

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)

Tribal Affiliation (If Applicable)

Respondent: Legal Name (First, Middle, Last, Suffix)

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: _____

Responding Tribunal Number: _____

Initiating IV-D Case Identifier: _____

Initiating Tribunal Number: _____

NOTE:

- Nondisclosure Finding/Affidavit Attached
 This form sent through EDE

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

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: 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.



Service Type

OMB 0970-0085 Expiration Date: 12/31/2019

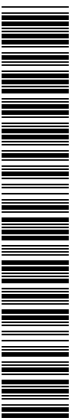
Form IF-020 06/18

Worker ID

DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE, PAGE 2

Initiating IV-D Case No. _____

I. Declaration (Continued):



3. The child was conceived as a result of sexual intercourse between _____ and _____ during the time stated above.
Legal Name (First, Middle, Last, Suffix) 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.)

4. The following facts support a presumption of parentage:

If additional space is needed, use section IV.

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

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 gender, 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.

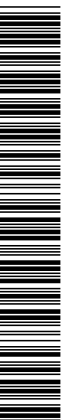
Yes No

If yes, and he/she is not the person named as the respondent in this Declaration, provide the individual's name, address, and 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, attach results.)

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 parent:



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Initiating IV-D Case No.

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:

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 Not applicable
Dates: _____ to _____ Location: _____

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 for birth related expenses. Yes No

j. The respondent claimed the child on a tax return. Yes No Don't Know

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

l. The respondent lived with the child. Yes No

m. The respondent visited the child. Yes No

n. The child resembles the respondent. Photo attached Yes No



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Initiating IV-D Case No.

II. To Be Completed by the Petitioner (Continue):

○ 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 for 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

III. To Be Completed by the Birth Mother Only:

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 relationship in the space below (e.g., brother, cousin, uncle.)

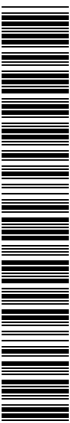
c. I do not believe the other man/men is/are the child's biological parent because:



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



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

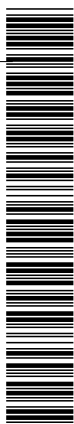
V. Declaration:

Under penalty of perjury, all information and facts stated in this Declaration are true to the best of my knowledge 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



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).

