

**AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY**

Petitioner: IV-D Case:  TANF  
 Social Security Number  IV-E Foster Care  
 Medicaid Only  
 Former Assistance  
 Respondent:  Never Assistance  
 Social Security Number Non-IV-D Case:

File Stamp

Responding IV-D Case Identifier \_\_\_\_\_  
 Responding Tribunal Number \_\_\_\_\_  
 Initiating IV-D Case Identifier \_\_\_\_\_  
 Initiating Tribunal Number \_\_\_\_\_

A Separate Affidavit Is Required for Each Child Needing Paternity Established.

**SECTION 1**

I, \_\_\_\_\_, on oath, under penalty of perjury depose and allege:  
 Name (first, middle, last)

1. I am the  natural mother of the child named below:  
 natural father  
 other; explain in Section IV

Child's Full Legal Name (first, middle last)		Child's Date of Birth (Month, Day, Year)	Place of Birth (City, County, State)
Date Mother Got Pregnant (Month, Year)	Full Term Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, explain)	Where Mother Got Pregnant (City, County, State)	
		Mother's Maiden Name (first, middle, last)	

2. The child was conceived as a result of sexual intercourse between \_\_\_\_\_ and me during the time stated above.  
 Name (first, middle, last)
3. a. A man is named as the father on the child's birth certificate.  Yes (Attached certified copy)  No  
 If Yes, the man's name and address are:
- b. A man was married to the natural mother, and the child's birth occurred within a year of the end of the marriage.  Yes  No  
 If Yes, the man's name and address are: Date marriage ended \_\_\_\_\_  
 (Month, Day, Year)
- c. A man signed an acknowledgment of paternity **before an acknowledgment became a legal finding of paternity under State law.**  Yes (Attached certified copy)  No
- d. A man acted as and presented himself to be the child's father.  Yes  No  
 If Yes, the man's name and address are:
- e. Genetic tests were completed to determine the biological father of the child. If Yes, attach results.  Yes  No

**SECTION II (TO BE COMPLETED BY MOTHER ONLY)**

1. I had sexual intercourse with another man (other than the man I am naming as the child's natural father) during the time 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 are biologically related to the man I am naming as the child's natural father.  
 Yes  No. If Yes, explain the biological relationship (e.g., brother, cousin, uncle, etc.)
- c. I do not believe the other man/men is/are the father because:

2. I was married at the time of this child's birth  Yes  No (If Yes, complete the following)

- a. Husband's name (first, middle, last) and last known address:
- b. Explain why the husband is not the father of this child and attach all appropriate documents, including divorce decree, genetic test results and prior findings of non-paternity, if any:

3. \_\_\_\_\_ is the father of this child. The following facts support my allegations of paternity:

- |    |   |  |  |  |
|----|---|--|--|--|
|    | Name (first, middle, last)  |  |  |  |
| a. | We lived together.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dates: _____ To _____                            |  |
| b. | I have told welfare officials that he is the father of this child.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Location _____                                   |  |
| c. | I told him that he was the father of the child.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| d. | He is named as the father on the birth certificate.   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached |  |
| e. | He signed an acknowledgment of paternity <b>before an acknowledgment became a legal finding of paternity under State law.</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached |  |
| f. | He admitted being the father of the child.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| g. | He sent cards/letters regarding the pregnancy and/or about the child.   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Copies Attached         |  |
| h. | He was present at the birth of the child.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| i. | He visited the child at the hospital following birth  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| j. | He offered to pay abortion expenses.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| k. | He offered to pay medical expenses.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| l. | He paid for birth related expenses.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| m. | He claimed the child on tax returns.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Don't Know              |  |
| n. | He has provided food, clothing, gifts or financial support for the child.   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV                    |  |
| o. | He lived with the child.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV                    |  |
| p. | He visited the child.   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV                    |  |
| q. | The child resembles him. <input type="checkbox"/> Photo attached  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV                    |  |
| r. | There are witnesses to my relationship with him.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |

(If Yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

**SECTION III (TO BE COMPLETED BY FATHER ONLY)**

The following facts support my belief and statements that I am the father of this child:

- a. The mother and I lived together.  Yes  No Dates: \_\_\_\_\_ To \_\_\_\_\_  
Location \_\_\_\_\_
- b. The mother told me that I am the father of the child.  Yes  No
- c. I am named as the father on the birth certificate.  Yes  No  Certified Copy Attached
- d. I signed an acknowledgment of paternity **before an acknowledgment became a legal finding of paternity under State law.**  Yes  No  Certified Copy Attached
- e. I was present at the birth of the child.  Yes  No
- f. I visited the child at the hospital following birth  Yes  No
- g. I offered to pay abortion expenses.  Yes  No
- h. I offered to pay medical expenses.  Yes  No
- i. I paid for birth related expenses.  Yes  No
- j. I claimed the child on tax returns.  Yes  No
- k. I have provided food, clothing, gifts or financial support for the child.  Yes  No If Yes, explain in Section IV
- l. I lived with the child.  Yes  No If Yes, explain in Section IV
- m. I visited the child.  Yes  No If Yes, explain in Section IV
- n. The child resembles me.  Photo attached  Yes  No If Yes, explain in Section IV
- o. There are witnesses to my relationship with the child's mother  Yes  No  
(If Yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

**SECTION IV – OTHER PERTINENT INFORMATION** (including detailed explanations for “Yes” responses in Section II or Section III above)

Continued On Attached Sheet(s), incorporated by reference.

