

Columbiana County CSEA Application for Services
Questionnaire

Child/Children's Information

Name of child: _____ Date of birth: _____

Race: _____ Sex: _____ Social Security No: _____

City & state where this child was born: _____

Circle the services needed: Establish Paternity Establish a Child Support Order Both

Address of the child: _____

Is child disabled: Yes or No

Is child receiving social security: Yes or No

Who has legal custody of this child? _____

Is there a court order which addresses custody? Yes or No

If yes, send a copy of the order if you have it available.

Is there a father listed on the child's birth certificate? Yes No I don't know

If yes, who is listed as the father of this child on the child's birth certificate?

Send a copy of the birth certificate if you have it available

Was the mother ever married?

If so, where? _____ When? _____ To who? _____

Is she still married? Yes or No

If not, when did she get a divorce? _____ Where? _____

Send a copy of the divorce papers if they are available

In what state was the child conceived? _____

Was child support ever ordered? Yes or No

If yes, please provide the name of the court, the case number & the date the order was filed as well as the city, state & county where child support was ordered:

Or send a copy of the child support order

Mother's Information

Mothers name: _____ Date of birth: _____

Race: _____ Social security number: _____

Drivers license number & state of issuance: _____

Description:

Color of hair: _____ Color of eyes: _____ Height: _____ Weight: _____

Address:

Home phone number: _____

Cell or other contact phone number: _____

Is the mother receiving cash assistance? Yes or No

Is the mother receiving a medical card? Yes or No

If yes, provide county, state & case number: _____

Has the mother been incarcerated? Yes or No

If yes, where? _____ When? _____

Name & address of mother's place of employment:

Work phone number: _____

Is health insurance available through the employer? Yes or No

If yes, provide name & address of insurance company:

If mother is in the process of filing for divorce, please provide the name of the attorney she has contacted: _____

Has the mother ever been involved with children service's regarding the child(ren) listed in this questionnaire? Yes or No

Are there any court orders involving children services and the child(ren)?

If so, what court: _____ What county and state? _____

Alleged Father / Father's Information

Alleged father/father's name: _____

Date of birth: _____ Race: _____

Social security number: _____

Drivers license number & state of issuance: _____

Description:
Color of hair: _____ Color of eyes: _____ Height: _____ Weight: _____

Address: _____

Home phone number: _____

Cell or other contact phone number: _____

Has the alleged father/father ever served in the military? Yes or No

If yes, provide branch & date: _____

Has the alleged father/father been incarcerated? Yes or No

If yes, give place & date: _____

Is the alleged father/father receiving cash, medical or food assistance? Yes No I don't know

Name & address of alleged father/father's place of employer, if applicable:

Work phone number: _____

Is health insurance available at place of employment? Yes or No

If yes, provide name & address of insurance company:

Does alleged father/father receive mail at your present address? Yes or No

If alleged father/father has children with someone other than you, list the child's name, DOB & mother's name:

Caretaker's Information

Caretaker's name: _____

Date of birth: _____ Race: _____

Address: _____

Home phone number: _____

Relationship to child/children: _____

Do you have legal, court ordered custody of the child/children? Yes or No

If yes, provide city, county & state as well as court & case number of court that granted you custody:

Or send in a copy of the court order

Do you receive cash assistance for the child? Yes or No

Does the child have medical coverage through the state? Yes or No

Columbiana County CSEA Application Checklist

Please provide **copies** of the following documents: [Circle (not available) if you do not have it]

- Copies of Birth Certificates for each child (not available)
- Copies of social security cards (not available)
- Copy of your driver's license or state ID (not available)
- Medical Insurance cards (not available)

(Do not include cards for medical coverage provided by the state)

Court orders related to custody of the child, child support for the child, an order naming the father of the child, an order establishing a person is not the father of the child, divorce orders, civil protection orders

Photo of the alleged father, father or absent parent mother

Please list the state where the child was conceived: _____

Please provide any other information that might be relevant to pursuing an order for the child or the applicant such as domestic violence issues, scheduling considerations, transportation issues, disabilities or other concerns:

You will be contacted by your Child Support Case Manager if any other information is needed. Please provide a phone number where you can be reached during the day. _____
If this number changes or is no longer available for your use, you must contact the agency and notify your case manager of a new number.

Please provide the name and number of your closest friend or relative so we can contact you if your number is changed or we lose contact with you.

Name: _____ Phone: _____

Failure to provide the information or keep CSEA advised of a valid address and phone number could result in a delay in services or closure of your case.