

FCSE0001F0291005 001428730400 13 06
DCSS - SOUTH MCPA
PO BOX 40458
PHOENIX, AZ 85067-0458

(602) 252-4045

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

October 10, 2024

DRAFT



Mother's Informed Consent Notice

I understand I have the right to contact a lawyer on my own for legal advice before signing the document titled Acknowledgment of Paternity or Agreement to be Bound by the Results of Genetic Testing.

I voluntarily agree to the acknowledgment of paternity by NONCUSTODIAL ATLAS TEST for the following child(ren):

CHILD TEST

I understand that by signing the Acknowledgment of Paternity or Agreement to be Bound by the Results of Genetic Testing, a paternity order will be entered in the court naming the biological father of the child(ren).

I understand that I may request genetic testing to determine the paternity of the child(ren), and that the State will pay for the costs for any man determined not to be the biological father. I have voluntarily and knowingly decided that I () do / () do not wish to have genetic tests.

I understand that by signing 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 the birth certificate(s) for the child(ren) will be amended to show the name of the biological father once paternity has been established.

I have read and understand this document.

Applicant or Other Party Signature

Date

AZCARES No: 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.

