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CUSTODIAL TEST TEST
1901 W MADISON ST APT 00000
PHOENIX, AZ 85009-5287

October 10, 2024

DRAFT



Father's Informed Consent Notice

Before signing any documents that establish paternity, the law says that the mother and the possible father shall be given information about the different methods used to establish paternity, the legal importance of establishing paternity, and the rights and responsibilities that come from signing the Acknowledgment of Paternity or Agreement to be Bound by the Results of Genetic Testing documents.

I understand I have the right to meet with a lawyer, on my own, for legal advice, before I sign an Acknowledgment of Paternity or Agreement to be Bound by the Results of Genetic Testing. The DCSS cannot give any advice to me regarding my choices.

I understand I have the right to ask for genetic testing as a means to establish paternity for any child(ren) that I am named as the possible father, and the State will pay the costs of the test if I am found not to be the biological father of the child(ren). If am found to be the biological father, an order will be entered naming me as the father for the child(ren), and I will pay the costs of the test for the child(ren).

If I sign the Acknowledgment of Paternity or Agreement to be Bound by the Results of Genetic Testing my case will not go to court.

I understand that by signing the Acknowledgment of Paternity, or if a genetic test determined that I am the biological father of the child(ren), a paternity order will be entered in the court naming me as father.

I understand that Arizona law says that I can change my mind about acknowledging paternity and request genetic testing if I take action within: (1) 60 days after the last signature is placed on the notarized Acknowledgment of Paternity (2) within 60 days of the date of a court proceeding relating to the child(ren), including a child support proceeding in which the mother or father is a party.

I have been informed of the ways to determine paternity, the legal importance of doing so, as well as my rights and responsibilities. I knowingly and voluntarily agree to sign the Acknowledgment of Paternity or Agreement to be Bound by the Results of Genetic Testing regarding the following child(ren):

Name(s)
CHILD TEST

Date of Birth

Alleged Father's Signature

Date

AZCARES Case Number: 001428730400
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.

