

**MANDATORY PATERNITY INTERVIEW FORM**

Worker:

IV-D#:

Return this form by to:

**JUNEAU County Child Support Agency  
COURTHOUSE ANNEX  
220 E LA CROSSE ST  
MAUSTON WI 53948**

**Information on mother:**

FULL NAME (First) (Middle) (Last)			Date of Birth
Address: Street City State Zip Code		Social Security Number or ITIN	
Employer's Name & Address (Street City State Zip Code)			Mother's Daytime Phone Marital Status at Time of Conception/Birth: <input type="checkbox"/> Married <input type="checkbox"/> Single
<b>If ever married*:</b>	Husband's Name		
	Husband's Address: Street City State Zip Code		
	Date of marriage:	Date last lived with husband:	Date of last sexual intercourse with husband:
	*If more than one marriage, attach sheet with husband's name and the above details		
<b>If divorced:</b>	Date and county/state of divorce(s):		
If you are on public assistance, the <b>Good Cause Notice</b> is enclosed			
<b>If you are presently married, list other children born to you during this marriage, but not fathered by the husband:</b>			
NAME OF CHILD		DATE OF BIRTH	SOCIAL SECURITY NUMBER

**Information on child:**

CHILD'S FULL NAME (First) (Middle) (Last)			Date of Birth/Due Date
BIRTH WEIGHT: pounds ounces		Type of delivery: <input type="checkbox"/> Normal <input type="checkbox"/> Caesarean	Name of Doctor
If child weighed less than 5 pounds, 8 ounces at birth, Original Due Date: Date of Last Menses:			
Name and location of hospital where child was born:			Name of HMO:
Did Medical Assistance pay for the birth? <input type="checkbox"/> YES <input type="checkbox"/> NO		If not Medical Assistance, who paid for birth?	
Social Security Number		Has a paternity action ever been started anywhere for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, where?	

**Information on potential father(s): Provide the following information for each man you had sexual intercourse with during the conceptive period of [ ] to [ ]**

FULL NAME (First) (Middle) (Last)			Other Name(s) Used	
Address: Street City State Zip Code		Date & Place of Birth		
Employer's Name & Address (Street City State Zip Code)				Social Security Number or ITIN
Cell Phone		Home Phone		Work Phone
Race	Eyes	Hair	Weight	Height
Scars or Tattoos				

Is he married? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, wife's name:	Ever arrested/incarcerated? If yes, when & where? <input type="checkbox"/> YES <input type="checkbox"/> NO
Does he support any other children? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, name(s):	
Where do they live?	Did sexual intercourse occur in Wisconsin? If no, what state? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Did you voluntarily agree (consent) to the sexual intercourse? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>List any other children born to or adopted together with this man:</b>		
NAME OF CHILD	DATE OF BIRTH	SOCIAL SECURITY NUMBER

**Information on additional potential father(s):**

FULL NAME (First) (Middle) (Last)			Other Name(s) Used		
Address: Street		City	State	Zip Code	Date & Place of Birth
Employer's Name & Address (Street City State Zip Code)				Social Security Number or ITIN	
Cell Phone		Home Phone		Work Phone	
Race	Eyes	Hair	Weight	Height	Scars or Tattoos
Is he married? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, wife's name:		Ever arrested/incarcerated? If yes, when & where? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Does he support any other children? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, name(s):				
Where do they live?	Did sexual intercourse occur in Wisconsin? If no, what state? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Did you voluntarily agree (consent) to the sexual intercourse? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>List any other children born to or adopted together with this man:</b>					
NAME OF CHILD		DATE OF BIRTH		SOCIAL SECURITY NUMBER	

**If you are naming more than 2 potential fathers, attach a sheet with the names and full information.**

ADDITIONAL COMMENTS:
Do you need an interpreter? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what language?
Have you filed a voluntary paternity acknowledgment form for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what state? Date mailed:
If no, do you intend to file a voluntary paternity acknowledgment form? <input type="checkbox"/> YES <input type="checkbox"/> NO

I certify that the information provided on this form is true and correct to the best of my knowledge.	
Signature	Date

**Provide a picture of the potential father(s) if available**