

**VERIFIED STATEMENT**

**MOTHER**

- a. Last/First/Middle Name: .....
- b. Any Other Names: .....
- c. Date of Birth: .....
- d. Social Security Number: .....
- e. Driver's License Number:.....
- f. Mailing Address .....
- City, State, Zip .....
- g. Residence Address.....
- City, State, Zip .....
- h. Eye Color: .....
- i. Hair Color:.....
- j. Height: .....
- k. Weight:.....
- l. Race: .....
- m. Scars, Tattoos, etc.:.....
- n. Home Telephone Number:.....
- o. Work Telephone Number:.....
- p. Maiden Name: .....
- q. Occupation:.....
- r. Employer Name: .....
- s. Employer Address: .....
- City, State, Zip .....
- t. Gross Weekly Income:.....
- u. Applied/Receives Assistance?: .....
- v. AFDC Identification Number: .....

**FATHER:**

- a. Last/First/Middle Name: .....
- b. Any Other Names: .....
- c. Date of Birth: .....
- d. Social Security Number: .....
- e. Driver's License Number:.....
- f. Mailing Address .....
- City, State, Zip .....
- g. Residence Address.....
- City, State, Zip .....
- h. Eye Color: .....
- i. Hair Color:.....
- j. Height: .....
- k. Weight:.....
- l. Race: .....

- m. Scars, Tattoos, etc.:.....
- n. Home Telephone Number:.....
- o. Work Telephone Number:.....
- p. Occupation:.....
- q. Employer Name: .....
- Employer Address: .....
- r. City, State, Zip .....
- s. Gross Weekly Income:.....
- t. Applied/Receives Assistance?: .....
- u. AFDC Identification Number: .....

**CHILDREN INVOLVED IN CASE:**

- a. Name: .....
- b. Birth Date:.....
- c. Age: .....
- d. Social Security Number: .....
- e. Residential Address: .....
- City, State, Zip .....

- a. Name: .....
- b. Birth Date:.....
- c. Age: .....
- d. Social Security Number: .....
- e. Residential Address: .....
- City, State, Zip .....

- a. Name: .....
- b. Birth Date:.....
- c. Age: .....
- d. Social Security Number: .....
- e. Residential Address: .....
- City, State, Zip .....

**OTHER CHILDREN OF EITHER PARTY**

- a. Name: .....
- b. Birth Date:.....
- c. Age: .....
- d. Social Security Number: .....
- e. Residential Address: .....
- City, State, Zip .....

**HEALTH CARE COVERAGE**

- a. Name: .....
- b. Policy Number: .....
- c. Name of Insurance: .....

IF ANY OF THE PUBLIC ASSISTANCE INFORMATION ABOVE CHANGES BEFORE YOUR JUDGMENT IS ENTERED, YOU ARE REQUIRED TO GIVE THE FRIEND OF THE COURT WRITTEN NOTICE OF THE CHANGE.