

CUSTODIAL TEST
C/O CUSTODIAL TEST
125 MAIN ST
MESA, AZ 85201

October 9, 2024

Katie Hobbs
Governor



Angie Rodgers
Director

RE: CUSTODIAL TEST TEST and NONCUSTODIAL ATLAS TEST
AZCARES No.: 001428730400

Si usted necesita asistencia con la traducción de este documento, por favor llame a la oficina y pregunte por un representante que hable español.

CUSTODIAL TEST TEST has sworn under oath that you are the father of the following child(ren):

CHILD TEST

The State of Arizona is attempting to establish paternity for the above-named child(ren). You may respond to these allegations by voluntarily acknowledging paternity or requesting Genetic Testing or a combination of methods if there is more than one child.

The possibility exists that there may or may not be other alleged fathers involved in this case. Please consider this when making your decision. Before completing the enclosed forms read the following instructions carefully

Genetic Testing

If you choose to have Genetic Testing, please mark the box for Genetic Testing indicated by GT on page 2 of the **Father's Affidavit Acknowledging Paternity and/or Agreeing to be Bound by Genetic Test Results** and return it to us in the enclosed self-addressed envelope. The DCSS will notify you regarding the next action.

Voluntary Acknowledgment

If you wish to acknowledge that you are the natural father of any of the above-named child(ren), verify that the enclosed **Father's Affidavit Acknowledging Paternity and/or Agreeing to be Bound by Genetic Test Results** is properly prepared with your correct legal name, social security number, and place of birth. If you need to correct these items, please initial by each correction you make. Do not change any information about the mother or child(ren). Complete this form in **Black** ink only.

1. On Page 2 of 3, place "X" in the AA box next to the child you wish to acknowledge as your natural child.
2. On Page 3 of 3, sign on the blank line above your name in front of a notary public.



By completing the **Father's Affidavit Acknowledging Paternity and/or Agreeing to be Bound by Genetic Test Results** in this manner, you are acknowledging that you are the natural father of the child(ren) you selected. After the mother has signed this document, it will be filed with the Clerk of the Court. The Affidavit asks the court to enter an Order of Paternity naming you as the legal father. It is important that you understand that an entry of an Order of Paternity imposes a duty of support upon you as well as provides a basis for decisions regarding **LEGAL DECISION-MAKING and PARENTING TIME** and visitation issues.

You must also sign and date the **Paternity Informed Consent Notice** which is a formalized notice informing you that there may or may not be other alleged fathers. The **Paternity Informed Consent Notice** also states that the Division of Child Support Services (DCSS) has advised you of your right to have genetic blood testing to determine if you are the probable biological father and of your right to have paternity litigated in Superior Court.

Personal Data Sheet

Please complete the **Personal Data Sheet**, regardless of your selection. If you are aware of any additional information that might affect this case such as if CUSTODIAL TEST TEST was married at the time of conception or birth of the child(ren) named in this case, please provide us with detailed information on your **Personal Data Sheet**.

If you should fail to respond to this letter by 10/16/2024, the Attorney General's office will proceed to file a paternity lawsuit against you and the court may order you to pay all costs incurred in establishing paternity and child support.

If you have any questions about this notice, you may contact DCSS Customer Service at (602) 252-4045 (within Maricopa County), Nationwide toll free at 1-800-882-4151, or TTY/TDD Services: 7-1-1. You may also contact us by e-mail at the DCSS web site at www.azdes.gov/dcss.

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Child Support Services at (602) 252-4045; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local.

