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|  |  STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS) **Paternity Information** |
| The Division of Child Support requires information from you to establish paternity and to obtain child support for the child named below. Unless you give us a good reason for not completing this form, the Community Services Division may reduce your Temporary Assistance for Needy Families grant by 25 percent. |
| **I. Information About the Natural Mother of the Child Listed in Section II** |
| FULL NAME (FIRST / MIDDLE / LAST) | Maiden Name |
| Social Security Number | Date of Birth (Month/Day/Year) | Client ID Number |
| **II. Information About the Child** |
| FULL NAME (FIRST / MIDDLE / LAST) | Date of Birth (Month/Day/Year) |
| I believe I became pregnant with this child between (Month / Year)  and (Month / Year)   |
| Could you have become pregnant in Washington State? [ ]  No [ ]  Yes |
| PlACES you could have become pregnant (City / State) | PLACE THE CHILD WAS BORN (CITY / STATE) |
| **III. Marriage / Registered Domestic Partnership Information** |
| Were you married or in a Registered Domestic Partnership when you became pregnant or the child was born?[ ]  No [ ]  Yes. **If yes, answer the next two questions.** |
| Husband / wife / partner Full Name (FIRST / MIDDLE / LAST) | Date of Marriage / entrance into partnership (Month/Day/Year) |
| Has the marriage / partnership been dissolved? [ ]  No [ ]  Yes. **If yes, answer the next two questions.** |
| Date of Divorce / DISSOLUTION | Place Divorce / Dissolution Decree Filed (City / County / State) |
| **IV. Paternity Acknowledgment Information** |
| Did you and any man sign a paternity acknowledgement for this child? [ ]  No [ ]  Yes. **If yes, answer the next two questions.** |
| Date Filed | Place Paternity Acknowledgement Filed (City / County / State) |
| **V. Information About the Possible Father** |
| **Is there more than one possible father? [ ]  No [ ]  Yes.** **If yes, complete a form for each possible father.** |
| During the time I became pregnant, I had sexual intercourse with (First / Middle / Last Name) |
| Social Security Number | Date of Birth (Month / Date / Year) | Telephone Number |
| Current Address Street City State Zip Code |
| **VI. Declaration** |
| I declare that if I have not provided any information requested in this form, it is because I do not have that information.I declare under penalty of perjury, under the laws of the state of Washington, that the foregoing is true and correct.Signed at:     City State Date (Month/Day/Year)  Signature of Mother (Full Legal Name) |