



*Bridging Bright
Futures for Families*

**ERICSA
2024**

Grand Rapids

**ERICSA 61ST ANNUAL
TRAINING CONFERENCE & EXPOSITION
APRIL 7-11, 2024**



**Georgia Department
of Human Services**
Division of Child Support Services

Liz Schriber

Modernization Team Planning Support Lead

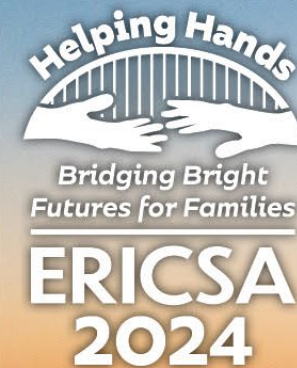


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Vernon Broome
Child Support Supervisor



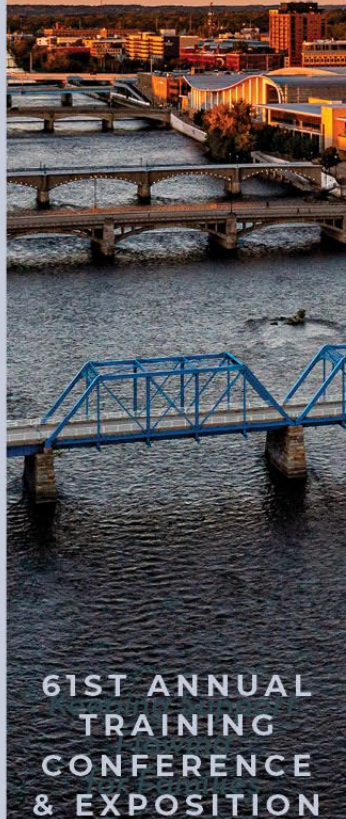
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Establishing Parentage for Non-Married Parties in Minnesota

- Parentage is primarily established two ways:
 - Recognition of Parentage
 - Advantages for fathers:
 - Gives you the right to ask the court for parenting time (visitation) and custody
 - Allows you to put your child on your medical and dental insurance to cover the child's health care needs
 - Gives you the right to be notified of any adoption proceedings
 - Makes you the legal father and allows your name to be on your child's birth record.
 - Advantages for mothers:
 - Gives your child a legal father
 - Gives you the right to ask for financial support for your child, including basic support, medical and dental support and child care support from the legal father
 - Gives you the right to obtain medical information about the legal father.



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Establishing Parentage for Non-Married Parties in Minnesota

- Disadvantages of Signing a Recognition of Parentage:
 - The Recognition of Parentage establishes a legal relationship between the child and the father, but it does not give a father custody or parenting time (visitation).
 - By signing the Recognition of Parentage instead of going to court to establish parentage, both parents give up their rights to:
 - Have blood or genetic testing to prove whether the man is the child's biological father before establishing parentage
 - Have an attorney represent you
 - Have a trial to determine whether the man is the biological father of the child.
- Revoking a Recognition of Parentage:
 - Parents can undo a Recognition of Parentage or a Spouse's Non-parentage Statement by revoking it within 60 days of signing the form.
 - After 60 days, a legal action is required to revoke a Recognition of Parentage.



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Establishing Parentage for Non-Married Parties in Minnesota

- Adjudication by Court Order
 - Either party can apply for child support services or parties can initiate a court action individually. The child support office may also open a case via a public assistance referral if unmarried parties are not living in the same household.
 - If a party applies for services through the child support office, the office will attempt to obtain genetic testing samples from the parties to determine biological parentage.
 - The advantages of adjudication by court order include:
 - Having genetic testing available to determine parentage through a lab.
 - The testing is most often paid for by the County office (Ramsey County always pays the costs).
 - The adjudication order will create the legal determination of parentage and address issues of legal and physical custody, parenting time, the child's legal name and financial support.



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Acknowledgement Outreach

Paternity Acknowledgement Outreach

- The State Office of Vital Records (VR) has identified 14,364 unwed mothers who have given birth between October 1, 2019, and July 6, 2020.

- Paternity for these children had yet to be voluntarily established.

