

UCCJEA Affidavit - Attachment A

e. Child's Name:	Place of Birth:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
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Check this box if the information below is the same as entered for the child in Section (a).

Date of Residence	Address Confidential	Person Child Lived With (Name & Address)	Relationship to Child
To Present	<input type="checkbox"/> Yes <input type="checkbox"/> No		
To	<input type="checkbox"/> Yes <input type="checkbox"/> No		
To	<input type="checkbox"/> Yes <input type="checkbox"/> No		
To	<input type="checkbox"/> Yes <input type="checkbox"/> No		

f. Child's Name:	Place of Birth:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
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Check this box if the information below is the same as entered for the child in Section (a).

Date of Residence	Address Confidential	Person Child Lived With (Name & Address)	Relationship to Child
To Present	<input type="checkbox"/> Yes <input type="checkbox"/> No		
To	<input type="checkbox"/> Yes <input type="checkbox"/> No		
To	<input type="checkbox"/> Yes <input type="checkbox"/> No		
To	<input type="checkbox"/> Yes <input type="checkbox"/> No		

g. Child's Name:	Place of Birth:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
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Check this box if the information below is the same as entered for the child in Section (a).

Date of Residence	Address Confidential	Person Child Lived With (Name & Address)	Relationship to Child
To Present	<input type="checkbox"/> Yes <input type="checkbox"/> No		
To	<input type="checkbox"/> Yes <input type="checkbox"/> No		
To	<input type="checkbox"/> Yes <input type="checkbox"/> No		
To	<input type="checkbox"/> Yes <input type="checkbox"/> No		