

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
IFSA/23 Pa CS 8101 et.seq

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:

1. I am the natural mother of the child named
natural father

Child's Full Name(First, Middle, Last)	Child's Date of Birth (Month, Day, Year)	Place of Birth(County, City, State) county ,
Date Mother Got Pregnant (Month, Day, Year)	Full Term Pregnancy Yes No (If No, Explain)	Where Mother Got Pregnant(County, City, State) county ,

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 acknowledgement 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 decree, blood test results and prior findings of nonpaternity, if any:

3. _____ is the father of this child.
Name (First, Middle, Last)

The following facts support my allegations of paternity:

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	
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 I am the father of this 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/State

Notary Public, Court/Agency Official and Title

Commission Expires