- In collaboration with VR, DCSS drafted a letter about the importance of establishing paternity that was mailed to the mothers of these children.



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Acknowledgement Outreach

Mother's County of Residence	Letters Mailed	Paternity Established	Success Rate
CHEROKEE	211	57	27%
GWINNETT	1,237	235	19%
COBB	645	95	15%
DEKALB	1,285	165	13%
HALL	229	28	12%
FULTON	1,550	165	11%
CHATHAM	442	47	11%
HENRY	302	27	9%
RICHMOND	515	42	8%
MUSCOGEE	346	25	7%
CLAYTON	701	35	5%

Outcome: Of the original 14,364 paternity is now established for 1,458 children (about 10%). Most of those were through Paternity Acknowledgements (PA), a few were through adoption or legitimation.



**Georgia Department
of Human Services**
Division of Child Support Services



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Acknowledgement Outreach



Georgia Department of Human Services



Make a
POSITIVE CHOICE
for your child

Did you know?

- In order for the father's name to appear on your child's birth certificate, both parents must complete a Paternity Acknowledgment (PA) form. Photo IDs are required.
- A PA cannot be signed if the mother of the child was married to or divorced anyone within 10 months prior to the birth of the child or if another father is listed on the birth certificate.
- The mother and father should not sign the PA unless both are confident the father signing is the biological father.

Download the PA form at childsupport.ga.gov/PAForm

For more information, contact **THE GEORGIA PATERNITY ACKNOWLEDGMENT PROGRAM** at
1-844-MYGADHS or **1-844-694-2347**
Select options 1, 2 and 3.



Georgia Department of Human Services



Elija una
OPCIÓN POSITIVA
para su hijo

¿Sabía usted?

- Para que el nombre del padre aparezca en la partida de nacimiento de su hijo, ambos padres deben llenar el formulario de Reconocimiento de Paternidad (RP). Se requiere que ambos padres presenten un documento de identidad con fotografía.
- Un RP no puede ser firmado si la madre del niño se casó o se divorció con alguien dentro de los 10 meses previos al nacimiento del niño o si otro padre está incluido en la partida de nacimiento.
- La madre y el padre no deberían firmar el RP a menos que ambos estén seguros de que el padre que está firmando el RP es el padre biológico.

Descargue el formulario PA childsupport.ga.gov/PAForm

Para obtener más información, comuníquese con
EL GEORGIA PATERNITY ACKNOWLEDGMENT PROGRAM al
1-844-MYGADHS o **1-844-694-2347**
Seleccione opciones 1, 2 y 3.



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Acknowledgement Outreach

What is paternity acknowledgment?

Why should I complete a Paternity Acknowledgment Form?

Under Georgia law, an acknowledgment or determination of paternity establishes the biological condition of being a father. However, it does not establish a legal relationship between the father and child that offers custody or visitation rights.

Fathers can now acknowledge their biological relationship with a child by completing a Paternity Acknowledgment Form. The form may be completed at the hospital at the time of the child's birth or later (after paternity is established through genetic testing) at the State Vital Records office. The form remains on file with the State Vital Records office.

A signed Paternity Acknowledgment Form allows the biological father's name to be automatically added to the child's birth certificate.

PATERNITY HELPS FAMILIES

- Paternity gives a child a surname that reflects the child's identity and heritage
- Paternity allows both parents to share the responsibility and rewards of parenthood
- Paternity allows both parents to establish an emotional bond with the child

PATERNITY HELPS CHILDREN FINANCIALLY

- Paternity allows the child to qualify for benefits, such as the father's health insurance or Social Security
- Paternity allows the child to receive financial support from both parents

Benefits of establishing paternity

Identity.

It is important for a child to know the identity of his or her father. Research indicates that knowing one's identity is crucial to emotional development. Establishing paternity will provide emotional, social, and economic ties between a father and his child.

Connection.

Children need both parents, and establishing paternity will allow the child to develop a connection to both its father and its mother.

Health.

When doctors know the medical history of both parents, it improves the child's ability to receive appropriate medical care. Paternity establishment allows a child to have access to information about medical histories on both sides of his or her family.

