

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

INDIO 47-671 Oasis St., Indio, CA 92201
 MURRIETA 30755-D Auld Rd., Ste. 1226, Murrieta, CA 92563

RIVERSIDE 9991 County Farm Rd., Riverside, CA 92503

RI-JV014

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|---|--|
| 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>) | |
| PARENTAGE QUESTIONNAIRE | |

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: |
|--------------|--------------|

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)