

**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)**IV-D Case:** ☐ TANF☐ IV-E Foster Care**Tribal Affiliation** (if applicable)☐ Medicaid Only☐ Former Assistance**Respondent: Legal Name** (first, middle, last, suffix)☐ Never Assistance**Non-IV-D Case:** ☐**Tribal Affiliation** (if applicable)**Responding IV-D Case Identifier:** \_\_\_\_\_**NOTE:****Responding Tribunal Number:** \_\_\_\_\_☐ Nondisclosure Finding/Affidavit attached**Initiating IV-D Case Identifier:** \_\_\_\_\_☐ This form sent through EDE**Initiating Tribunal Number:** \_\_\_\_\_**DO NOT COMPLETE THIS FORM IF THERE IS AN ORDER OF PARENTAGE  
OR A SIGNED VOLUNTARY ACKNOWLEDGMENT OF PARENTAGE****A SEPARATE DECLARATION IS REQUIRED FOR EACH CHILD NEEDING PARENTAGE ESTABLISHED.****Section 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.

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### Section I. Declaration (Continued):

3. The child was conceived as a result of sexual intercourse between \_\_\_\_\_ and \_\_\_\_\_  
Legal Name (first, middle, last, suffix)  
\_\_\_\_\_ during the time stated above.

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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### Section 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 ☐ Yes ☐ No (If yes, attach document.)  
that has been rescinded?

If yes, provide the individual's name, address, and gender:

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### Section 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 Dates \_\_\_\_\_ to \_\_\_\_\_ Location: \_\_\_\_\_  
☐ No ☐ Not applicable
- 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 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

## DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE, PAGE 4

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### Section II. To Be Completed by the Petitioner (Continued):

- ☐ 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.  | <input type="checkbox"/> Yes            | <input type="checkbox"/> No  | Dates _____ to _____<br>Location _____ |
| b. | The respondent told me that I am the parent of the child.             | <input type="checkbox"/> Yes            | <input type="checkbox"/> No  |  |
| c. | I was present at the birth of the child.                              | <input type="checkbox"/> Yes            | <input type="checkbox"/> No  |  |
| d. | I visited the child at the hospital following birth.                  | <input type="checkbox"/> Yes            | <input type="checkbox"/> No  |  |
| e. | I offered to pay abortion expenses.                                   | <input type="checkbox"/> Yes            | <input type="checkbox"/> No  |  |
| f. | I offered to pay/paid medical expenses.                               | <input type="checkbox"/> Yes            | <input type="checkbox"/> No  |  |
| g. | I offered to pay/paid birth related expenses.                         | <input type="checkbox"/> Yes            | <input type="checkbox"/> No  |  |
| h. | I claimed the child on a tax return.                                  | <input type="checkbox"/> Yes            | <input type="checkbox"/> No  |  |
| i. | I provided food, clothing, gifts, or financial support for the child. | <input type="checkbox"/> Yes            | <input type="checkbox"/> No  |  |
| j. | I lived with the child.   | <input type="checkbox"/> Yes            | <input type="checkbox"/> No  |  |
| k. | I visited the child.  | <input type="checkbox"/> Yes            | <input type="checkbox"/> No  |  |
| l. | The child resembles me.   | <input type="checkbox"/> Photo attached | <input type="checkbox"/> Yes | <input type="checkbox"/> No            |
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### Section III. To Be Completed by the Birth Mother Only:

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

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[ ] Continued on attached sheet(s), incorporated by reference.

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### Section V. Declaration:

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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.

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Date

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Petitioner (Name)

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Signature

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Date

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Name/Title, Agency or Tribunal Representative

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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).

## INSTRUCTIONS FOR DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE

### PURPOSE OF THE FORM:

This declaration supplements the Uniform Support Petition to provide evidence to establish parentage. A separate Declaration in Support of Establishing Parentage is required for each child needing parentage establishment. This is necessary since the circumstances surrounding conception and birth will differ unless the children were born at the same time (e.g., twins, triplets). Reminder: A person who claims to be the child's parent may petition for parentage establishment under UIFSA. A person should complete the form to the extent that he or she has information.

