STATE OF ALASKA CHILD SUPPORT ENFORCEMENT DIVISION

Case No:	Child:
<u> </u>	·

PATERNITY INFORMATION LOCATE SHEET

We need more information to help establish paternity for your child.

Please give us information about the <u>person that you think is most likely to be the father</u>. This information is important to locate the correct person.

His full legal name (no nicknames	s):				
Any other names he	e mav have us	First ed:		Middle		Last
Social Security Num					pprox. Age:	
Physical description						
Mailing address:			Hair Color	Eye Colo	or Race	Scars/Marks
Residence address:		C	ity		State	Zip
Work telephone nun	nber:	City			State	
Did the absent pare	nt ever live or	work in Ala	ska? No 🗌] Yes [] \	When?	
Place of birth:	ls	the absent	parent a cit	izen of the	United Stat	es? Yes 🗌 No 🗌
If no, what is his cou	untry of citizer	nship?		When	did he last	live there?
His usual occupation	n:					
Name of his current	employer:					
Month, date(s), and	year of your s	sexual relati	onship with	this man: F	rom:	To:
Name any other me (30 days before or 3	30 days after t	he child wa	s conceived)		•	, ,
1) Full Name:					Last	
Social Security N	Number:	City D	ate and Plac	ce of Birth:	State	Zip Age:
Physical descrip	Height	Weig	ıht Hair	r Color		Race
Why do you thin	k that this mai	n is not the	father?			

PLEASE COMPLETE AND SIGN THE BACK OF THIS PAGE

ANCHORAGE: 550 W. 7th AVE, STE 310 ANCHORAGE, AK 99501-6699 PHONE: (907)269-6900 TOLL FREE AK: (800)478-3300 JUNEAU: 410 Willoughby Ave. Suite 107 Juneau, AK 99801 (907) 456-5887 FAX 465-5190 FAIRBANKS: 675 7th Avenue, Station J2 Fairbanks, AK 99701 (907) 451-2930 (FAX) 451-3140 **WASILLA:** 845 Commercial Drive Wasilla, AK 99654 (907)357-3550 FAX 357-3552 **KENAI:** 11312 Kenai Spur Highway #8 Kenai, AK 99611 (907)283-2957 FAX 283-2978

2) Full Name:								
Address:City			Middle	Last				
Address:	City				State	7in		
Date and Place of Birth:	City					Zip Age:		
Physical description:					пролитате	Age		
Triysical description:	Height \	Weight	Hair Co	olor	Eye Color	Race		
On sint On assets Nissanham								
Social Security Number: Dates of sexual relations: From				т.				
Why do you think that this man								
If you do not know the father of you	•				•			
Information about the child: Name:					Male [Female		
Conception date	Soc	cial Secu	ritv Numb	er				
Date of Birth:	Place of Birth:							
proceedings, paternity cases, divorcopies of legal documents.	·					men? Attach		
Is a father named on the child's bir	ın ceriiicate?		INO					
Did the father sign an affidavit of pa	aternity? 🗆 No	Yes	Place:					
and .e.mer engineers entre	,			City		State		
Were you married when the child v	vas conceived	or born?	? 🗌 No. 🛭	∃ Yes.				
Lluck and a make		Casia	I Cit	. N.I. waa la				
Husband's name		Socia	i Security	inumi	oer			
Your Work telephone number		Home telephone number:						
Address:								
	City			State		Zip		
Social Security Number	Date of Birth:							
Your Employer								
Tour Employor	Address		City	State	Zip C	ode		
Your name (PLEASE PRINT)		Signature				Date		

THANK YOU FOR PROVIDING THIS INFORMATION

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