

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. _____

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

SECTION I

_____, on oath, under penalty of perjury depose and allege:
 Name (First, Middle, Last)

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 do not believe the other man/men is/are the father because:

2 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
- 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
- d. I signed an acknowledgment of paternity. Yes No
- 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
- k. I lived with the child. Yes No
- l. I visited the child. Yes No
- m. The child resembles me. Photo attached Yes No
- n. There are witnesses to my relationship with the child's mother. Yes No

Dates: _____ To _____
Location _____

Certified Copy Attached
 Certified Copy Attached

If Yes, explain in Section IV
If Yes, explain in Section IV
If Yes, explain in Section IV
If Yes, explain in Section IV

(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