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| --- | --- | --- | --- |
| 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. |

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| 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. | |
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| 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. | | | | | |
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| 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 |