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?

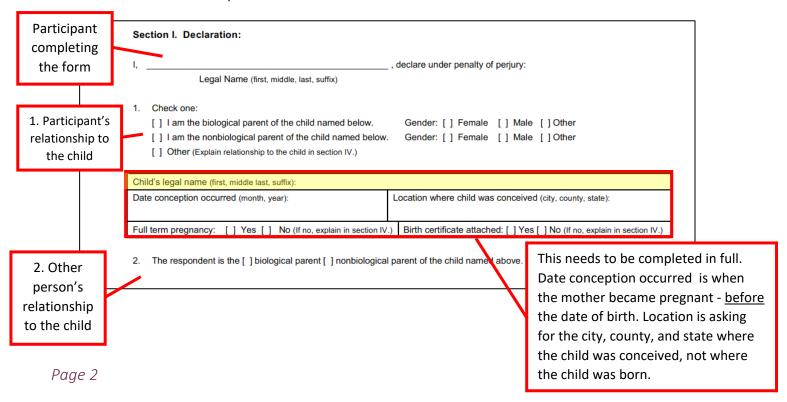
The Declaration in Support of Establishing Parentage can be completed by a parent, caretaker relative, foster care worker, child support worker, or other ODHS worker. The person most likely to complete the form is the birth mother. A declaration should not be completed if parentage has already been legally 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.

Page 1

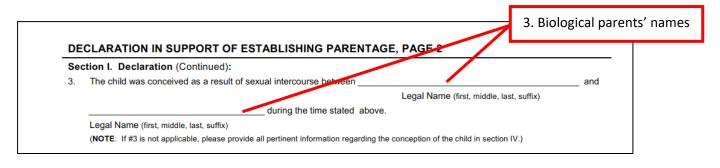
Caption: Most of the caption is for child support agencies to complete on intergovernmental cases. Complete the Petitioner and Respondent Legal Names. The Petitioner is the TANF applicant. The Respondent is generally the alleged father. If either parent or caretaker relative is an enrolled Tribal member,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

Affiliation					
	DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE				
	THIS FORM CONTAINS SENSITIVE INFORMATION – DO NOT FILE THIS FORM IN A PUBLIC				
	ACCESS FILE	This area is			
	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.	for court use			
	If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution,	only.			
	or copying of this form or its contents is strictly prohibited. Personal Information Form for UIFSA § 311 must be attached.	File Stamp			
Participant's	Petitioner: Legal Name (first, middle, last, suffix) IV-D Case: [] TANF	, 110 Ctallip			
Name	[] IV-E Foster Care				
	Tribal Affiliation (if applicable) [] Medicaid Only				
	[] Former Assistance				
Alleged Father's	Respondent: Legal Name (first, middle, last, suffix) [] Never Assistance				
_	Non-IV-D Case: []				
Name (or birth	Tribal Affiliation (if applicable)				
mother if	Responding IV-D Case Identifier:				
applicant is hirth	NOTE: Responding Tribunal Number:				
applicant is birth	[] Nondisclosure Finding/Affidavit attached				
father)	[] This form sent through EDE Initiating IV-D Case Identifier:				
	Initiating Tribunal Number:				
If multiple					
possibilities,	DO NOT COMPLETE THIS FORM IF THERE IS AN ORDER OF PARENTAGE				
•	OR A SIGNED VOLUNTARY ACKNOWLEDGMENT OF PARENTAGE	E			
name the most	A CEDADATE DECLADATION IS DECLUDED FOR EACH CHILD NEEDING DADENTA	CE ESTABLISHED			
likely.	A SEPARATE DECLARATION IS REQUIRED FOR EACH CHILD NEEDING PARENTA	GE ESTABLISHED.			
	COMPLETE THE DECLARATION TO THE EXTENT THAT YOU HAVE THE INFO	ORMATION.			
	I 				

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.



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.



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 I. Declaration (Continued): Questions 5 & 6 are to determine if someone else could be the parent of the child. Again, if the answer is **Yes**, an explanation must be provided.

Se	ction I. Declaration (Continued):	
5.	Is any person other than the birth mother named on the child's birth certificate? If yes, provide the individual's name, address, and gender:	[]Yes []No
6.	Has any person completed a voluntary acknowledgment of parentage for this child that has been rescinded?	[] Yes [] No (If yes, attach document.)
	If yes, provide the individual's name, address, and gender:	

Section II. To Be Completed by the Petitioner (complete either 1 or 2, as appropriate): The applicant completes 1. or 2., not both. If the applicant is the alleged father, he completes 2 (not shown in image). Select Yes or No for each statement. Some yes answers require additional information or documents.

[]		II. To Be Completed by the Petitioner (complete either 1 of assert that the respondent,, is the second of the complete either 1 of the com			Alleged father's name
	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	n:
		[] 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	[]Yes	[]No []Cop	ies of communications attached
		the child.			
	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 [] Dor	n't know
	k.	The respondent provided food, clothing, gifts, or financial support	[]Yes	[] No	
		for the child.			
	I.	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	

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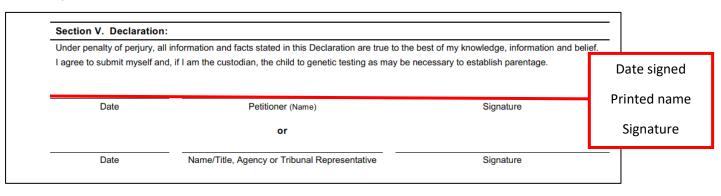
Section III. To Be Completed by the Birth Mother Only (if you are not the birth mother, skip this Section and go to Section IV): This Section is asking if there is more than one possible father. If the birth mother had sexual intercourse 30 days before or 30 days after the date of conception, she must check yes and provide the additional required info (even if she thinks they aren't the father). If she did not have intercourse with anyone else during that time, answer **No** and skip the rest of the Section.

to	Section	on 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				
	atter a.	r the child was conceived. [] Yes [] No (If yes, complete the The name(s) and address(es) of the other man/men:	e following.)			
			Answer requi birth mot			
	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.)				

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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.



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