

DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE

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

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)

<<1>>

Tribal Affiliation (if applicable)

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

<<2>>

Tribal Affiliation (if applicable)

IV-D Case: TANF

IV-E Foster Care

Medicaid Only

Former Assistance

Never Assistance

Non-IV-D Case:

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 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, _____, declare under penalty of perjury:

Legal Name (first, middle, last, suffix)

1. Check one:

I am the biological parent of the child named 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 IV.)

Child's legal name (first, middle last, suffix):	
Date conception occurred (month, year):	Location where child was conceived (city, county, state):
Full term pregnancy: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain in section IV.)	Birth certificate attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain in section IV.)

2. The respondent is the biological parent nonbiological parent of the child named above.

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 XXXX
 XXXX
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 XXXX

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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 that has been rescinded? Yes No (If yes, attach document.)
If yes, provide the individual's name, address, and gender:

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

1. I assert that the respondent, _____, 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. Yes No Dates _____ to _____ Location: _____
 No Not applicable

b. I told the respondent that he/she is the parent of the child. Yes No Not applicable

c. The respondent admitted being the parent of the child. Yes No

d. The respondent communicated about the pregnancy and/or about the child. 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't know

XXXX k. The respondent provided food, clothing, gifts, or financial support for the child. Yes No

XXXX l. 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 attached Yes No

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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
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or

Date	Name/Title, Agency or Tribunal Representative	Signature
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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).

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