

Expedited Paternity Request

Full Name of Mother (first, middle, last, maiden) Social Security Number Date of Birth

Full Name of Alleged Father (first, middle, last) Social Security Number Date of Birth

Address

(Street, Apt Number)

Home Number

Other Number

(City, State, Zip)

Child's Full Name (first, middle, last) Social Security Number Date of Birth

Sex Child's Birthplace (City, State)

Child's Full Name (first, middle, last) Social Security Number Date of Birth

Sex Child's Birthplace (City, State)

By signing below, I agree that the Alleged Father named above is the father of the child(ren) listed above, and I will cooperate with DCF and CSS staff in the process of legally establishing paternity of the child(ren).

Signature of Mother

Date Signed

By signing below, I agree that I am the father of the child(ren) listed above, and I will cooperate with DCF and CSS staff in the process of legally establishing my paternity of the child(ren).

Signature of Father

Date Signed

Response to EES

The customer did not return contact to CSS and/or failed to appear by the due date.

Genetic Testing has been requested. Paternity can no longer be established as expedited.

Paternity Established. (Copy of Journal Entry attached.)