

Characteristics of Children

Participant Name	Child's Name	Child's Date of Birth	Child's Age	Child's Gender	Paternity Established? (Verified)	Child Support Order	Child's Residence	Time since Participant Last Saw Child	Restrictions on Access					
8 Jones	James	T												
	Jones	Brett	R	11/02/1995	4	1-Male	1-Yes	<input checked="" type="checkbox"/>	1-Yes	2-With other parent	1 Months	3 Weeks	0 Days	2-No
	Jones	Jimmy	K	12/05/1996	3	1-Male	1-Yes	<input checked="" type="checkbox"/>	1-Yes	2-With other parent	1 Months	2 Weeks	0 Days	2-No
9 Williams	David	L												
	David	Donnie	J	08/21/1996	3	1-Male	1-Yes	<input checked="" type="checkbox"/>	2-No	1-With you	Months	Weeks	0 Days	2-No
	Wright	Jason	M	06/16/1997	2	1-Male	2-No	<input checked="" type="checkbox"/>	2-No	1-With you	Months	Weeks	0 Days	2-No
10 Smith	John	H												
	Barnes	Gale	M	11/23/1989	10	2-Female	1-Yes	<input checked="" type="checkbox"/>	1-Yes	2-With other parent	Months	3 Weeks	2 Days	2-No
	Barnes	Peter	W	06/12/1991	8	1-Male	1-Yes	<input checked="" type="checkbox"/>	1-Yes	2-With other parent	Months	3 Weeks	2 Days	1-Yes
	Patterson	Joanne	K	04/11/1999	0	2-Female	1-Yes	<input checked="" type="checkbox"/>	2-No	1-With you	Months	Weeks	Days	