, list their name(s) and address(es). <b>(Additional questionnaires must be completed for any man named.)</b>			
Has a court or agency in another state or Ohio County found a person to be the parent of the child or established an order for support? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, where?	Has the non-birth parent given you any other types of support? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, what?			
Does your child receive any Soc. Sec benefits? <input type="checkbox"/> N <input type="checkbox"/> Y If yes, how much? \$ _____	Have you ever had DNA testing with someone for this child? <input type="checkbox"/> N <input type="checkbox"/> Y If yes, what was the noncustodial parent's name(s) and what were the results?			

  

Child's First ,Middle, Last Name: (as listed on birth certificate)	DOB:	SSN:	Sex: <input type="checkbox"/> M; <input type="checkbox"/> F	Hospital of Birth:
Were you pregnant 9 months with this child: <input type="checkbox"/> Y <input type="checkbox"/> N If not, what was the <b>last due date</b> you were given?	Was the child conceived or born during a legal marriage? <input type="checkbox"/> Y <input type="checkbox"/> N		Did you get pregnant in Ohio? <input type="checkbox"/> Y <input type="checkbox"/> N – If not, where did you get pregnant?	
*Use the chart on the instruction sheet to answer this section* During the months of _____, _____ (month of pregnancy), and _____, did you have sexual intercourse with any man other than the alleged father? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, give the man's name(s).			Have you ever lived with the child's non-birth parent? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, when & where?	
Does this individual believe they are the parent? <input type="checkbox"/> Y <input type="checkbox"/> N – If not, why?	Could any other person be the child's biological parent? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, list their name(s) and address(es). <b>(Additional questionnaires must be completed for any man named.)</b>			
Has a court or agency in another state or Ohio County found a person to be the parent of the child or established an order for support? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, where?	Has the non-birth parent given you any other types of support? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, what?			
Does your child receive any Soc. Sec benefits? <input type="checkbox"/> N <input type="checkbox"/> Y If yes, how much? \$ _____	Have you ever had DNA testing with someone for this child? <input type="checkbox"/> N <input type="checkbox"/> Y If yes, what was the noncustodial parent's name(s) and what were the results?			

**Birth parent's Information – Attach additional questionnaires as needed.**

First Name:		Middle Name:		Last Name:		Maiden Name: (if applicable)	
SSN:		DOB:	Age:	Race:		Nickname/Alias	
City and State of Birth:			Height:		Weight:		Eye Color:
Address:				Current? <input type="checkbox"/> Y <input type="checkbox"/> N		Phone:	
Employer's name and Address:			Current? <input type="checkbox"/> Y <input type="checkbox"/> N		Employer's Phone:	Have they ever been married to the non-birth parent of the child(ren)? <input type="checkbox"/> N <input type="checkbox"/> Y	
Date of Marriage:	City & State of Marriage:		Date of Separation:	Date of Divorce:		County and State of Divorce:	
Has this person ever been married to anyone else? <input type="checkbox"/> N <input type="checkbox"/> Y If yes, who?		Date of Marriage		Date of Divorce:		County and State of Divorce:	
Is there a divorce pending in court? <input type="checkbox"/> N <input type="checkbox"/> Y If yes, give County and State of pending divorce:			Name of grandparent and Address:			Name of grandparent and Address:	
Does this person have any sibling's? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, what are their names?				Does this person have any other children? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, what is the name of the non-birthing parent(s) and the child(ren)? (List even if only first name is known.)			

**Non-birthing parent's Information – Attach additional questionnaires as needed.**

First Name:		Middle Name:		Last Name:		Nickname/Alias:	
SSN:		DOB:		Age:		Race:	
City and State of Birth:			Height:		Weight:		Eye Color:
Address:				Current? <input type="checkbox"/> Y <input type="checkbox"/> N		Phone:	
Employer's name and address:				Current? <input type="checkbox"/> Y <input type="checkbox"/> N		Employer's Phone:	
Have they ever been in the Armed Forces? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, which branch?				Were they ever married to the birth parent of the child(ren)? <input type="checkbox"/> N <input type="checkbox"/> Y			
Date of marriage:	City & State of Marriage:		Date of marriage:		City & State of Marriage:	Date of marriage:	
Name of grandparent and Address:				Name of grandparent and Address:			
Does this person have any sibling's? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, list their names.				Does this person have any other children? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, what is the name of the birthing parent(s) and the child(ren)? (List even if only first name is known.)			
Has custody ever been taken from a parent and granted to someone else? <input type="checkbox"/> N <input type="checkbox"/> Y – If yes, please provide a copy of the court order.							

