

PARENTAGE QUESTIONNAIRE

DCSS 0095 (04/24/2022)

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| Please complete this form to the best of your ability. Complete a separate Parentage Questionnaire for each child. | | Case Name: [CP_PRIMARY_NAME] |
| Child Name | Approximate Date and Place of Conception (City/State) | |
| Child Date of Birth | Place of Birth (City/State) | |
| Birth Parent | Other Parent | |

Privacy Statement

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act of 1974 (Public Law 93-579) requires that this notice be provided when collecting personal information from individuals. Information requested on this form, including your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), is used by the Department of Child Support Services (DCSS) for purposes of identification and communication with you. The DCSS is required, under Section 466(a)(13) of the Social Security Act, to collect the SSN of any individual who is subject to a divorce decree, support order, or parentage determination or acknowledgement. SSN information is mandatory, ITIN information is voluntary and will be kept on file at the local child support agency (LCSA) to locate and identify individuals and assets for the purpose of establishing, modifying, and enforcing child support obligations. You may find the LCSA closest to you by reviewing www.childsupport.ca.gov or calling (866) 901-3212. You may have a right to access records containing personal information, subject to state and federal law. Failure to provide SSN/ITIN information can result in the LCSA having an inability or reduced ability to establish, enforce or modify support obligations. Enrolling a child in health insurance may require the release of the child's SSN/ITIN and mailing address to the other parent's employer or the release of the child's SSN/ITIN to the other parent. The information in your case may be discussed with or given to the State, other public agencies that can legally receive such information, and to the other parent or their attorney to the extent required by law.

Glossary

Assisted Reproduction - Donation of sperm or egg in the conception of a child.

Birth Parent - The parent who gave birth to the child(ren).

Conceive - The birth parent becoming pregnant with the child.

Genetic Parent - A person related to the child by genetic material (sperm or egg).

Genetic Test - A test of a person's blood, hair or saliva to determine if they are the probable parent of a child.

Intended Parent(s) - A person who, by agreement, is to be a parent of the child conceived by assisted reproduction.

LCSA - Local Child Support Agency.

Other Parent - The only other genetic parent (besides the birth parent) OR the intended parent under an agreement for assisted reproduction to conceive the child/ren.

Parentage - A legal finding of the parent(s) of a child.

Paternity - A legal finding of the biological father of a child.

Presumed Parent(s) - The law will presume a person to be a child's parent when specific circumstances are met, even if that person is not the natural/biological parent of the child.

Surrogacy - An agreement to carry a child that is not genetically related to the carrier.

Voluntary Declaration of Parentage - A legal document, often signed at the time of the child's birth, declaring the legal parents of the child. It is also known as a Voluntary Acknowledgement of Paternity or a Voluntary Declaration of Paternity.

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Child Name:

Child Date of Birth:

Please answer all of the following six questions to determine which section(s) of the Parentage Questionnaire to complete. Additional comments may be provided in Section VIII. Once you have completed the six questions and any additional required sections, sign and date page 4.

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| 1. Are there any court orders naming the legal parents of the child? This could include a divorce order, adoption decree, parentage or support order. | <input type="checkbox"/> YES Complete SECTION I: EXISTING PARENTAGE JUDGMENT <input type="checkbox"/> NO |
| 2. Has the BIRTH PARENT and/or anyone else signed and filed a Voluntary Declaration of Parentage (VDOP) for the child? | <input type="checkbox"/> YES Complete SECTION II: VDOP <input type="checkbox"/> NO Notify the LCSA if both parents are willing to sign a VDOP to establish parentage for the child |
| 3. Was the BIRTH PARENT married when the child was conceived and born? | <input type="checkbox"/> YES Complete SECTION III: MARITAL PRESUMPTION <input type="checkbox"/> NO Complete SECTION IV: PRESUMED PARENT and SECTION V: GENETIC RELATIONSHIP |
| 4. Is the OTHER PARENT the genetic parent of the child? | <input type="checkbox"/> YES Complete SECTION IV: PRESUMED PARENT and SECTION V: GENETIC RELATIONSHIP <input type="checkbox"/> NO |
| 5. Was the child conceived by egg or sperm donation? | <input type="checkbox"/> YES Complete SECTION VI: INTENDED PARENTS . If the donor was your spouse, complete SECTION III: MARITAL PRESUMPTION <input type="checkbox"/> NO |
| 6. Was the child conceived by surrogacy? | <input type="checkbox"/> YES Complete SECTION VII: SURROGACY <input type="checkbox"/> NO |

SECTION I: EXISTING PARENTAGE JUDGMENT

Please attach a copy of the court order(s) to this form.

