

Iowa Department of Human Services
MOTHER'S WRITTEN STATEMENT ALLEGING PATERNITY

Case Number: _____

Worker ID: _____

I, _____, am the biological mother of:

I declare that I am the mother of the child(ren) listed above. During the probable period(s) of conception for my child(ren), I had sexual intercourse with the man listed below and believe he is or may be the biological father of the child(ren) listed above:

ALLEGED FATHER'S NAME (First , Middle, Last):	
ALLEGED FATHER'S DATE OF BIRTH: (month/date/year)	HT: _____ WT: _____ RACE: _____ HAIR COLOR: _____ EYE COLOR: _____
TATTOO OR OTHER IDENTIFYING INFORMATION:	

Relationship to the alleged father. Please check the appropriate statement:

I was not legally married to anyone at the time of the birth or at the time of conception of the child(ren), or any time between conception and birth.

I am (was) married at the time of the birth or at the time of the conception or any time between conception and birth to:
NAME: _____
DATE OF MARRIAGE: _____
DATE OF DIVORCE: _____

I was married to someone other than the father of this/these child(ren) at the time of birth or the time of conception or any time between conception and birth, but there has been a court order entered ruling that the man to whom I was married at that time is not the father of this/these child(ren).

I certify under penalty of perjury and according to the laws of the State of Iowa that this is a true and correct statement.

I understand that the Child Support Recovery Unit (Unit) will use the above information to establish paternity for my child(ren), which may include an order for support and medical support. I agree to inform the Unit of any changes in my address or telephone number(s).

I also understand that a medical support obligation may be ordered against me or the other parent.

Signature

Date

Please return this statement to the following office:

Child Support Recovery Unit

