

**MANDATORY PATERNITY INTERVIEW FORM**

Worker: (XDA763) IV-D#:

Return this form by to:

**Dane County Child Support Agency  
CITY-COUNTY BLDG RM 365  
210 MARTIN LUTHER KING JR BLVD  
MADISON WI 53703 3350**

**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: [ ] Married [ ] Single	
<b>If ever married*:</b>	Husband's Name:		Birth date:	SSN:	Phone:
	Husband's Address: Street		City	State	Zip Code
	Marriage date:	Marriage County/ State:	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: [ ] Normal [ ] Caesarean		Name of Doctor	
If child weighed less than 5 pounds, 8 ounces at birth, Original Due Date: Date of Last Menses:			Sex:		
Name and location of hospital where child was born:			Name of HMO:		
Did Medical Assistance pay for the birth? [ ] YES [ ] NO		If not Medical Assistance, who paid for birth?			
Social Security Number		Has a paternity action ever been started anywhere for this child? [ ] YES [ ] 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:**

FULL NAME (First) (Middle) (Last)			Other Name(s) Used			
Address: Street		City	State	Zip Code	Date & Place of Birth	Approximate age
Did he ever live in Wisconsin? [ ] YES [ ] NO If yes, what town/city?						
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		
Is his name on the birth certificate? <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	Approximate age
Did he ever live in Wisconsin? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, what town/city?				
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						
Is his name on the birth certificate? <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

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

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

## GOOD CAUSE NOTICE

Personal information you provide may be used for secondary purposes [Privacy Law, § 15.04(1)(m), Wisconsin Statutes.]

To receive Wisconsin Works (W-2) services, Child Care Assistance (CC), BadgerCare Plus (BC+) or Medicaid, you are required by law to cooperate with the W-2, county or tribal human/social services and child support agencies. You must cooperate in getting any support (financial or medical) owed to you and any child for whom you want W-2, CC, BC+ or Medicaid. Any parent in a W-2 household must cooperate to receive W-2 or CC services. The eligibility of children and pregnant women for Medicaid is not affected if you fail to cooperate.

### Cooperation means that you may have to do one or more of the following:

1. Name the parent of any child included in your application for W-2, CC, BC+ or Medicaid and give information to help find that parent.
2. Help to legally identify the father of any child for whom W-2, CC, BC+ or Medicaid is requested or received.
3. Help to obtain money or property owed to you or the child(ren) who receive W-2, CC, BC+ or Medicaid.
4. Attend required court hearings and agency appointments, including appointments for genetic testing.
5. Report to your worker or child support agency any court ordered child support paid directly to you by the absent parent.
6. Identify and provide information to help the State pursue any third party who may be liable to pay for medical care and services.
3. Your cooperation with the child support agency would make it more difficult for you to escape domestic abuse or risk further domestic abuse;
4. Your child was born as a result of incest or sexual assault;
5. A petition for the adoption of your child has been filed with a court or;
6. You are working with an agency which is helping you to decide whether you will place your child for adoption.

### Your cooperation is important because it may help you and your child(ren):

1. Find the absent parent.
2. Legally establish the identity of your child's father.
3. Become eligible for Social Security, Veterans or other government benefits in the future.
4. Receive adequate child or medical support payments or both to end your need for W-2, CC, BC+ or Medicaid.

You may have a good reason for not cooperating. The following are circumstances under which the Wisconsin Works (W-2), county or tribal human/social services agency may find that you have "good cause" for not cooperating:

1. Your cooperation could result in physical and/or emotional harm to your child, including child kidnapping;
2. Your cooperation could result in physical and/or emotional harm to you, including domestic abuse;

**If you have a good reason for not cooperating with child support, you may claim "good cause" by contacting your economic support worker.** You will be given a claim form which explains how to claim "good cause." You may also ask for the claim form to help you decide whether or not to claim "good cause." The claim may be requested or submitted at any time. If you claim "good cause," notify child support.

If your claim of "good cause" for not cooperating with the child support agency is denied by the W-2, county or tribal human/social services agency, you will not be eligible for W-2 services, CC, BC+ or Medicaid unless you begin to cooperate. If you are receiving BC+ or Medicaid, your child(ren) may still be eligible. The W-2, county or tribal human/social services and child support agencies will continue in the effort to obtain any financial and medical support for the child(ren) who are covered by Medicaid.

If you are receiving W-2 services and you do not agree with the "good cause" claim decision, you may request a Fact Finding Review by writing your worker or W-2 agency within 45 days of the decision date.

If you are receiving BC+, Medicaid or CC, and you do not agree with the "good cause" claim decision, you may request a Fair Hearing by writing to the Department of Administration, Division of Hearings and Appeals within 45 days of the effective date.