All of the information and facts contained in this AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY are true and correct to my best knowledge and belief. I agree to submit myself and, if I am the custodian, my child to genetic testing as may be necessary to establish paternity.

\_\_\_\_\_  
Date Signature

Sworn to and Signed before me this Date, County and State Notary Public/Official and Title

\_\_\_\_\_  
Commission Expires

# INSTRUCTIONS FOR AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY

## PURPOSE OF THE FORM:

This affidavit supplements the Uniform Support Petition to summarize evidence to establish paternity. A separate Affidavit in Support of Establishing Paternity is required for each child needing paternity establishment. This is necessary since the circumstances surrounding conception and birth will differ unless the children are twins. Reminder: A putative father may petition for paternity establishment under UIFSA. All appropriate information for the Affidavit in Support of Establishing Paternity must be completed or furnished by the parent, properly signed by the parent, and notarized as required. A separate Affidavit is required for each allegation of paternity.

Italicized text that appears within a “box” refers to policy or provides additional information.

## HEADING/CAPTION: [To be completed by the Child Support (IV-D) Worker]

- Identify the **petitioner** and **respondent** name (first, middle, last) and Social Security Number in the appropriate spaces.
- Check the appropriate space to identify the type of case: TANF; IV-E Foster Care, Medicaid only; former assistance, never assistance, or Non-IV-D.

*TANF means the obligee’s family receives IV-A cash payments. A Medicaid only case is a case where the obligee’s family receives Medicaid but does not receive TANF (IV-A cash payments).*

- In the appropriate spaces, if applicable and if known, enter the Responding jurisdiction’s IV-D case identifier, and Tribunal number.

*Under “IV-D case identifier”, enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under “tribunal number”, you may enter the docket number, cause number, or any other appropriate reference number that the responding State may use to identify the case, if known. The Responding jurisdiction is the jurisdiction that is working the case at the request of the initiating jurisdiction.*

- In the appropriate spaces, enter the Initiating jurisdiction’s IV-D case identifier, and tribunal number.

*Under “IV-D case identifier”, enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under “tribunal number”, you may enter the docket number, cause number, or any other appropriate reference number which the initiating tribunal or agency has assigned to the case. The initiating jurisdiction is the jurisdiction that referred the case to the responding jurisdiction for services.*

## SECTION I: (Information to be completed or furnished by parent of the child)

Enter the full name (First, Middle, Last) of the parent or other individual completing the affidavit.

**Item 1:** Check whether you (the parent) are the natural mother or natural father of the child or, if other, explain your relationship in Section IV.

- Enter the “Child’s Full Legal Name”, “Child’s Date of Birth”, and “Place of Birth”.
- “Date Mother Got Pregnant” - Enter the period of time when you believe the mother became pregnant (e.g., 4/89 or from 4/89 to 5/89). Be sure to include both the month (or months) and the year when providing date(s). Be as specific as possible.
- “Full Term Pregnancy” - Check “Yes” or “No” to indicate whether or not the pregnancy lasted nine months. If no, explain (e.g., 6 months--child born premature).
- “Where Mother Got Pregnant” - List the City, County, and State.
- “Mother’s Maiden Name” - Enter the mother’s maiden name, if known.

**Item 2:** Enter the name of the child's other parent in the blank. This is the person with whom you (the parent completing the affidavit) had sexual intercourse which resulted in the child's conception.

**Item 3:** The information in item 3 is intended to identify whether there is a presumed or legal father under State law. State laws differ on whether and how a presumption of paternity is created.

**Item 3a:** Check "Yes" or "No" to indicate whether or not a man is named as the child's father on the child's birth certificate. If "Yes", attach a certified copy of the birth certificate and provide the man's name and address.

*The man may be the same man who is named as the father of the child in this affidavit, or he may be a different man. NOTE: Some responding States may only need a regular copy, rather than a certified copy of this document.*

**Item 3b:** Check "Yes" or "No" to indicate whether or not a man was married to the child's natural mother and the child's birth occurred within a year of the end of the marriage. Include the date the marriage ended. If "Yes", provide the man's name and address.

