

DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE

THIS FORM CONTAINS SENSITIVE INFORMATION – DO NOT FILE THIS FORM IN A PUBLIC ACCESS FILE

The information on this form may be filed with the petition or pleading and may be disclosed to the parties in the case unless accompanied by a nondisclosure finding/affidavit.

If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its contents is strictly prohibited.

Personal Information Form for UIFSA § 311 must be attached.

File Stamp

Petitioner: Legal Name (first, middle, last, suffix)

CUSTODIAL TEST TEST

Tribal Affiliation (if applicable)

IV-D Case: [] TANF

[] IV-E Foster Care

[] Medicaid Only

[] Former Assistance

[] Never Assistance

Respondent: Legal Name (first, middle, last, suffix)

NONCUSTODIAL ATLAS TEST

Tribal Affiliation (if applicable)

Non-IV-D Case: []

Responding IV-D Case Identifier: _____

Responding Tribunal Number: _____

NOTE:

[] **Nondisclosure Finding/Affidavit attached**

[] **This form sent through EDE**

Initiating IV-D Case Identifier: 001428730400

Initiating Tribunal Number: _____

DO NOT COMPLETE THIS FORM IF THERE IS AN ORDER OF PARENTAGE OR A SIGNED VOLUNTARY ACKNOWLEDGMENT OF PARENTAGE

A SEPARATE DECLARATION IS REQUIRED FOR EACH CHILD NEEDING PARENTAGE ESTABLISHED.

COMPLETE THE DECLARATION TO THE EXTENT THAT YOU HAVE THE INFORMATION.

Section I. Declaration:

I, _____, declare under penalty of perjury:
Legal Name (first, middle, last)

1. Check one:

[] I am the biological parent of the child named below:

Gender: [] Female [] Male [] Other

[] I am the nonbiological parent of the child named below.

Gender: [] Female [] Male [] Other

[] Other (Explain relationship to the child in section IV.)

Child's legal name (first, middle, last, suffix):

Date conception occurred (month, year):

Location where child was conceived (city, county, state):

Full term pregnancy: [] Yes [] No
(If no, explain in section IV.)

Birth certificate attached: [] Yes [] No
(If no, explain in section IV.)

2. The respondent is the [] biological parent [] nonbiological parent of the child named above.

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Section I. Declaration (Continued):

3. The child was conceived as a result of sexual intercourse between _____ and _____
Legal Name (first, middle, last, suffix) Legal Name (first, middle, last, suffix)
_____ during the time stated above.
Legal Name (first, middle, last, suffix)

(NOTE: If #3 is not applicable, please provide all pertinent information regarding the conception of the child in section IV.)

4. The following facts support a presumption of parentage: If additional space is needed, use section IV.
a. The biological mother was married, and the child's birth [] Yes [] No (If yes, attach documentation.)
occurred during the marriage or within 300 days after the Date marriage began: _____
marriage legally ended. (month, day, year)
If yes, and the mother's spouse/former spouse is not the Date marriage legally ended: _____
person named as the respondent in this Declaration, provide (month, day, year)
the spouse/former spouse's name, address, and gender, and Tribunal that issued order legally ending the marriage:
explain why he/she is not the child's parent: _____

b. A person acted as, and presented herself/himself to be, the child's [] Yes [] No
parent.
If yes, and he/she is not the person named as the respondent in this Declaration, provide the individual's name, address, and gender, and explain why the individual is not the child's parent:

c. A genetic test ordered/administered by a court or a IV-D agency to [] Yes [] No (If yes, attach results.)
determine the other biological parent of the child indicates a probability of parentage of _____%.
If yes, and the individual tested is not the respondent named in this Declaration, provide the individual's name, address, and gender, and explain why the individual is not the child's parent:

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Section II. To Be Completed by the Petitioner (complete either 1 or 2, as appropriate) (Continued):

2. I, _____, assert that I am the parent of the child.

The following facts support my belief and statements that I am the parent of the child: (If an explanation is needed, use section IV.)

- a. I lived with the respondent. Yes No Dates: _____ to _____
Location _____
- b. The respondent told me that I am the parent of the child. Yes No
- c. I was present at the birth of the child. Yes No
- d. I visited the child at the hospital following birth. Yes No
- e. I offered to pay abortion expenses. Yes No
- f. I offered to pay/paid medical expenses. Yes No
- g. I offered to pay/paid birth related expenses. Yes No
- h. I claimed the child on a tax return. Yes No
- i. I provided food, clothing, gifts, or financial support for the child. Yes No
- j. I lived with the child. Yes No
- k. I visited the child. Yes No
- l. The child resembles me. Photo attached Yes No

Section III. To Be Completed By The Birth Mother Only (if you are not the birth mother, skip this Section and go to Section IV):

1. I had sexual intercourse with a man (other than the person I am naming as the respondent) during the 30 days before or 30 days after the child was conceived. Yes No (If yes, complete the following.)

a. The name(s) and address(es) of the other man/men:

F

b. The other man/men is/are biologically related to the person I am naming as the respondent.
 Yes No. (If yes, explain the biological relationship in the space below e.g., brother, cousin, uncle.)

c. I do not believe the other man/men is/are the child's biological parent because:

