CS-IS26a Rule 12E-1.040 Florida Administrative Code Effective 09/23

DECLARATION IN SUPPORT OF ESTABLISH	ING PARENTAGE				
THIS FORM CONTAINS SENSITIVE INFORMATION – DO ACCESS FILE	O NOT FILE THIS FORM IN A PUBLIC				
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.					
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)	IV-D Case: TANF				
<<1>>	□ IV-E Foster Care				
Tribal Affiliation (if applicable)	☐ Medicaid Only				
	☐ Former Assistance				
Respondent: Legal Name (first, middle, last, suffix)	□ Never Assistance				
<<2>>	Non-IV-D Case:				
Tribal Affiliation (if applicable)					
	Responding IV-D Case Identifier: <<4>>				
	Responding Tribunal Number:				
NOTE: [] Nondisclosure Finding/Affidavit attached [] This form sent through EDE	Initiating IV-D Case Identifier: <<6>>				
	Initiating Tribunal Number:				
DO NOT COMPLETE THIS FOR	RM IF THERE IS AN ORDER OF PARENTAGE				
	Y ACKNOWLEDGMENT OF PARENTAGE				
A SEPARATE DECLARATION IS REQUIRED	FOR EACH CHILD NEEDING PARENTAGE ESTABLISHED.				
COMPLETE THE DECLARATION TO TH	E EXTENT THAT YOU HAVE THE INFORMATION.				
Section I. Declaration:					
١,	, declare under penalty of perjury:				
Legal Name (first, middle, last, suffix)					
1. Check one:					
[] I am the biological parent of the child nam	ed 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	ion IV.)				
XXXX Child's legal name (first, middle last, suffix):					
,					
XXXX Date conception occurred (month year):	Location where child was conceived (city, county, state):				
XXXX Date conception occurred (month, year):	Location where child was conceived (city, county, state):				
XXXX XXXX Eull term pregnancy: [] Xes [] No					
XXXX XXXX XXXX XXXX Full term pregnancy: [] Yes [] No (If no, explain in section IV.)	Location where child was conceived (city, county, state): Birth certificate attached: [] Yes [] No (If no, explain in section IV.)				
XXXX XXXX XXXX Full term pregnancy: [] Yes [] No XXXX (If no, explain in section IV.)	Birth certificate attached: [] Yes [] No				
XXXX XXXX XXXX XXXX Full term pregnancy: [] Yes [] No (If no, explain in section IV.)	Birth certificate attached: [] Yes [] No (If no, explain in section IV.)				
XXXX Date conception occurred (month, year): XXXX Full term pregnancy: [] Yes [] No XXXX (If no, explain in section IV.) XXXX 2. The respondent is the [] biological parent [] I XXXX Declaration in Support of Establishing Parentage	Birth certificate attached: [] Yes [] No (If no, explain in section IV.) nonbiological parent of the child named above.				
XXXX Date conception occurred (month, year): XXXX Full term pregnancy: [] Yes [] No XXXX (If no, explain in section IV.) XXXX 2. The respondent is the [] biological parent [] I XXXX XXXX	Birth certificate attached: [] Yes [] No (If no, explain in section IV.)				

The	The child was conceived as a result of sexual intercourse betweenand						
	Legal Name (first, middle, last, suffix)						
	during the time stated abo	ve.					
•	_egal 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.)						
The a.	following facts support a presumption of parentage: The biological mother was married, and the child's birth occurred during the marriage or within 300 days after the marriage legally ended. If yes, and the mother's spouse/former spouse is not the person	If additional space is needed, use [] Yes [] No (If yes, a Date marriage began: Date marriage legally ended:	e section IV. attach documentation.) (month, day, year (month, day, year				
	named as respondent in this Declaration, provide the spouse/former spouse's name, address, and gender, and explain why he/she is not the child's parent:	Tribunal that issued order legally e	nding the marriage:				
b.	A person acted as, and presented herself/himself to be, the child' parent.	s []Yes[]No					
	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 determine the other biological parent of the child indicates a probability of parentage of%.	[] Yes [] No (If yes, a	attach results.)				
X X X X X X	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 paren	nt:					
XX XX XX XX							

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DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE, PAGE 3

Section I. Declaration (Continued):

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

6. Has any person completed a voluntary acknowledgment of parentage for this child [] Yes [] No (If yes, attach document.) that has been rescinded?

If yes, provide the individual's name, address, and gender:

Secti	on	II. To Be Completed by the Petitioner (complete either 1	or 2, as a	ppropriate):	
[]	1. I assert that the respondent,				
-					
	a.	I lived with the respondent. [] Yes Dates	to	Location:	
		[]No []Not applicab	le		
	b.	I told the respondent that he/she is the parent of the child.	[]Yes	[]No []Notapplicable	
	C.	The respondent admitted being the parent of the child.	[]Yes	[] No	
	d.	The respondent communicated about the pregnancy and/or about the child.	ut []Yes	[] No [] Copies of communications attached	
	e.	The respondent was present at the birth of the child.	[]Yes	[] No	
	f.	The respondent visited the child at the hospital following birth.	[]Yes	[] No	
	g.	The respondent offered to pay abortion expenses.	[]Yes	[] No	
	h.	The respondent offered to pay/paid medical expenses.	[]Yes	[] No	
	i.	The respondent offered to pay/paid birth related expenses.	[]Yes	[] No	
	j.	The respondent claimed the child on a tax return.	[]Yes	[]No []Don'tknow	
XXXX XXXX	k.	The respondent provided food, clothing, gifts, or financial suppor for the child.	t []Yes	[] No	
XXXX	I.	The respondent lived with the child.	[]Yes	[] No	
XXXX	m.	. The respondent visited the child.	[]Yes	[] No	
XXXX	n.	The child resembles the respondent. [] Photo attach	ed []Yes	[] No	
XXXX					
XXXX	Dec	laration in Support of Establishing Parentage		Page 3 of 5	
XXXX XXXX					

DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE, PAGE 4

[]	2.	I,, assert that I am the parent of the child:					
		The following facts support my belief and statements that I am the p	arent of th	e child: (I	f an explanation	is needed, use sect	tion IV.)
	ł	I lived with the respondent.	[] Yes	[] No	Dates	to	
					Location		
	i	The respondent told me that I am the parent of the child.	[]Yes	[] No			
	1	I was present at the birth of the child.	[]Yes	[] No			
	i –	I visited the child at the hospital following birth.	[]Yes	[] No			
	ł	I offered to pay abortion expenses.	[]Yes	[] No			
	l	I offered to pay/paid medical expenses.	[]Yes	[] No			
	ļ	I offered to pay/paid birth related expenses.	[]Yes	[] No			
	i	I claimed the child on a tax return.	[]Yes	[] No			
	i	I provided food, clothing, gifts, or financial support for the child.	[]Yes	[] No			
	į.	I lived with the child.	[]Yes	[] No			
	l	I visited the child.	[]Yes	[] No			
		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):

- 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:

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:

XXXX		
XXXX		
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DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE PAGE 5

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

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

Section V. Declaration:

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).
 XXXX
 XXXX
 XXXX
 XXXX
 XXXX
 XXXX
 XXXX
 XXXX

XXXX Declaration in Support of Establishing Parentage

XXXX XXXX

XXXX