

**IV-D MASTER INTERVIEW SHEET**

**CUSTODIAL PARENT/APPLICANT INFORMATION:**

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Maiden: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Race: \_\_\_\_\_

Date of Birth \_\_\_\_\_

**CHILD(REN) INFORMATION:** (list only children of non-custodial parent below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Have you ever been to a Prosecutor's Office to file a paternity case for the child(ren)? \_\_\_\_\_

If so, where? \_\_\_\_\_

List County and State in which child was conceived: \_\_\_\_\_

**NON-CUSTODIAL PARENT INFORMATION:**

Full Name: \_\_\_\_\_

Alias: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last date known  
at this address: \_\_\_\_\_

Last Known Employer name and address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last date known  
at this employer: \_\_\_\_\_

Non-custodial parent Social Security Number: \_\_\_\_\_

Has Non-custodial parent ever been in the State of Indiana? \_\_\_\_\_ If so, when? \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Physical description: Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Other distinguishing marks: \_\_\_\_\_

Non-custodial parent's father's name and address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Non-custodial parent's mother's name and address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of any other person that would have contact with the non-custodial parent:  
\_\_\_\_\_

Military Background: Branch: \_\_\_\_\_ Status: \_\_\_\_\_

Arrest Record: Offense: \_\_\_\_\_ Place: \_\_\_\_\_ Date: \_\_\_\_\_

Government Benefits: Social Security Disability: \_\_\_\_\_ SSI: \_\_\_\_\_

Is non-custodial parent currently remarried? \_\_\_\_\_ Name of current spouse: \_\_\_\_\_

**Marital Information:** (regarding the two parties in this case)

Date married: \_\_\_\_\_ County and State: \_\_\_\_\_

Date divorced: \_\_\_\_\_ County and State: \_\_\_\_\_

Court name: \_\_\_\_\_ Cause Number: \_\_\_\_\_

Support order amount: \_\_\_\_\_ Start date: \_\_\_\_\_ Has order ever been modified? \_\_\_\_\_

Date of last payment: \_\_\_\_\_ Paid to: \_\_\_\_\_ Date of last legal action \_\_\_\_\_

Attorney for custodial parent:

Attorney for non-custodial parent:

\_\_\_\_\_

\_\_\_\_\_

**Paternity Information:**

Name all possible fathers: \_\_\_\_\_

Most likely father: \_\_\_\_\_ Reason: \_\_\_\_\_

Most likely father's address: \_\_\_\_\_

Do you want the child(ren)'s last name changed? \_\_\_\_\_

**Additional Information:**

Do you have any other cases in this office? \_\_\_\_\_ If so, please list all other non-custodial parents: \_\_\_\_\_

**Applicant's Statement:**

I ATTEST THAT THE INFORMATION PROVIDED IN THIS INTERVIEW IS TRUE AND I DID NOT CONCEAL REQUESTED INFORMATION. I REALIZE THAT FAILURE TO PROVIDE TRUTHFUL INFORMATION MAY RESULT IN POSSIBLE PERJURY CHARGES AGAINST ME AND I MAY BE REMOVED FROM TANF FOR FAILURE TO COOPERATE WITH THE PROSECUTING ATTORNEY.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_