**Interpretation Services**

Do you read and speak English fluently?	<input type="checkbox"/> Y <input type="checkbox"/> N – If no, what is your primary language?
Are you deaf or do you have severe hearing difficulty?	<input type="checkbox"/> N <input type="checkbox"/> Y – If yes, do you know sign language? <input type="checkbox"/> N <input type="checkbox"/> Y
Do you have problems reading and writing?	<input type="checkbox"/> N <input type="checkbox"/> Y

**Medical Insurance Information**

Does anyone cover the child(ren) on private medical insurance (through an employer or another parent)?	<input type="checkbox"/> N <input type="checkbox"/> Y – If yes, who is the primary participant?
Name of Insurance Company:	Policy Number:

**PLEASE READ AND INITIAL:**

\_\_\_\_\_ You have the right to claim good cause in situations where cooperation may result in physical or emotional harm to you or the child.

\_\_\_\_\_ You may request good cause by explaining your situation to your Child Support Enforcement Agency (CSEA) worker. Corroborative evidence of your good cause claim will be required.

\_\_\_\_\_ I authorize Hamilton County Child Support Enforcement Agency (CSEA) to share any and all information that I have provided about myself and/or the other parent with my public assistance worker.

**The answers I have provided on this form are full, true, and correct to the best of my knowledge. I understand that:**

- ▶ If child support accepts my case, a parentage action will be filed against the person I stated to be the natural parent at no cost to me.
- ▶ **Parentage Liability Notice (for paternity establishment cases only).** If you name a man as the natural father of your child and you know that he is not the biological father, the court may order you to pay to the man:
  - Wages he loses as a result of defending the case; and
  - All of his expenses in defending the case, including but not limited to, attorney fees, genetic testing fees, expert witness fees, and court costs.
  - In addition to the above damages, if you do not disclose the names of any other men with whom you had sexual intercourse during the 3-month conception period, you may be liable for genetic testing costs if an exclusion results.
- ▶ By federal and state law, the CSEA is obligated to enforce and/or modify your support order. However, no attorney-client relationship has been or will be established between you and the CSEA Attorney. If legal action is initiated on my behalf to establish paternity and/or support for my child, I understand that the attorney representing Hamilton County Child Support Enforcement Agency (CSEA) is not my private attorney. The CSEA Attorney represents the interests of the people of the State of Ohio and does not represent my interests. If you wish to be represented by legal counsel, you must obtain your own attorney to specifically represent your individual interest. If I decide to hire a private attorney, legal fees will be your responsibility.
- ▶ Because the CSEA Attorney does not represent you, no communication between you and the CSEA Attorney is confidential. The CSEA Attorney may tell the court anything that you tell him/her.
- ▶ In any administrative proceeding, the Child Support Enforcement Agency (CSEA) and Hearing Officers represent the State of Ohio, and not me.
- ▶ I must fully cooperate with the Child Support Enforcement Agency (CSEA) by providing accurate and truthful information to the agency representatives, appearing at all scheduled appointments, administrative hearings and judicial hearings.
- ▶ If I change my address, I must immediately report it to Child Support Enforcement Agency (CSEA).
- ▶ If I fail to cooperate with the CSEA, the Staff Attorney/CSEA Attorney will have no alternative but to dismiss my case.
- ▶ If I am on ADC/TANF/OWF or Medicaid, failing to cooperate with the CSEA could also affect my ADC/TANF/OWF and/or Medicaid benefits.

**I have fully read the above or it has been read to me. I understand the above and those parts that I did not understand have been fully explained to me. Furthermore, by signing below, I agree to waive formal service of any administrative proceedings to establish parentage and/or child support for the child(ren) herein by personal, residential, and/or certified mail and agree to be served and notified by ordinary U.S. Mail sent to my last known address.**

\_\_\_\_\_  
Signature of Person Providing Information

\_\_\_\_\_  
Date

**\*Please Note\***

- **You must complete a separate questionnaire for each absent parent named.**
- **If you are the child's parent or caretaker you must complete all sections requesting your information.**
- **If you are the child's BIRTHING PARENT you need to complete the information concerning the child's date of conception (month you became pregnant). Please follow the directions on the instruction sheet and use the chart provided to determine your date of conception.**
- **If information on the noncustodial /other parent(s) is not provided the questionnaire will be returned to you to complete the missing information and or a Child Support representative will contact you.**