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Corporation Counsel

THE CITY OF NEW YORK  
**LAW DEPARTMENT**  
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NEW YORK, NY 10007

PHONE: (212) 356-3220  
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**FAMILY COURT DIVISION  
INTERSTATE CHILD  
SUPPORT UNIT**

**APPLICATION FOR:**

**PETITION TO ESTABLISH CHILD SUPPORT OR  
TO ESTABLISH PATERNITY AND SUPPORT**

Petitioner's Name: \_\_\_\_\_

Appointment Date & Time: \_\_\_\_\_

Please make a note of the date and time you are scheduled to be interviewed. You must provide the **current home and / or work address** for the person from whom you are seeking support. **If you are unable to keep your appointment please call \_\_\_\_\_ or email \_\_\_\_\_ at least 7 days prior to your appointment so that we can reschedule your appointment. Thank you.**

**PLEASE BRING IN THE FOLLOWING ITEMS:**

1. This entire application, filled out to the best of your ability.
2. Child(ren's) Birth Certificate(s) and Social Security number(s). **Note: For cases filed to North Carolina, the Birth Certificate must be a certified original.**
3. Acknowledgment of Paternity, Order of Filiation, Order of Parentage or Acknowledgement of Parentage for each child.
4. All marriage certificates, if applicable.
5. If divorced, one (1) certified copy of any and all divorce judgments with related Findings of Fact, Separation Agreements, Stipulations, Referee's Report and/or any other attachments.

6. Copy of your most recently filed tax returns, W-2 form and three recent pay stubs. If you receive SSD or SSI, please include a copy of the most recent award letter.
7. If you are currently unemployed and not receiving any public benefits, please provide a notarized statement as to how you are financially supporting yourself and the subject child(ren).
8. If you are currently incurring child care expenses for the subject child(ren), please provide the following documents:
  - a. If the child care provider is a private caretaker, please ask the caretaker to provide a notarized affidavit regarding the number of days per week and the number of hours per day that child care is being provided and the rate of the child care cost. Please also provide proof of payment of such child care such as cancelled checks or receipts.
  - b. If the child care provider is a daycare or childcare facility, please ask the facility to provide an invoice or bill listing the number of days per week and the number of hours per day that child care is being provided and the rate of the child care cost. Please also provide proof of payment of such child care, such as cancelled checks, credit card charges or receipts.
9. Social Security number of person from whom you are seeking child support.
10. A photograph of the person from whom you are seeking child support, if available.
11. Please review the Petitioner's Consent Form but do not sign it. It will be signed and notarized at the interview.
12. Other: \_\_\_\_\_

## PETITIONER'S CONSENT

1. I have been advised by the New York City Law Department (hereinafter Law Department) that the filing and processing of an interstate support action can be a very lengthy process.
2. I understand that the Law Department cannot predict how long my individual case will take to completion. I understand that, although the average length of time for a case to result in an order of support or the registration of an existing order may be anywhere from 6 months to 1 year, the actual time period can be shorter or longer.
3. I understand that the Law Department is the initiating IV-D agency that will monitor my case after it is forwarded to the responding IV-D jurisdiction. I have been advised that the Law Department will monitor my case on a regular basis by communicating with the responding IV-D jurisdiction. I have also been advised by the Law Department that the best way for me to regularly monitor my case is to call the assigned caseworker at the Law Department every 4 to 6 weeks.
4. I understand that the lack of response on the part of the responding IV-D jurisdiction is not the fault of the Law Department and that the Law Department has absolutely no control over the schedules and procedures of the responding IV-D jurisdictions.
5. I have been advised that I am not represented by an attorney at the Law Department.
6. I have been advised by the Law Department that the responding IV-D jurisdictions will not accept contact directly from me but will only communicate with the Law Department.
7. I understand that the responding IV-D jurisdiction may request additional or updated information from me. This may occur a number of times during the pendency of the proceeding. For example, I may be required to submit financial information including but not limited to pay stubs, tax returns, and W-2 statements on more than one occasion.
8. I understand that it is my responsibility to cooperate and provide requested information to the Law Department so that they may submit this information to the responding IV-D jurisdiction in a timely manner. I understand that my case may be dismissed if I do not provide the requested information within the requested timeframe.
9. I acknowledge that it is my responsibility to obtain or provide certified copies of documents, if necessary.
10. I have been advised that the Order of Support will be determined in accordance with the laws of the state where my matter is pending. I have further been advised that the state that enters the order of support will determine the age of emancipation, which may not be modified.