1. Please provide the following information on the court order(s) naming the legal parents of the child.

Name and Location of Court that Issued the Order

Date of Court Order

Court Case Number

*If a Judgment exists, **stop**, sign and date on page 4.*

SECTION II: VOLUNTARY DECLARATION OF PARENTAGE (VDOP)

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| 1. Did you sign a VDOP with the OTHER PARENT? | <input type="checkbox"/> YES <input type="checkbox"/> NO Provide the name. |
| 2. Is the OTHER PARENT the only possibly genetic father? | <input type="checkbox"/> YES <input type="checkbox"/> NO Complete SECTION V: GENETIC RELATIONSHIP |
| 3. What state was the VDOP filed in? Attach a copy if not filed in California. | |
| 4. Is the OTHER PARENT'S name on the child's birth certificate? | <input type="checkbox"/> YES <input type="checkbox"/> NO Provide the name(s) that appear on the child's birth certificate. |

Attach a copy of the child's birth certificate.

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Child Name:

Child Date of Birth:

SECTION III: MARITAL PRESUMPTION

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| 1. Was the BIRTH PARENT married and living with their spouse when they conceived the child? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Was the BIRTH PARENT still married and living with the same spouse when the child was born? | <input type="checkbox"/> YES What is the spouse's name? <input type="checkbox"/> NO |

If you answered NO to Question 1 or 2 above, complete **SECTION IV: PRESUMED PARENT**

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| 3. If the BIRTH PARENT'S spouse was male, was he impotent or sterile at the time the BIRTH PARENT conceived the child? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. If the BIRTH PARENT'S marriage, identified in Question 1, has ended, what date did it legally end? (Date of judgment of Dissolution or date of death of one spouse) | |

SECTION IV: PRESUMED PARENT

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| 1. Was the child born during or within 300 days of the legal end of the BIRTH PARENT'S marriage? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, is the BIRTH PARENT'S spouse from that marriage with the OTHER PARENT? | <input type="checkbox"/> YES <input type="checkbox"/> NO Provide the spouse's name. |
| 2. Did the BIRTH PARENT marry after the child's birth? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| a. Was the new spouse's name put on the child's birth certificate? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| b. Is the new spouse obligated by court order to support the child? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| c. Did the new spouse promise in writing (cards, letters, email or text message) to support the child? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Is the new spouse the OTHER PARENT? | <input type="checkbox"/> YES <input type="checkbox"/> NO Provide the new spouse's name. |
| 4. Has the OTHER PARENT been living in the same home as the child? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Has the OTHER PARENT told people the child is theirs? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Has the OTHER PARENT paid pregnancy costs? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7. Has the OTHER PARENT paid costs to support the child since the child's birth? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 8. Has the OTHER PARENT ever claimed the child on their income tax return? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

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Child Name:

Child Date of Birth:

SECTION V: GENETIC RELATIONSHIP

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| 1. Has genetic testing been done on the child and the OTHER PARENT? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Did the genetic test establish that the OTHER PARENT is a genetic parent of the child? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Did the BIRTH PARENT have sexual intercourse with the OTHER PARENT during the month, the month before, or the month after conceiving the child? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Did the BIRTH PARENT have sexual intercourse with anyone other than the OTHER PARENT during the month, the month before, or the month after conceiving the child? | <input type="checkbox"/> YES Provide the name(s). <input type="checkbox"/> NO |

SECTION VI: INTENDED PARENTS*Please attach a copy of the assisted reproduction agreement for the child, if one exists.*

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| 1. Was the egg or sperm donor the BIRTH PARENT'S spouse? | <input type="checkbox"/> YES Complete SECTION III: MARITAL PRESUMPTION and SECTION IV: PRESUMED PARENT <input type="checkbox"/> NO |
| 2. Did the BIRTH PARENT'S spouse agree in writing to be a parent of the child? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Is there a written agreement for egg or sperm donation from a person who is not the BIRTH PARENT'S spouse? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Did the BIRTH PARENT and the egg or sperm donor have a written agreement for the donor to be the intended parent of the child? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Did the BIRTH PARENT and the egg or sperm donor have a written agreement that the donor WOULD NOT be a parent of the child? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

SECTION VII: SURROGACY*Please attach a copy of the surrogacy agreement for the child, if one exists.*

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| 1. Is there a surrogacy agreement naming the intended parents for the child? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If so, provide names. | |

SECTION VIII: COMMENTS *(Please reference the above section(s) and question number(s) you are making comments on. Attach additional sheets of paper if needed)****I declare under penalty of perjury under the laws of the State of California that the information on this form is true and correct to the best of my knowledge and belief.***

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| Signature | Day, Month, Year Signed |
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