

PARTY INFORMATION FORM

CASE NO: _____

1. NAME OF CHILD: _____ DOB: _____ SEX: _____

2. MOTHER'S NAME: _____ DOB: _____
ADDRESS/CITY/ZIP: _____
SSN: _____ PHONE NUMBER: _____

HAS PATERNITY BEEN ESTABLISHED?	_____ YES	_____ NO
IF SO, HOW?	_____ GENETIC TESTING	_____ ACKNOWLEDGEMENT
	_____ PRESUMED BY MARRIAGE	

3. FATHER'S NAME: _____ DOB: _____
ADDRESS/CITY/ZIP: _____
SSN: _____ PHONE NUMBER: _____

4. NAME OF PERSON FILING: _____ DOB: _____
RELATIONSHIP TO CHILD: _____
ADDRESS/CITY/ZIP: _____
SSN: _____ PHONE NUMBER: _____
EMAIL ADDRESS: _____

5. CURRENT ADDRESS OF CHILD: _____

6. PERSON CURRENTLY PROVIDING CARE AND SUPERVISION FOR CHILD:

ADDRESS/CITY/ZIP: _____