Financial.

Children have a right to receive financial support from both parents. Establishing paternity will ensure that the child has the same rights and privileges as all children, such as inheritance rights and access to Social Security and veteran's benefits.



What are the requirements to acknowledge paternity?

In order for you to acknowledge paternity, the following must occur:

- The mother must have given birth in the state of Georgia.
- The father must be the child's biological father.
- Both parents must sign the same Paternity Acknowledgment Form.

You must provide the following in order to establish paternity:

- A valid photo ID (driver's license, work or school ID) from both parents
- Social Security numbers from both parents, if one exists
- If one or more of the parents is a minor, valid photo ID from the minor's parent or legal guardian.

Contact the Division of Child Support Services at **1-844-MYGADHS** (1-844-694-2347) or **dcss.dhs.ga.gov**



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Establishing Parentage for Non-Married Parties in Minnesota

- The primary disadvantage of Adjudication by Court Order is that the process can take longer than signing a Recognition of Parentage.
- The Minnesota Department of Human Services YouTube page has videos to assist people with understanding the differences and making the right decision for their situation.
- <https://www.youtube.com/watch?v=pP0KOtowoCw>



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Customer Engagement

In 2016, our office began a pilot project to further engage parents on cases initiated in our office.

- Prior to the project, case managers would most often attempt to draft order recommendations by reaching out to parties as necessary.
- The project ran for two years and emphasized engagement with both parties with a focus to collect better information to obtain more appropriate orders and when possible, facilitate stipulations.
- The project led to a change in the way all of our case managers approach cases that are worked, and that process is still used today.

Customer Engagement

The goal with each new case worked by case managers is to engage with the parties within five business days.

Documents are sent to parties on a case after the initial engagement or attempt to engage with that party.

Documents included in parentage cases include a parentage affidavit (to be completed by either party or both), and a parenting decisions affidavit.



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Customer Engagement

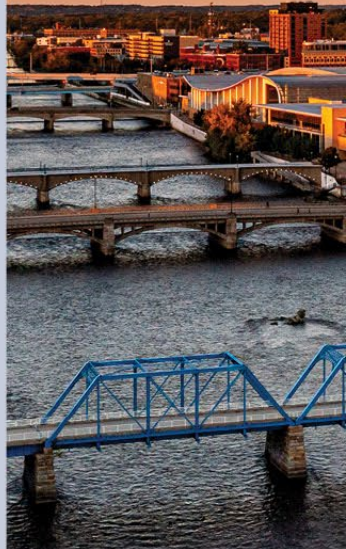
The parentage affidavit is required to be filed with the court along with a Summons, Complaint, Motion, and Supporting Affidavit.

- Either parent can complete the parentage affidavit.

The Parenting Decisions Affidavit is an optional affidavit that can be completed by one or both parties to indicate their preference with legal and physical custody, parenting time, and the child's legal name.

All of the documents sent to parties with a new case have been reviewed and updated for plain language and format.

Documents can also be sent electronically via Adobe Sign.



Acknowledgement Outreach

- Provide online streaming of Paternity PSA that include iHeart Radio and Pandora throughout the state of Georgia with companion banner ads
- Produce one thirty second (:30) English version of Paternity PSA
- Ensure that Paternity PSA is ran in counties listed for a three-month term
- Target age group 18-34 for Paternity PSA





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Acknowledgement Outreach

- Estimated impressions of 12,495,000
- Updated to include a Spanish version, digital ads, click through for digital ads for webpage

Outreach

Community Outreach Team

- Ramsey County has a team of staff that work on outreach initiatives with our clients.
- The team meets and shares cultural events in the area and takes part in some of those events.
- The team does a Facebook Live event monthly. This monthly event highlights a different child support related topic to help bring better understanding and answer questions. Parentage and Genetic testing have been topics covered at these events.