*The man may be the same man who is named as the father of the child in this affidavit, or he may be a different man.*

**Item 3c:** Check "Yes" or "No" to indicate whether a man signed an acknowledgment of paternity before an acknowledgment became a legal finding of paternity under State law. If "Yes", attach a certified copy of the acknowledgment.

*The man may be the same man who is named as the father of the child in this affidavit, or he may be a different man. NOTE: Some responding States may only need a regular copy, rather than a certified copy of this document.*

**Item 3d:** Check "Yes" or "No" to indicate whether or not a man acted as and presented himself to be the child's father. If "Yes", provide the man's name and address.

*The man may be the same man who is named as the father of the child in this affidavit, or he may be a different man.*

**Item 3e:** Check "Yes" or "No" to indicate whether or not genetic tests (e.g., blood tests) were completed to determine the biological father of the child. If "Yes", attach the test results.

**SECTION II:** (To be completed by Mother Only)

**Item 1:** Check "Yes" or "No" to indicate whether you (the mother) did or did not have sexual intercourse (sex) with another man or other men during the 30 days before or the 30 days after the child was conceived ("Date Mother Got Pregnant").

If you had sexual intercourse with another man or other men during this period (30 days before or 30 days after), complete items 1a through 1c.

**Item 1a:** Provide the name(s) and address(es) of the other man/men.

**Item 1b:** Check "Yes" or "No" to indicate whether the other man/men are biologically related to the alleged father. If "Yes", state the relationship (e.g., brother, cousin, etc). This may be relevant to genetic testing.

**Item 1c:** Explain why you do not believe the other man/men is/are the father of this child (e.g., prior exclusion by genetic testing).

**Item 2:** Check "Yes" or "No" to indicate whether or not you were married at the time of the child's birth. If "Yes", complete items 2a and 2b.

**Item 2a:** Provide the name and last known address of the man who was your husband at the time of the child's birth.

**Item 2b:** Explain why the husband is not the father. Attach appropriate documents.

**Item 3:** Be sure to enter the name of the father of this child. Check the appropriate answer for each statement (a – r) to support the allegations of paternity against the alleged father. Remember to attach any necessary, relevant documentation. This includes a certified copy of the birth certificate or the acknowledgment of paternity with the alleged father's name on it; and other documents if available (e.g., letters or cards from the alleged father regarding the pregnancy or the child).

*NOTE: some responding States may only need a regular copy, rather than a certified copy, of these documents.*

**SECTION III:** (To be completed by Father Only)

Reminder: A putative father may petition for paternity establishment under UIFSA.

Check the appropriate answer for each statement (a -o). Remember to attach any necessary, relevant documentation. This includes a certified copy of the birth certificate or acknowledgment of paternity with your name as the child's father on it; and other documents if available (e.g., letters or cards from the mother regarding the pregnancy or the child).

*NOTE: some responding States may only need a regular copy of a birth certificate or paternity acknowledgment, rather than a certified copy.*

**SECTION IV:** Provide any additional information not already covered which might be helpful in establishing paternity. One example would be the alleged father's attendance in a child birth class with the mother.

**If you are the mother,** provide details to "Yes" answers to item 3, statements **n through r** in Section II.

- n) Describe any food, clothing, gifts, or financial support the alleged father has provided for the child.
- o) Describe where and when the alleged father lived with the child.
- p) Provide dates and circumstances of any visits between the alleged father and the child.
- q) Describe any physical resemblance between the alleged father and the child. Attach photographs, if available.
- r) Provide names and addresses of any witnesses to your relationship with the father. Consider friends and relatives who were aware of the parties' dating, ongoing relationship, or cohabitation during the period of conception.

**If you are the father,** provide details to "Yes" answers to statements **k through o** in Section III.

- k) Describe any food, clothing, gifts, or financial support you provided for the child.
  - l) Describe where and when you lived with the child.
  - m) Provide dates and circumstances of any visits between you and the child.
  - n) Describe any physical resemblance between you and the child. Attach photographs, if available.
  - o) Provide names and addresses of any witnesses to your relationship with the child's mother. Consider friends and relatives who were aware of the parties' dating, ongoing relationship, or cohabitation during the period of conception.
- The affidavit in support of establishing paternity must be signed by the mother or father seeking to establish paternity.
  - The signature requires a notary.

**The Paperwork Reduction Act of 1995**

This information collection is conducted in accordance with 42 U.S.C. 651 et seq. and 45 CFR 303.7 of the child support enforcement program. Standard forms are designed to provide uniformity and standardization for interstate case processing. Public reporting burden for this collection of information is estimated to average under half an hour per response. The responses to this collection are mandatory in accordance with the above statute and regulation. This information is subject to State and Federal confidentiality requirements; however, the information will be filed with the tribunal and/or agency in the responding State and may, depending on State law, be disclosed to other parties. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.