This form includes information that may pose a significant risk to an individual if made available in a public forum or inappropriately disclosed. This form may be filed with the petition or pleading, but should not be filed or included in a record available to the general public. The information on this form 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.

### DO NOT COMPLETE THIS FORM IF THERE IS AN ORDER OF PARENTAGE OR A SIGNED VOLUNTARY ACKNOWLEDGMENT OF PARENTAGE.

**NOTE:** An order of parentage can include a divorce decree or an adoption order as well as a tribunal support order.

**The Personal Information Form for UIFSA § 311 must be attached.**

*Italicized text that appears within a "box" refers to policy or provides additional information.*

*For a foreign address, be sure to include the country and postal code as part of the address.*

*Tribal IV-D programs may choose to use the federal Intergovernmental forms. However, they are not required to use or accept such forms. If you have any questions, contact the tribal IV-D agency directly using the contact information on the OCSE website.*

*Where forms request a locator code, note that tribal locator codes uniquely identify tribal cases with "9" in the first position, 0 (zero) in the second position, and then a 3-character tribal code defined by the Bureau of Indian Affairs (BIA).*

### HEADING/CAPTION:

- Identify the **petitioner** and **respondent** by full legal name (first, middle, last, suffix), and if applicable, include the name of the tribe with which the petitioner or respondent is affiliated.
- Check the appropriate box to identify the type of case: TANF, IV-E foster care, Medicaid only, former assistance, never assistance, or non-IV-D.

*TANF means the obligee's family is currently receiving IV-A cash payments. A Medicaid only case is a case in which the obligee's family receives Medicaid but does not receive TANF. A former assistance case might be a case for state arrears only or for a family that previously received TANF, but is not doing so at this time.*

- In the appropriate spaces, if applicable and if known, enter the responding jurisdiction's IV-D case identifier and tribunal number.

*The responding jurisdiction is the jurisdiction that is working the case at the request of the initiating jurisdiction. Under "IV-D case identifier," enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified up to 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number," you may enter the docket number, cause number, or any other appropriate reference number that the responding tribunal may use to identify the case, if known.*

- In the appropriate spaces, enter the initiating jurisdiction's IV-D case identifier and, if applicable, tribunal number.

*The initiating jurisdiction is the jurisdiction that referred the case to the responding jurisdiction for services. Under "IV-D case identifier," enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified up to 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number," you may enter the docket number, cause number, or any other appropriate reference number that the initiating tribunal has assigned to the case.*

In the **"NOTE:"** section, check any of the following that apply:

- **Nondisclosure Finding/Affidavit attached** - If there is a finding prohibiting disclosure of a party's or child(ren)'s address/identifying information or an affidavit alleging that disclosure of such information would result in risk of harm, check the box for "Nondisclosure Finding/Affidavit attached" and attach a copy of the finding/affidavit in accordance with section 312 of UIFSA. If there is a finding/affidavit prohibiting disclosure, the information must be sealed and may not be disclosed to the other party or the public. You may provide the address of the IV-D agency as a substitute address for the protected party.

*UIFSA requires that the petition or accompanying documents include certain identifying information regarding the parties and child(ren) (e.g., residential address, social security number) unless a party alleges in an affidavit or a pleading under oath that the health, safety, or liberty of a party or child would be jeopardized by disclosure of such information. In that event, the information must be sealed.*

*If a jurisdiction has reason to believe that information should not be released because of safety concerns, it should ensure that there is a nondisclosure finding or an allegation in an affidavit or the pleading that disclosure of identifying information would result in a risk of harm, as provided under section 312 of UIFSA. In addition to identifying information included on this form, it may be appropriate to submit certain financial information under seal.*

- **This form sent through EDE** – Check if this Declaration was also sent through the Electronic Document Exchange (EDE).

