Additional Child Information (Application)

*To be completed when the Applicant has **more than two (2) children** with the Other Party named in this application.*
Submit with Part A and Part B of the LDSS-5143

Name of Child # [   ]

First	Middle	Last	Suffix
[ ]	[ ]	[ ]	[ ]

SSN/ITIN [   ]

Gender ☐ Female ☐ Male ☐ Non-Binary/Other

Date of Birth *(Month/Day/Year)* [   ]   ☐ Unborn   **Due Date** [   ]

Name of Parent

Parent 1   First [   ]   Middle [   ]   Last [   ]

Parent 2   First [   ]   Middle [   ]   Last [   ]

Child's Birthplace

Hospital [   ]   City [   ]   State [   ]   Country [   ]

Other Party's Relationship to the Child

☐ Parent   ☐ Stepparent   ☐ Alleged Father

Parents' Marital Status

Were the parents listed above married at or after the time of the child's birth?

☐ Yes, to each other   ☐ Yes, but not to each other   ☐ No   ☐ Unknown

If ***Yes, to each other***, go to the ***Order of Support Information*** questions. **Otherwise**, go to the ***Paternity Establishment*** questions.

Paternity Establishment

Was paternity established?

☐ Yes - Complete the ***Paternity Establishment*** questions.
You **do not** need to complete the ***State of Jurisdiction*** questions.

☐ No - Go to the ***State of Jurisdiction*** questions.

☐ Unknown - Go to the ***State of Jurisdiction*** questions.

How was paternity established?

☐ Established in Court on [   ]   Name of Court [   ]

☐ Acknowledgment of Paternity on [   ]

In what county, state, and country was paternity established?

County [   ]   State [   ]   Country [   ]

Where was the child conceived?   State [   ]   Country [   ]

State of Jurisdiction

Did the alleged father (AF) provide prenatal expenses or support for the child?   ☐ Yes   ☐ No   ☐ Unknown

Did the AF reside with the child in New York State?   ☐ Yes   ☐ No   ☐ Unknown

Does the child reside in New York State as the result of acts or directives of the AF?   ☐ Yes   ☐ No   ☐ Unknown

Order of Support Information

Is there an order of support for this child?   ☐ Yes   ☐ No   ☐ Unknown   If "Yes," what is the date of the order? [   ]

Is health insurance ordered?   ☐ Yes   ☐ No   ☐ Unknown

Obligation Amount

$ [   ]   ☐ Weekly   ☐ Every two weeks   ☐ Monthly   ☐ Twice per month   ☐ Other [   ]

Court that Issued the Order

☐ Family   ☐ Supreme   ☐ Other [   ]

County [   ]   State [   ]   Country [   ]

Health Care Coverage Information

Does the child have health care coverage?   ☐ Yes   ☐ No   ☐ Unknown

If "Yes," identify the type of coverage: ☐ Private – Go to ***Health Insurance Benefits*** questions.

☐ Public – Go to ***Public Health Care Coverage*** questions.

Health Insurance Benefits

Who provides the child's private health care coverage?

☐ Custodial Parent   ☐ Guardian   ☐ Noncustodial Parent/ Alleged Father   ☐ Stepparent   ☐ Unknown   ☐ Other

Name of Health Insurance Carrier [   ]   Policy # [   ]   Group # [   ]

Street	Floor/Apt./Suite	City	State	ZIP
[ ]	[ ]	[ ]	[ ]	[ ]

Public Health Care Coverage

Indicate the type of public health care coverage:

☐ Medicaid   ☐ Child Health Plus (CHPlus)   CHPlus monthly contribution: $ [   ]

☐ Other [   ]