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Vital Records Outreach



- Partnered with the State Office of Vital Records
- Held webinars discussing the importance of data reliability
- Provided information about the performance measure and incentives

Helping Hands
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Vital Records Outreach

Federal Reporting

Age

Child was born within the last 18 years

Paternity established

By DCSS or outside of DCSS (PA Form, Court Order, Adoption, Non-PA legitimation)

Date

Paternity establishment date is between 10/1/2022 and 9/30/2023 (Federal Fiscal Year Cycle)



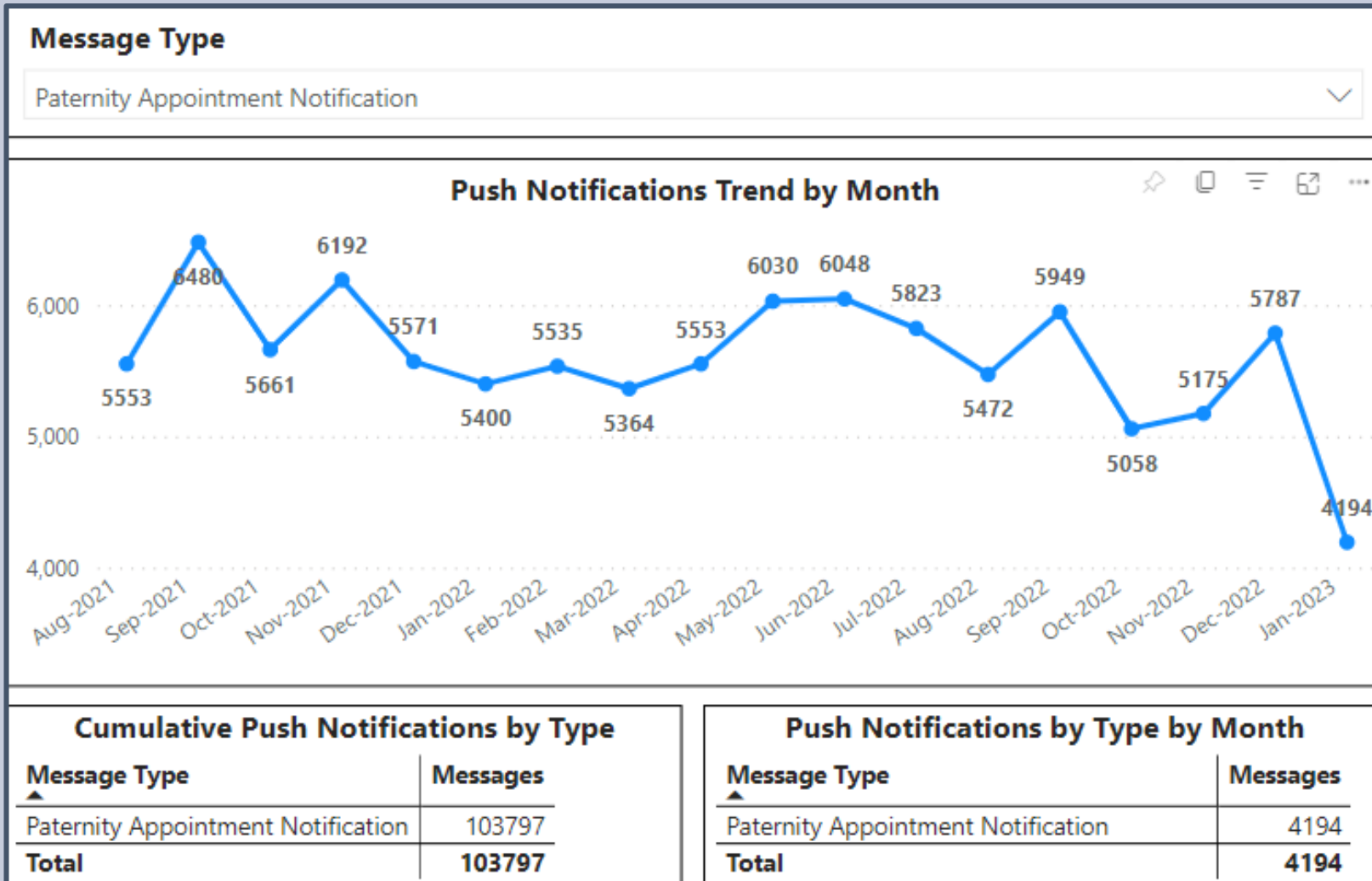
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Mobile App



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Genetic Testing Transition



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Genetic Testing Options

Service Centers

- Ramsey County has Service Centers set up at three locations in the county.
- The Service Centers are located in downtown St. Paul, Maplewood (in the Maplewood Mall), and Roseville (in the Roseville library).
- Ramsey County Child Support is available to see clients in the downtown St. Paul location and at the Maplewood Mall locations.
- These locations are staffed with child support case managers that can assist with child support related matters, including genetic testing onsite at the St. Paul location.