*The following options are available for making IV-D requests and sending information on IV-D cases:*

1. *CSENet transactions are the recommended method for making requests or sending information to another state. If CSENet is not listed as an option on the form, then it cannot be used to convey any of the requests for information or IV-D requests provided on the form. Supporting documentation should be sent through EDE, whenever possible. If certified copies are needed, hard copies should also be sent by mail. Mail or fax may also be used for all documents when EDE is not available.*
2. *If CSENet transactions are not available in your state, EDE is the next preferred method for transmitting your request or information. Both your state and the receiving state must be using the EDE application to use this communication method.*
3. *If the EDE application is not available in your state or the receiving state, then mail or fax must be used to communicate your request.*

Complete a separate declaration for each child needing parentage established.

**Section I. Declaration:** (Information to be completed or furnished by a parent of the child.)

Enter the full legal name (first, middle, last, suffix) of the person completing the Declaration. Complete the form to the extent you have information.

**Item 1:** Check whether you are the biological or nonbiological parent of the child and indicate your gender. Gender is defined as "Female", "Male", or "Other". Select "Other" if you do not identify as "female" or "male". A nonbiological parent may be the same-sex spouse or partner of a parent or the intended parent in a surrogacy. If you are not a parent of the child, check "Other" and explain your relationship to the child in section IV. For example, you may be a relative or caretaker of the child or a Foster Care or IV-D agency worker. If you checked "Other," also explain in Section IV the basis for alleging the respondent is the parent. Section II provides examples of the type of information needed.

- "Child's legal name (first, middle, last, suffix)" - Enter the full legal name of the child for whom you are seeking the establishment of parentage.
- "Date conception occurred (month, year)" - Enter the period of time when you believe the mother became pregnant (e.g., 04/09 or from 04/09 to 05/09). Be sure to include both the month(s) and the year when providing date(s). Be as specific as possible.
- "Location where child was conceived (city, county, state)" - If the child was conceived in a country other than the United States, include the name of the country in this field.
- "Full term pregnancy" - Check "Yes" or "No" to indicate if the pregnancy lasted nine months. If no, explain in section IV (e.g., 6 months - child born premature).
- "Birth certificate attached" - Check "Yes" or "No" to indicate if the birth certificate is attached. The birth certificate should be attached. If it is not, you must explain in section IV.

**Item 2:** Check whether the respondent is the biological or nonbiological parent of the child named above.

**Item 3:** Enter the full legal name of the birth mother and the full legal name of the person with whom the birth mother had sexual intercourse that resulted in the conception of the child. If the child was conceived using assisted reproduction or a surrogate parent, describe all pertinent information regarding the conception of the child in section IV.

**Item 4:** If additional space is needed, use section IV.

*The information in Item 4 is intended to identify whether there is a presumed parent under state law. That individual may be the respondent or another person. The law of the responding state will govern whether and how a presumption of parentage is created. The more common grounds are covered by the following questions. The responding state may require additional information.*

**4a:** Check "Yes" or "No" to indicate whether the biological mother was married and the child was born during the marriage or within 300 days after the marriage legally ended. If yes, and the mother's spouse/former spouse is not the respondent named in this Declaration, provide the name, address, and gender of the spouse/former spouse, and explain in the space below why he/she is not the child's parent. Provide the dates the marriage began and legally ended and provide supporting documentation. Identify the tribunal state and county that issued the order legally ending the marriage, for example, a divorce decree or annulment.

**4b:** Check "Yes" or "No" to indicate whether a person acted as, and presented himself/herself to be, the child's parent. If yes, and the individual is not the respondent named in this Declaration, provide the individual's name, address, and gender, and explain in the space below why the individual is not the child's parent.

**4c:** Check "Yes" or "No" to indicate whether a court or IV-D agency completed genetic testing to determine the biological parent of the child. If yes, include the probability of parentage from the test in the space provided and attach the test results. If genetic tests were completed and the individual tested is not the respondent named in this Declaration, provide the individual's name, address, and gender, and explain in the space below why the individual is not the child's parent.

