

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.