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Genetic Testing Options

Ramsey County uses Labcorp to obtain and process genetic testing samples.

Contracted genetic testing phlebotomists are available at the downtown St. Paul Service Center each weekday during specific hours.

The case managers working at the Service Center are also able to obtain genetic testing samples if a case participant comes to the Service Center at a time that the phlebotomists are not on duty.

If the Service Center location is not convenient for a case participant, Ramsey County can request a location closest to their home. Labcorp has many locations nationwide and contracts with other testing locations that are available.



Uncooperative Parties

GT OSC's

In office
investigators

Proceeding
with paternity
without GT's

Witness Collection

- Customer signs and dates form as the collector
- DCSS staff signs and dates form as the witness



Prison Parentage

- Prison Paternity Outreach
- Partnership with Department of Corrections
- Administrative Paternity Only Orders



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Forms

MINNESOTA DEPARTMENT OF HUMAN SERVICES
Minnesota Voluntary Recognition of Parentage

CHILD
Do you want to change your child's last name?
If yes, write the new last name in the box to the right.
If no, write the current last name in the box to the right.

MOTHER
Were you married to a person other than the biological father when this child was conceived or born?
If yes, the spouse's name must also be listed as a spouse's Non-Parentage Statement (Form DHS-3159Q) within one year of this child's birth to put the name of the biological father on this child's birth record.

FATHER
Do you want to change your child's last name?
If yes, write the new last name in the box to the right.
If no, write the current last name in the box to the right.

By signing this Recognition of Parentage, I swear or affirm all the following:

- I am the biological parent of the child named above.
- The rights, responsibilities, alternatives and legal consequences associated with signing this form as outlined in the Parent's statement. Waiver of rights and Custody and Parenting time information sections of this form have been explained to me verbally and/or in writing and I understand and accept from the information and/or my knowledge, all of the above information is true and correct.
- To the best of my knowledge, all of the above information is true and correct.
- I understand that I have the right to genetic tests, if I have not had genetic testing I am certain that the father listed above is the biological father of the child.
- I understand that signing this form does not establish custody or parenting time and the mother has sole custody until a court orders otherwise.

Mother's signature x _____ County of _____
Signed and sworn/affirmed to before me this (mm/dd/yyyy):
Notary Public Signature _____ My commission expires _____

Father's signature x _____ County of _____
Signed and sworn/affirmed to before me this (mm/dd/yyyy):
Notary Public Signature _____ My commission expires _____

Biological father's signature x _____ County of _____
Signed and sworn/affirmed to before me this (mm/dd/yyyy):
Notary Public Signature _____ My commission expires _____

Form completed at:
☐ MDH ☐ DHS ☐ County ☐ Hospital
☐ Other (agency name) _____

PATERNITY ACKNOWLEDGMENT • FORM 3940 (REVISED 01/2024)
PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY IN BLUE OR BLACK INK. WHITE-OUTS, CROSS-OUTS, AND ALTERATIONS ARE NOT ALLOWED.
PLEASE SEE PAGE TWO FOR INSTRUCTIONS.