**Item 5:** Check "Yes" or "No" to indicate whether another person, other than the birth mother, is named on the child's birth certificate. If yes, provide the individual's name, address, and gender.

**Item 6:** Check "Yes" or "No" to indicate whether there is a voluntary acknowledgment of parentage, executed with regard to this child, which has been rescinded. The name of the document varies, but in every state unmarried parents may sign an acknowledgment of parentage. State law varies on whether same-sex parents can sign an acknowledgment of parentage in order to legally determine parentage. If you check "Yes," attach a copy of the rescinded acknowledgment. Provide the name, address, and gender of the individual(s) who signed and later rescinded the acknowledgment. **NOTE: If there is a signed voluntary acknowledgment of parentage that has not been rescinded, you should not be completing this form. You already have a legal determination of parentage.**

## **Section II. To Be Completed by the Petitioner (complete either 1 or 2, as appropriate):**

This section must be completed by the person named as the petitioner in the related Uniform Support Petition.

Check the box next to "1" if you are asserting that the respondent is the parent of the child named in the related petition. Check the box next to "2" if you are asserting that you are the parent of this child and are seeking to establish your legal relationship to the child. Check only one of the boxes.

If you checked the box next to "1," complete items 1a through 1n.

**Item 1:** Enter the full legal name (first, middle, last, suffix) of the respondent you assert is a parent of the child named in the related Uniform Support Petition. Check the appropriate answer for each statement (1.a through 1.n). If an explanation is needed, use section IV.

**1a:** "I lived with the respondent." - Check "Yes" or "No" to indicate whether you lived with the respondent. If yes, enter the dates and location. Check "Not applicable" if this statement does not apply.

**1b:** "I told the respondent that he/she is the parent of the child." - Check "Yes" or "No" to indicate whether you told the respondent that he/she is the parent. Check "Not applicable" if this statement does not apply.

**1c:** "The respondent admitted being the parent of the child." - Check "Yes" or "No" to indicate whether the respondent admitted to being the other parent.

**1d:** "The respondent communicated about the pregnancy and/or about the child." - Check "Yes" or "No" to indicate whether the respondent communicated about the pregnancy and/or about the child. In addition to written communication, item 1d includes electronic communication such as e-mail, text messages, and forms of social media. Check "Copies of communications attached" if you are attaching copies of the relevant communications. For electronic communication, you may include a printout showing the date of the communication and the date it was downloaded.

**1e:** "The respondent was present at the birth of the child." - Check "Yes" or "No" to indicate whether the respondent was present at the birth of the child.



**1f:** "The respondent visited the child at the hospital following birth." - Check "Yes" or "No" to indicate whether the respondent visited the child at the hospital.

**1g:** "The respondent offered to pay abortion expenses." - Check "Yes" or "No" to indicate whether the respondent offered to pay abortion expenses.

**1h:** "The respondent offered to pay/paid medical expenses." - Check "Yes" or "No" to indicate whether the respondent offered to pay or paid medical expenses. These may include expenses related to the pregnancy with the child or medical expenses related to the child.

**1i:** "The respondent offered to pay/paid birth related expenses." - Check "Yes" or "No" to indicate whether the respondent offered to pay or paid birth related expenses.

**1j:** "The respondent claimed the child on a tax return." - Check "Yes," "No," or "Don't know" to indicate whether the respondent claimed the child as a dependent on a state or federal income tax return.

**1k:** "The respondent provided food, clothing, gifts, or financial support for the child." - Check "Yes" or "No" to indicate whether the respondent provided any food, clothing, gifts, or money for the child.

**1l:** "The respondent lived with the child." - Check "Yes" or "No" to indicate whether the respondent lived in the same residence with the child. If yes, explain in section IV.

