

**DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE**

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

CS-IS26  
Rule 12E-1.040  
Florida Administrative Code  
Effective 09/23

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

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**Personal Information Form for UIFSA § 311 must be attached.**

File Stamp

**Petitioner:** (1) **Legal Name** (first, middle, last, suffix) (3) **IV-D Case:** [ ] TANF

[ ] IV-E Foster Care

**Tribal Affiliation** (if applicable) (1B)

[ ] Medicaid Only

[ ] Former Assistance

**Respondent:** (2) **Legal Name** (first, middle, last, suffix)

[ ] Never Assistance

**Non-IV-D Case:** [ ]

**Tribal Affiliation** (if applicable) (2B)

**Responding IV-D Case Identifier:** (4) \_\_\_\_\_

**Responding Tribunal Number:** (5) \_\_\_\_\_

**NOTE:**

[ ] (8) **Nondisclosure Finding/Affidavit attached**

[ ] (9) **This form sent through EDE**

**Initiating IV-D Case Identifier:** (6) \_\_\_\_\_

**Initiating Tribunal Number:** (7) \_\_\_\_\_

**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, \_\_\_\_\_ (1), declare under penalty of perjury:  
Legal Name (first, middle, last, suffix)

1. Check one:

[ ] (506) I am the biological parent of the child named below. Gender: (507) [ ] Female [ ] Male [ ] Other

[ ] (508) I am the nonbiological parent of the child named below. Gender: (507) [ ] Female [ ] Male [ ] Other

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

Child's legal name (first, middle last, suffix): (510)

Date conception occurred (month, year): (511)

Location where child was conceived (city, county, state): (512)

Full term pregnancy: [ ] Yes [ ] No (If no, explain in section IV.) (513)

Birth certificate attached: [ ] Yes [ ] No (If no, explain in section IV.) (514)

2. The respondent is the [ ] biological parent [ ] nonbiological parent of the child named above. (515)

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**Section I. Declaration (Continued):**

3. The child was conceived as a result of sexual intercourse between (516) \_\_\_\_\_ and \_\_\_\_\_  
Legal Name (first, middle, last, suffix)  
(517) \_\_\_\_\_ 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 (518)  Yes  No (If yes, attach documentation.)  
occurred during the marriage or within 300 days after the Date marriage began: (519) \_\_\_\_\_  
marriage legally ended. (month, day, year)

If yes, and the mother's spouse/former spouse is not the person Date marriage legally ended: (520) \_\_\_\_\_  
named as respondent in this Declaration, provide the (month, day, year)

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: (521) \_\_\_\_\_

(522)

b. A person acted as, and presented herself/himself to be, the child's (523)  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:

(524)

c. A genetic test ordered/administered by a court or a IV-D agency (525)  Yes  No (If yes, attach results.)  
to determine the other biological parent of the child  
indicates a probability of parentage of (526) \_\_\_\_\_%.  
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:

(527)

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### Section I. Declaration (Continued):

5. Is any person other than the birth mother named on the child's birth certificate? (528)  Yes  No  
If yes, provide the individual's name, address, and gender:

(529)

6. Has any person completed a voluntary acknowledgment of parentage for this child (530)  Yes  No (If yes, attach document.)  
that has been rescinded?  
If yes, provide the individual's name, address, and gender:

(531)

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

(532) 1. I assert that the respondent, (2) \_\_\_\_\_, is the parent of the child.

The following facts support my allegations of parentage: (If an explanation is needed, use section IV.)

- a. I lived with the respondent. (533)  Yes Dates (534) \_\_\_\_\_ to (535) \_\_\_\_\_ Location: (536) \_\_\_\_\_  
 No  Not applicable
- b. I told the respondent that he/she is the parent of the child. (537)  Yes  No  Not applicable
- c. The respondent admitted being the parent of the child. (538)  Yes  No
- d. The respondent communicated about the pregnancy and/or about the child. (539)  Yes  No (540)  Copies of communications attached
- e. The respondent was present at the birth of the child. (541)  Yes  No
- f. The respondent visited the child at the hospital following birth. (542)  Yes  No
- g. The respondent offered to pay abortion expenses. (543)  Yes  No
- h. The respondent offered to pay/paid medical expenses. (544)  Yes  No
- i. The respondent offered to pay/paid birth related expenses. (545)  Yes  No
- j. The respondent claimed the child on a tax return. (546)  Yes  No  Don't know
- k. The respondent provided food, clothing, gifts, or financial support (547)  Yes  No for  
the child.
- l. The respondent lived with the child. (548)  Yes  No
- m. The respondent visited the child. (549)  Yes  No
- n. The child resembles the respondent. (551)  Photo attached (550)  Yes  No

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

[ ] (552) 2. I, (1) \_\_\_\_\_, 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. (553) [ ] Yes [ ] No Dates (554) \_\_\_\_\_ to (555) \_\_\_\_\_  
Location (556) \_\_\_\_\_
- b. The respondent told me that I am the parent of the child. (557) [ ] Yes [ ] No
- c. I was present at the birth of the child. (558) [ ] Yes [ ] No
- d. I visited the child at the hospital following birth. (559) [ ] Yes [ ] No
- e. I offered to pay abortion expenses. (560) [ ] Yes [ ] No
- f. I offered to pay/paid medical expenses. (561) [ ] Yes [ ] No
- g. I offered to pay/paid birth related expenses. (562) [ ] Yes [ ] No
- h. I claimed the child on a tax return. (563) [ ] Yes [ ] No
- i. I provided food, clothing, gifts, or financial support for the child. (564) [ ] Yes [ ] No
- j. I lived with the child. (565) [ ] Yes [ ] No
- k. I visited the child. (566) [ ] Yes [ ] No
- l. The child resembles me. (568) [ ] Photo attached (567) [ ] 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. (569) [ ] Yes [ ] No (If yes, complete the following.)

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

(570)

b. The other man/men is/are biologically related to the person I am naming as the respondent.

[ ] Yes [ ] No. (571) (If yes, explain the biological relationship in the space below, e.g., brother, cousin, uncle.)

(572)

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

(573)

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**Section IV. Other Pertinent Information:** (Include detailed information for section I, section II, or section III above.)

(574)

(575) [ ] Continued on attached sheet(s), incorporated by reference.

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**Section V. Declaration:**

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Under penalty of perjury, all information and facts stated in this Declaration are true to the best of my knowledge, information, and belief. I agree to submit myself and, if I am the custodian, the child to genetic testing as may be necessary to establish parentage.

_____	_____	_____
Date	Petitioner (Name)	Signature
	or	
_____	_____	_____
Date	Name/Title, Agency or Tribunal Representative	Signature

**Encryption Requirements:**

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to e-mails may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).