11. If I am registering an order of support for enforcement, I understand that under the Uniform Interstate Family Support Act (UIFSA), the responding IV-D jurisdiction may not modify my order except under very limited circumstances.
12. I understand that I may close my interstate case at any time. I have been advised by the Law Department that in order to close my case, I must come in person to the Law Department requesting that my case be closed. I understand that by closing my case I will no longer have the services of the Law Department.
13. I understand that an existing order will continue until a court of law acts upon a petition to terminate the order of support or until termination occurs by operation of law.
14. I have been advised by the Law Department that, if, the respondent moves to another state, after my case is filed, I may be required to refile my case in the respondent's new home state.
15. Please check and initial if applicable: \_\_\_\_\_  
I have been advised that I may be able to pursue a local child support case by filing a long arm petition in a New York City court. However, I have decided to proceed with a petition filed through the interstate process under UIFSA.

DATE: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
**Notary Public / Commissioner of Deeds**

# GENERAL TESTIMONY

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.

Petitioner is:  Obligee  Caretaker Other than Parent  Obligor  Foster Care

Respondent is:  Obligee  Caretaker Other than Parent  Obligor  Foster Care

Being duly sworn, under penalties of perjury, testifies as follows:

Name (First, Middle, Last)

## I. Personal Information About Child(ren)'s Mother See Section X

A.1. Mother is: <input type="checkbox"/> Obligee <input type="checkbox"/> Obligor		2. *IF Nondisclosure Finding Attached for Mother Nondisclosure Finding Attached	
3. Full Name (First, Mid, Last; include nickname, alias) alias:			
4. Home Address <input type="checkbox"/> Confirmed	5. Social Security Number		6. Date of Birth
	7. Home Phone		8. Work Phone
9. Employer Name & Address <input type="checkbox"/> Confirmed		10(a). Occupation, Trade or Profession	
		10(b). Highest Level Of Education Attained	
11. Estimated Gross Monthly Earnings \$		12. Other Monthly Income (& source) \$	
13. Real or Personal Property (type & location)			

## B. Physical Description of Child(ren)'s Mother (Optional: Attach photo if available.)

1. Race	2. Height	3. Weight	4. Hair Color	5. Eye Color
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## C. Present Marital Status of Child(ren)'s Mother

1. <input type="checkbox"/> Married	2. <input type="checkbox"/> Single	3. <input type="checkbox"/> Married Living with Non-Marital Partner
4. <input type="checkbox"/> Divorced	5. <input type="checkbox"/> Legally Separated	6. <input type="checkbox"/> Separated
7. <input type="checkbox"/> Unknown		

# GENERAL TESTIMONY, PAGE 2

Initiating IV-D Case No.

## D. Information about Current Spouse or Partner of Child(ren)'s Mother

1. Name of New Spouse or Non-Marital Partner (First, Mid, Last)	2. Is Current Spouse/Partner Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3. Name and Address of Spouse's/Partner's Employer	4. Spouse's/Partner's Estimated Gross Monthly Earnings \$

## E. Is the child(ren)'s mother responsible for dependents other than those listed in Section V (pages 4 & 5)?

Yes     No     Unknown (If yes, provide information below.)

1.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
2.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
3.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:

## II. Personal Information About Child(ren)'s Father [X] See Section X

A.1. Father is: <input type="checkbox"/> Obligee <input type="checkbox"/> Obligor	2. ***IF Nondisclosure Finding Attached for Father *** Nondisclosure Finding Attached	
3. Full Name (First, Mid, Last; include nickname, alias) alias:		
4. Home Address <input type="checkbox"/> Confirmed	5. Social Security Number	6. Date of Birth
	7. Home Phone	8. Work Phone
9. Employer Name & Address <input type="checkbox"/> Confirmed	10(a). Occupation, Trade or Profession	
	10(b). Highest Level Of Education Attained	
11. Estimated Gross Monthly Earnings \$	12. Other Monthly Income (& source) \$	
13. Real or Personal Property (type & location)		

## B. Physical Description of Child(ren)'s Father (Optional: Attach photo if available.)

1. Race	2. Height	3. Weight	4. Hair Color	5. Eye Color
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**C. Present Marital Status of Child(ren)'s Father**

