

# AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY

Petitioner  IV-D Non Public Assistance  
 IV-D Non PA Medicaid  
 Full Services  
 Medical Services Only

Respondent  IV-D Public Assistance  
 IV-E Foster Care (IV-D Case)  
 Non IV-D

File Stamp

Responding IV-D Case No. \_\_\_\_\_ Initiating IV-D Case No. \_\_\_\_\_  
 Responding Docket No. \_\_\_\_\_ Initiating Docket No. \_\_\_\_\_

Separate Affidavit is Required for Each Child Needing Paternity Established.

## SECTION I

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

Child's Full Name (First, Middle, Last)		Child's Date of Birth (Month, Date, Year)	Place of Birth (City, County, State)
Date Mother Got Pregnant (Month, Date, Year)	Full Term Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, explain)	Where Mother Got Pregnant (City, County, State)	

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 (Attach 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:
- c. A man signed an acknowledgment of paternity.  Yes (Attach copy)  No  
 If Yes, the man's name and address are:
- 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 father of the child.  Yes  No  
 If Yes, attach results.

**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, blood test results and prior findings of nonpaternity, 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.  Yes  No Dates: \_\_\_\_\_ To \_\_\_\_\_  
Location \_\_\_\_\_
- b. I have told welfare officials that he is the father of this child.  Yes  No
- c. I told him that he was the father of the child.  Yes  No
- d. He is named as the father on the birth certificate.  Yes  No  Certified Copy Attached
- e. He admitted being the father of the child.  Yes  No
- f. He signed an acknowledgment of paternity.  Yes  No  Certified Copy Attached
- g. He sent cards/letters regarding the pregnancy and/or about the child.  Yes  No  Copies Attached
- h. He was present at the birth of the child.  Yes  No
- i. He visited the child at the hospital following birth.  Yes  No
- j. He offered to pay for an abortion/medical expenses.  Yes  No
- k. He paid for birth related expenses.  Yes  No
- l. He claimed the child on tax returns.  Yes  No  Don't Know
- m. He has provided food, clothing, gifts or financial support for the child.  Yes  No If Yes, explain in Section IV
- n. He lived with the child.  Yes  No If Yes, explain in Section IV
- o. He visited the child.  Yes  No If Yes, explain in Section IV
- p. The child resembles him.  Photo attached  Yes  No If Yes, explain in Section IV
- q. There are witnesses to my relationship with him.  Yes  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.  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 for an abortion/medical expenses.  Yes  No
- h. I paid for birth related expenses.  Yes  No
- i. I claimed the child on tax returns.  Yes  No
- j. I have provided food, clothing, gifts or financial support for the child.  Yes  No If Yes, explain in Section IV
- k. I lived with the child.  Yes  No If Yes, explain in Section IV
- l. I visited the child.  Yes  No If Yes, explain in Section IV
- m. The child resembles me.  Photo attached  Yes  No If Yes, explain in Section IV
- n. 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 \_\_\_\_\_