Section I: FOR STATE OFFICE OF VITAL RECORDS ONLY

Parent's Information
Parent's Last Name: _____ First Name: _____
Parent's Date of Birth: _____ Parent's Social Security Number: _____
Parent's County of Birth: _____ Parent's State of Birth: _____
Parent's Country of Birth: _____ Parent's City of Birth: _____
Parent's Zip Code: _____

Child's Information
Child's Last Name: _____ First Name: _____
Child's Date of Birth: _____ Child's Social Security Number: _____
Child's County of Birth: _____ Child's State of Birth: _____
Child's Country of Birth: _____ Child's City of Birth: _____
Child's Zip Code: _____

Information
Name of the biological father: _____
Name of the biological mother: _____
Name of the child: _____
Date of birth: _____
Place of birth: _____
Parent's signature: _____
Child's signature: _____
Notary Public Signature: _____
Notary Seal: _____

Paternity Affidavit
This form is REQUIRED for each child on this case, if any of the following situations apply:
• The child's parents were not married at the time of conception or birth and paternity has not been established, or contested.
• Paternity is in doubt for some other reason.

My Name is
☐ MOTHER applying for Child Support Services as ☐ The Custodial Parent ☐ The Noncustodial Parent
☐ NON-Parent Custodian (CU) with custody of the child(ren) (Complete this form to the best of your knowledge)
☐ FATHER (ALLEGED) who is applying for Child Support Services as ☐ The Custodial Parent ☐ The Noncustodial Parent

Child's Name as listed on the Birth Certificate
Child's Date of Birth: _____ Child's Last Name: _____
Sex: ☐ Male ☐ Female Social Security Number: _____
Child was conceived in: City _____
Name of Hospital where child was born: _____
City: _____ State: _____

Information About
Name of the child's father: _____
Mother's Marital Status at child's birth: ☐ Divorced ☐ Married ☐ Single
Husband's/Ex-Husband's Name: _____
I believe _____ (Name of alleged father)
County in which the child was conceived: _____
Has the mother ever named anyone else _____
If so, name: _____
Did the alleged father ever sign a Paternity Affidavit _____
If yes, when: _____
Has the alleged father provided child support _____
Has paternity testing ever been done _____
Has paternity testing ever been done _____

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.
Petitioner: Legal Name (first, middle, last, suffix) _____
Tribal Affiliation (if applicable) _____
Respondent: Legal Name (first, middle, last, suffix) _____
Tribal Affiliation (if applicable) _____
NOTE:
☐ Nondisclosure Finding/Affidavit attached
☐ This form sent through EDE
Responding IV-D Case Identifier: _____
Responding Tribunal Number: _____
Initiating IV-D Case Identifier: _____
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, _____ Legal Name (first, middle, last, suffix), declare under penalty of perjury:
1. Check one:
☐ I am the biological parent of the child named below.
☐ I am the nonbiological parent of the child named below.
☐ Other (Explain relationship to the child in section IV.) _____
Child's legal name (first, middle last, suffix): _____ Gender: ☐ Female ☐ Male ☐ Other
Date conception occurred (month, year): _____ Gender: ☐ Female ☐ Male ☐ Other
Full term pregnancy: ☐ Yes ☐ No (If no, explain in section IV.) _____
2. The respondent is the ☐ biological parent ☐ nonbiological parent of the child named above.
Declaration in Support of Establishing Parentage
OMB 0970-0085 Expiration Date: 02/28/2028
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Parentage Affidavit



Child Support Services

Office of the Ramsey County Attorney

An Elected Office of
RAMSEY COUNTY

Mother's Paternity Affidavit

Case: 0000000000-00

Child's Name: First and Last Name of child of this case

Why We Ask This Information

Either you or someone connected to you opened a child support case. Before the court can decide on child support, we need to determine who is the biological father of your child.

For legal reasons we also have to ask questions about your child's birth and your relationship with the father.



What We Mean When We Say "the Father"

When we say "the father," we mean the person you know or believe to be your child's biological father.

Sometimes people are unsure who the biological father is. To tell us about more than one person, first answer the questions about one possible father. Then use the space in the section titled "Other Relationships" to tell us about any other possible fathers.

What We May Do with This Information

We may use the information you give us to help set or modify a child support order. Eventually, this form may be filed with the court. Like other court documents, it may be shared with others, including the possible father(s).



Your Safety and the Safety of Your Child or Children

We want you and your child to be safe and still get child support services. Being safe means not fearing violence and not being threatened, verbally abused, or controlled by another person.

If any part of the child support process might make you or your child unsafe, call me at 651-266-XXXX. No matter what you've told us in the past, you can update it at any time.