1. <input type="checkbox"/> Married	2. <input type="checkbox"/> Single	3. <input type="checkbox"/> Living with Non-Marital Partner
4. <input type="checkbox"/> Divorced	5. <input type="checkbox"/> Legally Separated	6. <input type="checkbox"/> Separated
		7. <input type="checkbox"/> Unknown

**D. Information about Current Spouse or Partner of Child(ren)'s Father**

1. Name of New Spouse or Non-Marital Partner (First, Mid, Last)	2. Is Current Spouse/Partner Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3. Name and Address of Spouse's/Partner's Employer	4. Spouse's/Partner's Estimated Gross Monthly Earnings \$

**E. Is the child(ren)'s father responsible for dependents other than those listed in Section V (pages 4 & 5)?**

Yes  No  Unknown (If yes, provide information below.)

<b>1.</b>	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
<b>2.</b>	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
<b>3.</b>	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:

**III. Personal Information About Caretaker Other than Parent  See Section X**

1. Caretaker's Relation to Child is:	2. ***IF Nondisclosure Finding Attached for Caretaker *** Nondisclosure Finding Attached		
3. Full Name (First, Mid, Last; include nickname, alias) alias:			
4. Home Address <input type="checkbox"/> Confirmed	5. Social Security Number	6. Date of Birth	7. Sex
	8. Home Phone	9. Work Phone	
10. Employer Name & Address <input type="checkbox"/> Confirmed	11(a). Occupation, Trade or Profession		
	11(b). Highest Level Of Education Attained		
12. Estimated Gross Monthly Earnings \$	13. Other Monthly Income (& source) \$		
14. Date Child(ren) Began Residing With Caretaker			

**IV. Legal Relationship of Parents** [ ] See Section X

1. [ ] Never married to each other
2. [ ] Married on \_\_\_\_\_ in \_\_\_\_\_  
Date County State
3. [ ] Married by common law for the period \_\_\_\_\_ to \_\_\_\_\_ In \_\_\_\_\_  
Dates County State
4. [ ] Separated on \_\_\_\_\_  
Date
5. [ ] Divorced on \_\_\_\_\_ in \_\_\_\_\_  
Date County State
6. [ ] Legally Separated on \_\_\_\_\_ in \_\_\_\_\_  
Date County State
7. [ ] Divorce pending in \_\_\_\_\_  
County State
8. [ ] Support Order Entered on \_\_\_\_\_  
Date
9. [ ] No support order
10. [ ] Other : \_\_\_\_\_
11. Tribunal & Location (Divorce, Legal Separation, Support Order): \_\_\_\_\_

**V. Dependent Child(ren) in this Action** [ ] See Section X

A. List obligor's (named on page 1 of this form) child(ren) only. [ ] Nondisclosure Finding Attached

1.	a. Full Name (First, Mid, Last)		f. Paternity Established? [ ] Yes [ ] No
	b. Address		g. Support Order Established? [ ] Yes [ ] No
	c. Social Security Number		h. Living with Petitioner? [ ] Yes [ ] No
	d. Sex	e. Date of Birth	
2.	a. Full Name (First, Mid, Last)		f. Paternity Established? [ ] Yes [ ] No
	b. Address		g. Support Order Established? [ ] Yes [ ] No
	c. Social Security Number		h. Living with Petitioner? [ ] Yes [ ] No
	d. Sex	e. Date of Birth	
3.	a. Full Name (First, Mid, Last)		f. Paternity Established? [ ] Yes [ ] No
	b. Address		g. Support Order Established? [ ] Yes [ ] No
	c. Social Security Number		h. Living with Petitioner? [ ] Yes [ ] No
	d. Sex	e. Date of Birth	





**VI. Medical Insurance**     See Section X

1. Is obligor required by a child support order to provide medical insurance for the child(ren)?  Yes       No
2. Is obligor required by a child support order to provide medical insurance for the obligee?  Yes       No
3. Medical coverage for dependent child(ren) listed in Section V and/or the obligee is provided by:

	For dependent child(ren)	For obligee
Obligee		
Obligor		
State Medicaid		
Obligee's Employer		
Obligor's Employer		
Other		
Unknown		
No Coverage		

Obligee's Insurance Company:	Policy Number:
Obligor's Insurance Company:	Policy Number:
Other Insurance Company:	Policy Number:

4. The monthly cost paid by the obligee for medical insurance for the obligor's child(ren) only is:      \$ \_\_\_\_\_  
 (If medical insurance is provided by the obligee or obligee's employer, skip to number 6).
5. Obligee can purchase needed medical insurance at a monthly cost of:      \$ \_\_\_\_\_
6. Were the children ever covered by medical insurance provided by the obligor/obligee, or his/her current employer?     Yes       No       Unknown
7. Do any of the obligor's children have special needs or extraordinary medical expenses not covered by insurance?  
 Yes       No  
 (If "Yes", please indicate the child involved and the type of special needs/extraordinary medical expenses and the related costs. Attach proof.)

