

# Declaration in Support of Establishing Parentage – DHS Guide

## EDUCATION GUIDE

The Declaration in Support of Establishing Parentage is not required for TANF and medical programs unless the Division of Child Support requests it be completed. Prior to DCS requesting completion of this form, the TANF or medical applicant or participant may voluntarily complete this form. ODHS workers may help complete this form at the request of the customer.

## Who can complete this form?

The Declaration in Support of Establishing Parentage can be completed by a parent, caretaker relative, foster care worker, child support worker, or other ODHS worker. The person most likely to complete the form is the birth mother. A declaration should not be completed if parentage has already been legally established or a voluntary acknowledgment has been completed. If there are multiple children, a separate declaration needs to be completed for each child where parentage needs to be established. These instructions focus on the required sections or fields and optional fields a participant can complete. The form is five pages and should be completed in pen.

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**Caption:** Most of the caption is for child support agencies to complete on intergovernmental cases. Complete the Petitioner and Respondent Legal Names. The Petitioner is the TANF applicant. The Respondent is generally the alleged father. If either parent or caretaker relative is an enrolled Tribal member, list the Tribe under Tribal Affiliation.

| <b>DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE</b>  |   |
|--|---|
| <b>THIS FORM CONTAINS SENSITIVE INFORMATION – DO NOT FILE THIS FORM IN A PUBLIC ACCESS FILE</b>  |   |
| 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.           |   |
| <b>Personal Information Form for UIFSA § 311 must be attached.</b>   |   |
| <b>Petitioner: Legal Name</b> (first, middle, last, suffix)  | <b>IV-D Case:</b> <input type="checkbox"/> TANF<br><input type="checkbox"/> IV-E Foster Care<br><input type="checkbox"/> Medicaid Only<br><input type="checkbox"/> Former Assistance<br><input type="checkbox"/> Never Assistance |
| <b>Tribal Affiliation</b> (if applicable)  | <b>Non-IV-D Case:</b> <input type="checkbox"/>  |
| <b>Respondent: Legal Name</b> (first, middle, last, suffix)  | <b>Responding IV-D Case Identifier:</b> _____<br><b>Responding Tribunal Number:</b> _____   |
| <b>Tribal Affiliation</b> (if applicable)  | <b>Initiating IV-D Case Identifier:</b> _____<br><b>Initiating Tribunal Number:</b> _____   |
| <b>NOTE:</b><br><input type="checkbox"/> <b>Nondisclosure Finding/Affidavit attached</b><br><input type="checkbox"/> <b>This form sent through EDE</b>                           |   |
| <b>DO NOT COMPLETE THIS FORM IF THERE IS AN ORDER OF PARENTAGE OR A SIGNED VOLUNTARY ACKNOWLEDGMENT OF PARENTAGE</b>   |   |
| <b>A SEPARATE DECLARATION IS REQUIRED FOR EACH CHILD NEEDING PARENTAGE ESTABLISHED.</b>  |   |
| <b>COMPLETE THE DECLARATION TO THE EXTENT THAT YOU HAVE THE INFORMATION.</b>   |   |

**Participant's Name**

**Alleged Father's Name (or birth mother if applicant is birth father)**  
If multiple possibilities, name the most likely.

This area is for court use only.

File Stamp

**Section I. Declaration:** This section is required and is the most important one to complete fully and correctly. It provides the basis for who has jurisdiction to work the case and helps determine the most likely alleged father when there is more than one possible father.

**Participant completing the form**

**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.)

|   |  |
|---|--|
| <b>Child's legal name (first, middle last, suffix):</b>   |  |
| Date conception occurred (month, year):   | Location where child was conceived (city, county, state):  |
| Full term pregnancy: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain in section IV.) | Birth certificate attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain in section IV.) |

2. The respondent is the  biological parent  nonbiological parent of the child named above.

**2. Other person's relationship to the child**

**1. Participant's relationship to the child**

This needs to be completed in full. Date conception occurred is when the mother became pregnant - before the date of birth. Location is asking for the city, county, and state where the child was conceived, not where the child was born.

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**Section I. Declaration (Continued):** This is a statement naming the biological parents of the child. The "time stated above" refers to the date of conception. The names should list the birth mother and the alleged father. It doesn't matter what order they're listed.

**3. Biological parents' names**

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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.)

There are multiple parts to complete for **Section I** on the remainder of page 2 and 3.

4. These questions ask about possible proof of parentage. Be sure to provide additional explanations for each subparagraph, if required. (Not shown in image)

- a. Was the biological mother married at the time of the child's birth or within 300 days of the marriage ending? If yes, additional info is needed about the marriage and divorce.
- b. Did a person present themselves as a parent of the child? If it is someone other than the person named on the form, additional information must be provided.
- c. Were parentage tests performed that included the person tested as the parent? If yes, attach the results. If tests determined someone else was the biological parent, that individual's info and an explanation of why that person is not the parent need to be provided.



**Section III. To Be Completed by the Birth Mother Only (if you are not the birth mother, skip this Section and go to Section IV):**

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:

Answer required by birth mother

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**Section IV. Other Pertinent Information:** (Not shown in image) This Section is to include any additional information needed for Sections I, II, or III. If information is provided, be sure to identify the section and item number it is related to.

**Section V. Declaration:** The applicant must sign and date the form on the top row. The bottom row is signed when the form is completed by a foster care worker or child support worker, so would remain blank if the applicant completes the form.

**Section V. Declaration:**

Under penalty of perjury, all information and facts stated in this Declaration are true to the best of my knowledge, information 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.

|      |   |           |
|------|---|-----------|
| Date | Petitioner (Name)                             | Signature |
| or   |   |           |
| Date | Name/Title, Agency or Tribunal Representative | Signature |

Date signed  
Printed name  
Signature

A DHS case worker can complete the form on behalf of the applicant under their direction if they are unable to complete it themselves. They would still need to date and sign the form.