



**Parent Information**

<b>Other Parent Information</b> - a separate Parent Information form is required for the other parent(s) of each child who needs service.				
Other Parent's Full Name (First, Middle, Last, Suffix):			Are you seeking child support from this parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Number: _____ - _____ - _____		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: ____/____/____	
Home Phone (include area code):		Work Phone (include area code):	Cell Phone (include area code):	
Address: <input type="checkbox"/> Current <input type="checkbox"/> Last Known <input type="checkbox"/> Mailing <input type="checkbox"/> Residential				Country:
City:	State:	Zip code:	Driver's License No.:	Issuing State:
Employer:			Employer's Address:	
Employer's City:	Employer's State:	Employer's Zip:	Is health care available from this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Place of Birth (City/County/State/Country):				
Other Names Known By: _____ _____ <input type="checkbox"/> Alias <input type="checkbox"/> Nickname _____ <input type="checkbox"/> Alias <input type="checkbox"/> Nickname				
Weight:	Height:	Hair Color:	Eye Color:	Other Identifying Features: <input type="checkbox"/> None <input type="checkbox"/> Piercings <input type="checkbox"/> Gold Teeth <input type="checkbox"/> Scars <input type="checkbox"/> Mustache <input type="checkbox"/> Beard <input type="checkbox"/> Glasses <input type="checkbox"/> Tattoos <input type="checkbox"/> Pigtales <input type="checkbox"/> Ponytail <input type="checkbox"/> Bald <input type="checkbox"/> Other: _____
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other				
List this parent's children (or possible children) included in this application. Please complete an additional Child Information form (CS-ES51ACI) for each child listed.				
<b>Child's Full Name</b> (First, Middle, Last, Suffix)	<b>Child's</b> Social Security Number	<b>This Parent's Relationship to the Child</b> (Mother, Father or Possible Father)		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		