**1m:** "The respondent visited the child." - Check "Yes" or "No" to indicate whether the respondent visited the child.

**1n:** "The child resembles the respondent." - Check "Yes" or "No" to indicate whether the child has physical characteristics similar to the respondent. Check "Photo attached" if you are attaching a photograph of the child and the respondent.

**Item 2:** Enter your full legal name (first, middle, last, suffix) if you assert you are the legal parent of the child named in the related Uniform Support Petition. Check the appropriate answer for each statement (2.a through 2.l). If an explanation is needed, use section IV.

**2a:** "I lived with the respondent." - Check "Yes" or "No" to indicate whether you lived with the respondent. If yes, enter the dates and location.

**2b:** "The respondent told me that I am the parent of the child." - Check "Yes" or "No" to indicate whether the respondent told you that you are the parent.

**2c:** "I was present at the birth of the child." - Check "Yes" or "No" to indicate whether you were present at the birth of the child.

**2d:** "I visited the child at the hospital following birth." - Check "Yes" or "No" to indicate whether you visited the child at the hospital.

**2e:** "I offered to pay abortion expenses." - Check "Yes" or "No" to indicate whether you offered to pay abortion expenses.

**2f:** "I offered to pay/paid medical expenses." - Check "Yes" or "No" to indicate whether you offered to pay or paid medical expenses. These expenses may have been related to the respondent's pregnancy with the child or medical expenses related to the child.

**2g:** "I offered to pay/paid birth related expenses." - Check "Yes" or "No" to indicate whether you offered to pay or paid birth related expenses.

**2h:** "I claimed the child on a tax return." - Check "Yes" or "No" to indicate whether you claimed the child as a dependent on a state or federal income tax return.

**2i:** "I provided food, clothing, gifts, or financial support for the child." - Check "Yes" or "No" to indicate whether you provided food, clothing, gifts, or money for the child.

**2j:** "I lived with the child." - Check "Yes" or "No" to indicate whether you lived in the same residence with the child. If yes, explain in section IV.

**2k:** "I visited the child." - Check "Yes" or "No" to indicate whether you visited the child.

**2l:** "The child resembles me." - Check "Yes" or "No" to indicate whether the child has physical characteristics similar to you. Check "Photo attached" if you are attaching a photograph of yourself and the child.

### **Section III. To Be Completed by the Birth Mother Only:**

This section should only be completed when the petitioner is the birth mother of the child. If the petitioner is not the birth mother of the child, skip to section IV.

**Item 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." Check "Yes" or "No" to indicate whether you had sexual intercourse with a different man or with other men during the 30 days before or the 30 days after the child was conceived ("Date conception occurred"). If yes, complete items 1a through 1c.

**1a:** "The name(s) and address(es) of the other man/men:" - Provide the name(s) and address(es) of the man/men in the space below.

**1b:** "The other man/men is/are biologically related to the person I am naming as the respondent." - Check "Yes" or "No" to indicate whether the other man/men is/are biologically related to the person you are naming as the respondent. If yes, state the relationship (e.g., brother, cousin). The relationship is relevant for genetic testing.

**1c:** "I do not believe the other man/men is/are the child's biological parent because:" - Explain in the space below why

you do not believe the other man/men is/are the biological parent of this child (e.g., prior exclusion by genetic testing).

#### **Section IV. Other Pertinent Information:**

In this section, provide detailed explanations for sections I, II, and III above and any other additional information that may be helpful in establishing parentage. If the information is related to a previous section, identify the section and item number. If additional space is needed, check "Continued on attached sheet(s), incorporated by reference."

#### **Section V. Declaration:**

The person seeking to establish parentage – the individual petitioner and/or agency or tribunal representative – must sign under penalty of perjury and date the Declaration in Support of Establishing Parentage at the bottom of the page. By this signature, the individual and/or agency or tribunal representative is confirming that the information and facts provided in the Declaration are true to the best of his/her belief.

#### **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).

#### **The Paperwork Reduction Act of 1995 (Pub. L. 104-13)**

Public reporting burden for this collection of information is estimated to average 0.15 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.