White Earth Nation Child Support

IV-D Program (WEN-CSP)

PO Box 387 White Earth, MN 56591

Tel. 218-935-3512 Fax: (833) 859-0834

**PATERNITY AFFIDAVIT**

The information requested in this Affidavit is confidential and will be available only to the White Earth Nation Child Support Program (WEN-CSP), the White Earth Nation Tribal Court, and the Child Support Enforcement Division of the State of Minnesota, upon our request for enforcement of the laws of the White Earth Nation.

Please provide accurate and complete information. The information you provide must be true and to the best of your knowledge. You will be asked to authenticate your assertions with copies of pertinent licenses and certificates (i.e., marriage, divorce, dissolution, birth).

**YOUR SIGNATURE ON THIS PATERNITY AFFIDAVIT MUST BE NOTARIZED.**

**Our office is located at: 35500 Eagle View Drive, Ogema, MN 56569. If you have any questions, you may call 218-935-3512 between the hours of 8:00 am and 4:30 pm, Monday-Friday. We will be happy to assist you.**

**PATERNITY AFFIDAVIT**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A Separate Affidavit Is Required for Each Child Needing Paternity Established**

**SECTION I**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on oath, under penalty of perjury depose and allege:**

**(Print Full Name)**

**1. I am the ( ) natural mother of the child named below**

**( ) natural father**

**( ) other; explain in Section IV**

**Child’s Full Legal Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last First Middle Date of Birth**

**Date Child’s parents began sexual relationship \_\_\_/\_\_\_/\_\_\_\_**

**Lived together from \_\_\_/\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_/\_\_\_\_\_**

**Child was conceived in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City State County**

**Child’s Place of Birth: \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City State County**

**2. The child was conceived because of sexual intercourse between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**and me during the time state 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 signed an acknowledgment/Recognition ( ) Yes (attach copy) ( ) No**

**of paternity before an acknowledgement**

**became a legal finding of paternity under State law.**

**c). Genetic tests were completed to determine the biological ( ) Yes ( ) No**

**father. If Yes, attach results**

**d). A man acted as and presented himself to be the child’s ( ) Yes ( ) No**

**father. If Yes, the man’s name and address are:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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, please list the names and addresses of the other man/men below

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is the father of this child. The following facts support my

Name ( first, middle, last) allegations of paternity.

a). We lived together ( ) Yes ( ) No

Dates: \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

b). I have told welfare officials that he is the father. ( ) Yes ( ) No

c). I told him he was the Father of the child. ( ) Yes ( ) No

d). He is named of the birth certificate. (attach copy if yes) ( ) Yes ( ) No

e). He signed an acknowledgment of paternity before an ( ) Yes ( ) No

acknowledgment became a legal finding of paternity

under State law.

f). He admitted to being the father of this child. ( ) Yes ( ) No

g). He lived with the child (explain in Section IV) ( ) Yes ( ) No

h). He visited the child. ( ) Yes ( ) No

i). 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 that I am the father of the child. ( ) Yes ( ) No

c). I am named as the father on the birth record. (attach copy if yes) ( ) Yes ( ) No

d). I signed an acknowledgment/recognition

of paternity before a legal finding ( ) Yes ( ) No

of paternity under State law.

e). I was present at the birth of the child. ( ) Yes ( ) No

f). I visited the hospital following the birth of this child. ( ) Yes ( ) No

g). I admitted to being the father of this child. ( ) Yes ( ) No

h). I lived with the child (explain in Section IV). ( ) Yes ( ) No

i). I visited the child. ( ) Yes ( ) No

j). There are witnesses to my relationship with her ( ) 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

**I declare under penalty of perjury under the White Earth Nation, the undersigned who states under oath that the foregoing statements regarding paternity are true and accurate. I have been advised that I can be prosecuted under tribal law for providing inaccurate or false information as to the paternity of my child. I understand that DNA test may be required to establish legal paternity for the above child named in this affidavit. I am willing to cooperate with White Earth Nation Child Support regarding genetic testing and legal actions to establish paternity for the child(ren).**

**I certify that all the information supplied by me is true and correct to the best of my knowledge and belief.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_/\_\_\_\_ [ ] Mother [ ] Guardian [ ] (ALF)/Father**

**Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**Notary Signature**

**MY COMMISSION EXPIRES: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_**

**NOTARY STAMP:**