|  |  |  |  |
| --- | --- | --- | --- |
| FSFN Case Name | Click here to enter text. | Request Date | Click here to enter a date. |
| Court Case Number | Click here to enter text. | County | Click here to enter text. |
| Next Hearing Date | Click here to enter a date. | Next Hearing Type | Click here to enter text. |
| CPI/FCC Name | Click here to enter text. | CPI/FCC Unit | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Respondent’s Name | Click here to enter text. | Respondent’s Tel. | Click here to enter text. |
| Respondent’s Address | Click here to enter text. |
| What is your relationship (if any) to the child?  | Click here to enter text. |
| What is your relationship (if any) to the missing parent? | Click here to enter text. |
| What is the full name of the missing parent?  |
| Last | First | Middle | Maiden |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| What is his/her last known address?  | Click here to enter text. |
| Where is the missing parent originally from?  | Click here to enter text. |
| Do you know of any relatives, friends, or associates of the missing parent? (If so, please list names, addresses, and phone numbers to the extent known):  |
| Name | Address | Phone Number |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Are you aware of the missing parent having any children other than those in the present case? (If so, please list names, ages, and locations to the extent known):  |
| Name | Age | Location |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Do you have a phone number for the missing parent?  | Click here to enter text. |
| What is the missing parent’s date of birth?  | Click here to enter text. |
| If unknown, what is the approximate age of the missing parent?  | Click here to enter text. |
| What is the race of the missing parent?  | Choose an item. |
| Do you know where the missing parent is or has been employed presently or in the past? (Please list past employers to the fullest extent known.)  |
| Business Name | Location | When |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| What line of work is the missing parent in?  | Click here to enter text. |
| Does the missing parent have a possible criminal history and if so, in what county and state?  | [ ]  Yes [ ]  No |
| County | Click here to enter text. | State | Click here to enter text. |
| County | Click here to enter text. | State | Click here to enter text. |
| County | Click here to enter text. | State | Click here to enter text. |

If the person responding to this questionnaire is the mother of the child please additionally answer the following:

|  |  |
| --- | --- |
| In what city was the child conceived?  | Click here to enter text. |
| On what date was the child conceived?  | Click here to enter text. |
| Were you married to the father of the child at the time of conception?  | [ ]  Yes [ ]  No |
| Were you married to someone other than the father of the child at the time of conception? (If yes, please provide name and current address and phone if known.)  | [ ]  Yes [ ]  No |
| Name | Address | Phone Number |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Did you receive payments or promises of support with respect to the child or because of the pregnancy from a man claiming to be the father of the child? | [ ]  Yes [ ]  No |
| Did you name a father on the birth certificate? | [ ]  Yes [ ]  No |
| Did you name a father on an application for public assistance? | [ ]  Yes [ ]  No |