

### Affidavit in Support of Establishing Paternity Custodial Party Other than the Mother or Father

A Separate Affidavit is Required for Each Child Needing Paternity Established

#### Section 1

I, \_\_\_\_\_, on oath, under penalty of perjury depose and allege  
Name (First, Middle, Last)  
upon information and belief that:

1. I am the \_\_\_\_\_ of the child named below:

Child's Full Legal Name (First, Middle, Last)	Child's Date of Birth (Month, Day, Year)	Place of Birth (City, Parish, State)

2. To the best of my knowledge, the child was conceived as a result of sexual intercourse between  
\_\_\_\_\_ and \_\_\_\_\_  
Mother (First Middle, Last) Father (First, Middle, Last)  
during the times stated below:

Relationship dates (Month, Day, Year) From: _____ To: _____
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3. \_\_\_\_\_ is the father of this child.  
Father

The following facts support my allegations of paternity:

- a. They lived together.  Yes  No  Don't know  
If yes, complete the dates and address

Dates From: _____ / _____ / _____ To: _____ / _____ / _____
Address: _____
City: _____ State _____

- b. Welfare officials were told that he is the father of this child.  Yes  No  Don't know
- c. The mother told me that he is the father of this child.  Yes  No  Don't know
- d. The mother told him that he is the father of this child.  Yes  No  Don't know
- e. He is named as the father on the birth certificate.  Yes  No  Don't know  
 Copies attached
- f. He signed an acknowledgment of paternity before an acknowledgment became a legal finding of paternity.  Yes  No  Don't know
- g. He admitted being the father of the child.  Yes  No  Don't know
- h. He sent cards/letters regarding the pregnancy and/or about the child.  Yes  No  Don't know  
 Copies attached
- i. He was present at the birth of the child.  Yes  No  Don't know
- j. He visited the child at the hospital following the birth.  Yes  No  Don't know

- k. He offered to pay abortion expenses.  Yes  No  Don't know
- l. He offered to pay medical expenses.  Yes  No  Don't know
- m. He paid for birth related expenses.  Yes  No  Don't know
- n. He claimed the child on tax returns.  Yes  No  Don't know
- o. He has provided food, clothing, gifts or financial support for the child.  Yes  No  Don't know  
If Yes, explain in Section 3
- p. He lived with the child.  Yes  No  Don't know  
If Yes, explain in Section 3
- q. He visited the child.  Yes  No  Don't know  
If Yes, explain in Section 3
- r. The child resembles him.  Yes  No  Don't know  
 Photo(s) attached  
If Yes, explain in Section 3
- s. There are other witnesses to their relationship.  Yes  No  Don't know  
If Yes, list names and addresses and briefly describe relevant facts known by each.

Name F: _____	M: _____	L: _____	Suf: _____
Address 1: _____			
Address 2: _____			
Address 3: _____			
City: _____	ST: _____	Zip: _____	Phone: ( ) _____
Comment: _____			

Name F: _____	M: _____	L: _____	Suf: _____
Address 1: _____			
Address 2: _____			
Address 3: _____			
City: _____	ST: _____	Zip: _____	Phone: ( ) _____
Comment: _____			

## Section 2

1. a. A man other than \_\_\_\_\_ as  Yes  No  Don't know  
is named the father on the child's birth certificate. If Yes, submit copy.  
If Yes, list the man's name and address

Name F: _____	M: _____	L: _____	Suf: _____
Address 1: _____			
Address 2: _____			
Address 3: _____			
City: _____	ST: _____	Zip: _____	Phone: ( ) _____

- b. A man other than \_\_\_\_\_ was  Yes  No  Don't know  
married to the natural mother, and the child's birth  
occurred within a year of the end of the marriage.  
If Yes, list the man's name and address

Name F: _____	M: _____	L: _____	Suf: _____
Address 1: _____			
Address 2: _____			
Address 3: _____			
City: _____	ST: _____	Zip: _____	Phone: (____) _____

- c. The mother was married at the time of this child's birth.  Yes  No  Don't know  
If Yes, list the husband's name and address

Name F: _____	M: _____	L: _____	Suf: _____
Address 1: _____			
Address 2: _____			
Address 3: _____			
City: _____	ST: _____	Zip: _____	Phone: (____) _____

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:

- d. A man other than \_\_\_\_\_ signed  Yes  No  Don't know  
an acknowledgment that became a legal finding of  
paternity under State law. If Yes, submit copy
- e. A man other than \_\_\_\_\_ acted  Yes  No  Don't know  
as and presented himself to be the child's father.  
If Yes, list the man's name and address

Name F: _____	M: _____	L: _____	Suf: _____
Address 1: _____			
Address 2: _____			
Address 3: _____			
City: _____	ST: _____	Zip: _____	Phone: (    ) _____

f. Genetic tests were completed to determine the biological father of the child.

Yes     No     Don't know  
If Yes, submit results

**Section 3    ADDITIONAL COMMENTS**

I swear that I have read this questionnaire or that it has been read to me, and certify that my answer to each question is true and correct. I understand that if I have given false information or answer to any material question herein, I may be subject to criminal prosecution for knowingly giving false information or answer. I further understand the information I have provided may affect the priority assigned to my case and any change in priority will only result from additional information received by the Child Support/District Attorney's Office. I agree to submit this child and myself to genetic testing as may be necessary to establish paternity.

\_\_\_\_\_  
Custodial Party - Print First, Middle, Last Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to and signed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
at \_\_\_\_\_, Louisiana.

\_\_\_\_\_  
Typed or Printed Name and Title/Notary ID. No.

\_\_\_\_\_  
Signature