**VIII. Obligee's Public Assistance Status** [ ] See Section X

[If no public assistance was paid, skip to Section IX.]

1. Period during which public assistance was paid:

From: \_\_\_\_\_ To: \_\_\_\_\_ by: \_\_\_\_\_  
First month year Last month year State

2. Total amount of public assistance paid: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Date

3. Medical assistance related to prenatal, postnatal, or general expenses was paid in the amount of \$ \_\_\_\_\_

By: \_\_\_\_\_  
Agency or Person

**IX. Financial Information** [X] See Section X

Information required varies based on responding State's guidelines. Updates may be required.

**A. Monthly Income from All Sources:**

1. Is petitioner employed? [ ] Yes; [ ] No;  
 occupation: \_\_\_\_\_ Income source: \_\_\_\_\_

2. Gross Monthly Income Amounts:	Petitioner	Current Spouse/Partner	Obligor's Dependent(s)
a) Public Assistance			
i) SSI	\$ _____	\$ _____	\$ _____
ii) Family Assistance	\$ _____	\$ _____	\$ _____
iii) Other	\$ _____	\$ _____	\$ _____
b) Base pay salary, wages	\$ _____	\$ _____	\$ _____
c) Overtime, commissions, tips, bonuses, parttime	\$ _____	\$ _____	\$ _____
d) Unemployment compensation	\$ _____	\$ _____	\$ _____
e) Worker's compensation	\$ _____	\$ _____	\$ _____
f) Social Security Disability	\$ _____	\$ _____	\$ _____
g) Social Security Retirement	\$ _____	\$ _____	\$ _____
h) Dividends and interest	\$ _____	\$ _____	\$ _____
i) Trust/Annuity Income	\$ _____	\$ _____	\$ _____
j) Pensions,retirement	\$ _____	\$ _____	\$ _____
k) Child support	\$ _____	\$ _____	\$ _____
l) Spousal support/alimony	\$ _____	\$ _____	\$ _____
m) All other sources	\$ _____	\$ _____	\$ _____

Explain "other sources":

3. Total Gross Monthly (lines "2a" through "2m") \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

4. Deductions From Gross			
a) Federal Income Tax	\$ _____	\$ _____	\$ _____
b) State Income Tax	\$ _____	\$ _____	\$ _____
c) Local Tax	\$ _____	\$ _____	\$ _____
d) F.I.C.A.	\$ _____	\$ _____	\$ _____

	<u>Petitioner</u>	<u>Current Spouse/Partner</u>	<u>Obligor's Dependent(s)</u>
<b>5. Adjusted Net Monthly</b> (lines "3" minus lines "4a through 4d")	\$ _____	\$ _____	\$ _____
<b>6. Other Deductions</b>			
a) Savings	\$ _____	\$ _____	\$ _____
b) Loan Repayment	\$ _____	\$ _____	\$ _____
c) Mandatory Retirement	\$ _____	\$ _____	\$ _____
d) Non-mandatory Retirement	\$ _____	\$ _____	\$ _____
e) Medical Insurance	\$ _____	\$ _____	\$ _____
f) Union Dues	\$ _____	\$ _____	\$ _____
g) Other (specify)	\$ _____	\$ _____	\$ _____
<b>7. Net Monthly Income</b> (line 5 minus lines "6a through 6g")	\$ _____	\$ _____	\$ _____
<b>8. Gross Income Prior Year</b>	\$ _____	\$ _____	\$ _____

Attach three most recent pay stubs from each current employer for all parties shown.

