

# 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 may be filed with the petition or pleading and may be 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

IV-E Foster Care

Medicaid Only

Former Assistance

Never Assistance

Tribal Affiliation (if applicable)

Non IV-D Case:

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

Tribal Affiliation (if applicable)

Responding IV-D Case Identifier:

Responding Tribunal Number:

Note:

Nondisclosure Finding/Affidavit attached

This form sent through EDE

Initiating IV-D Case Identifier:

Initiating Tribunal Number:

**DO NOT COMPLETE THIS FORM IF THERE IS AN ORDER OF PARENTAGE  
OR A SIGNED VOLUNTARY ACKNOWLEDGEMENT 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. Sex:  Female  Male  
 I am the nonbiological parent of the child named below. Sex:  Female  Male  
 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:  Yes  No, (if no, explain in section IV.)

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

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

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

3. The child was conceived as a result of sexual intercourse between \_\_\_\_\_ and

Legal Name (first, middle, last, suffix)

\_\_\_\_\_ 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.)

The following facts support a presumption of parentage:

a. The biological mother was married, and the child's birth occurred during the marriage or within 300 days after the marriage legally ended.

If additional space is needed, use section IV.

Yes  No (If yes, attach documentation.)

Date marriage began:

\_\_\_\_\_ (month, day, year)

If yes, and the mother's spouse/former spouse is not the person named as respondent in this Declaration, provide the spouse/former spouse's name, address, and sex, and explain why he/she is not the child's parent:

Date marriage legally ended:

\_\_\_\_\_ (month, day, year)

Tribunal that issued order legally ending the marriage:

b. A person acted as, and presented herself/himself to be, the child's parent.

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 sex, 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, attach results.)

If yes, and the individual tested is not the respondent named in this Declaration, provide the individual's name, address and sex, and explain why the individual is not the child's parent:

**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 sex:

6. Has any person completed a voluntary acknowledgement of parentage of this child  Yes  No (If yes, attach documentation)  
that has been rescinded?

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

**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.	<input type="checkbox"/> Yes	Dates _____	to _____	Location: _____
	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable		
b. I told the respondent that he/she is the parent of the child.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	
c. The respondent admitted being the parent of the child.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
d. The respondent communicated about the pregnancy and/or about the child.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Copies of communication attached	
e. The respondent was present at the birth of the child.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
f. The respondent visited the child at the hospital following birth.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
g. The respondent offered to pay abortion expenses.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
h. The respondent offered to pay/paid medical expenses.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
i. The respondent offered to pay/paid birth related expenses.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
j. The respondent claimed the child on a tax return.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	
k. The respondent provided food, clothing, gifts, or financial support for the child.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
l. The respondent lived with the child.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
m. The respondent visited the child.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
q. The child resembles the respondent.	<input type="checkbox"/> Photo attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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

2. I, \_\_\_\_\_ 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.

Yes  No Dates: \_\_\_\_\_ To \_\_\_\_\_  
Location: \_\_\_\_\_

b. The respondent told me that I am the parent of the child.

Yes  No

c. I was present at the birth of the child.

Yes  No

d. I visited the child at the hospital following birth.

Yes  No

e. I offered to pay abortion expenses.

Yes  No

f. I offered to pay/paid medical expenses.

Yes  No

g. I offered to pay/paid birth related expenses.

Yes  No

h. I claimed the child on a tax return.

Yes  No

i. I provided food, clothing, gifts, or financial support for the child.

Yes  No

j. I lived with the child.

Yes  No

k. I visited the child.

Yes  No

l. 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):**

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.

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 relations 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:

**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.

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Date

Petitioner (name)

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Signature

or

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Date

Name/Title, Agency or Tribunal Representative

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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).