**B. Monthly Expenses:**

	<u>Petitioner</u>	<u>Obligor's Dependent(s)</u>
1) Rent/Mortgage	\$ _____	\$ _____
2) Homeowners/Renters Insurance	\$ _____	\$ _____
3) Home Maintenance & Repair	\$ _____	\$ _____
4) Heat	\$ _____	\$ _____
5) Electricity/Gas	\$ _____	\$ _____
6) Telephone	\$ _____	\$ _____
7) Water/Sewer	\$ _____	\$ _____
8) Food	\$ _____	\$ _____
9) Laundry/Cleaning	\$ _____	\$ _____
10) Clothing	\$ _____	\$ _____
11) Life Insurance	\$ _____	\$ _____
12) Medical Insurance	\$ _____	\$ _____
13) Uninsured Extraordinary Medical (attach documentation)	\$ _____	\$ _____
14) Other Uninsured Health-Related Expenses	\$ _____	\$ _____
15) Auto Payment	\$ _____	\$ _____
16) Auto Insurance	\$ _____	\$ _____
17) Auto Expenses	\$ _____	\$ _____
18) Other Transportation	\$ _____	\$ _____
19) Child Care	\$ _____	\$ _____
Provider:	Frequency:	
20) Support Payments, actual amount paid	\$ _____	\$ _____
21) Other; Explain ;	\$ _____	\$ _____
<b>Total Monthly Expenses (lines 1 through 21)</b>	\$ _____	\$ _____

**C. Assets:**

**1) Real Estate**

\_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Owner(s) \_\_\_\_\_  
 \_\_\_\_\_ Title \_\_\_\_\_

\$ \_\_\_\_\_ minus \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Assessed Value Mortgage(s)

**2) IRA, Keogh, Pension, Profit Sharing, Other Retirement Plans**

\_\_\_\_\_ \$ \_\_\_\_\_  
 Institution or Plan Name and Account No.

\_\_\_\_\_ \$ \_\_\_\_\_  
 Institution or Plan Name and Account No.

**3) Tax Deferred Annuity Plan(s)**

\$ \_\_\_\_\_

**4) Life Insurance: Present Cash Value**

\$ \_\_\_\_\_

**5) Savings & Checking Accounts, Money Market Accounts, & CDs**

\_\_\_\_\_ \$ \_\_\_\_\_  
 Institution Name and Account Number

\_\_\_\_\_ \$ \_\_\_\_\_  
 Institution Name and Account Number

**6) Automobiles/Vehicles**

_____	_____	_____	\$ _____	Minus	\$ _____	=	\$ _____
Make	Model	Year	Estimated Value		Loan Balance		
_____	_____	_____	\$ _____	Minus	\$ _____	=	\$ _____
Make	Model	Year	Estimated Value		Loan Balance		
_____	_____	_____	\$ _____	Minus	\$ _____	=	\$ _____
Make	Model	Year	Estimated Value		Loan Balance		

**7) Other (e.g., Personal Property, Securities, etc). Describe:**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Assets (lines 1 through 7)**

\$ 0.00

**X. Other Pertinent Information** (Attach additional sheets if necessary).

[Empty box for additional information]

**XI. Verification**

Attached is the required number of copies of all support orders for the case.

Also attached and incorporated by reference are:

- Copy of the certified child support payment records.
- Copies of three most recent pay stubs from current employer.
- Copies of bills for prenatal, postnatal and general health care of mother and child.
- Assignment or subrogation of support rights.
- "Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue.
- Copy of child(ren)'s birth certificate(s).
- Acknowledgment of parentage.
- Other: \_\_\_\_\_

All of the information and facts contained in this General Testimony are true and correct to my/our best knowledge and belief.

Date	Petitioner (Name/Title)	Signature
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Date	Agency Representative (Name/Title)	Signature
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Sworn to and Signed Before me This Date County/State	Notary Public, Tribunal/Agency Official and Title	Commission Expires
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# AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY

**Petitioner**  IV-D Non Public Assistance  
 IV-D Non PA Medicaid  
**SSN:**  Full Services  
 Medical Services Only  
**Respondent**  IV-D Public Assistance  
 IV-E Foster Care (IV-D Case)  
**SSN:**  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

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.

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 non paternity, 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

# AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY

**Petitioner**  IV-D Non Public Assistance  
 IV-D Non PA Medicaid  
**SSN:**  Full Services  
 Medical Services Only  
**Respondent**  IV-D Public Assistance  
 IV-E Foster Care (IV-D Case)  
**SSN:**  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

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.

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 non paternity, 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