We can hide details on forms to reduce the chances that the other person can find you.

Information about You



Name: First and Last Name

Date of Birth: _____

Your Phone Number: _____

If you have another phone number, write it in here: _____

Sex Assigned at Birth: _____ Race: _____

Place of Birth (City, State, Country): _____



Language Preference

Preferred Spoken Language: _____ Preferred Written Language: _____



In Person: Downtown: 121 7th Place E, Suite 2500, St. Paul, MN 55101

Maplewood Mall: 3001 White Bear Ave N, Suite 1022A

Maplewood, MN 55109



Mail: 360 Wabasha St N, Suite 300, St. Paul, MN 55102



Phone: 651-266-3344

Fax: 651-266-3300



Email: ChildSupport@RamseyCounty.us

Mother's Paternity Affidavit

Case: 0000000000-00

Information about Your Child, Paternity Child's First and Last Name



Child's First, Middle, and Last Name: _____

Race: _____

Place Where You Became Pregnant (City, State, Country): _____

Your Due Date: _____ Length of Pregnancy in Weeks: _____

Date of Birth: _____ Sex Assigned at Birth: _____

Place of Birth (City, State, Country): _____



Your Child's Personal Relationship with the Father

Does the father visit your child? ☐ Yes ☐ No If "yes," how often? _____

When was the last visit the father had with your child? _____



Your Child's Legal Relationship to the Father

Was the father named on any of the following materials for your child?

1. Birth certificate? ☐ Yes ☐ No

2. Recognition of Parentage? ☐ Yes ☐ No

In what state was the Recognition of Parentage signed? _____

3. Genetic testing results? ☐ Yes ☐ No

If "yes," please send us a copy when you return this form.

4. Paternity order from another state? ☐ Yes ☐ No

If "yes," what court decided on paternity (city, state, type of court)? _____

Information about the Biological Father

Any information you can give us about the father can help, even if the information is old or incomplete.



Name: _____ Nickname: _____

Date of Birth/Age: _____ Phone Number: _____

Sex Assigned at Birth: _____ Race: _____

Place of Birth (City, State, Country): _____

Address: _____

Does the father have a driver's license? ☐ Yes ☐ No ☐ Not sure State: _____

Does the father have a Social Security number? ☐ Yes ☐ No ☐ Not sure

If you know the father's Social Security number, write it here: _____



The Father's Language Preference

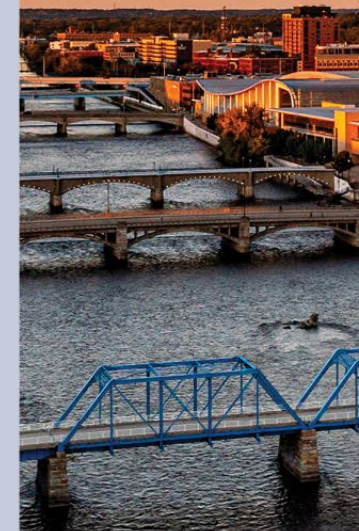
Preferred Spoken Language: _____ Preferred Written Language: _____

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Parentage Affidavit

Mother's Paternity Affidavit

Case: 0000000000-00



Physical Details

Eye Color: _____ Hair Color: _____ Height: _____
Weight: _____ Glasses: _____ Facial Hair: _____
Tattoos, Scars, or Other Identifying Details: _____



Other People the Father Knows

	Name	Address	Phone Number
The Father's Mother			
The Father's Father			
The Person the Father Currently Lives With			



Relationships



Your Relationship with the Father

Did you ever live with the father? ☐ Yes ☐ No If "yes," when? _____
Were you and the father ever married? ☐ Yes – Legally ☐ Yes – Culturally ☐ No
If "yes," when? _____ Where? _____
Did your relationship with the father end in divorce? ☐ Yes ☐ No
If "yes," where did the divorce happen (city, state, and country)? _____
Before your child was born, were you married to anyone other than the father? ☐ Yes ☐ No
If you were married, did you legally divorce that person before your child's birth? ☐ Yes ☐ No
If "yes," where did the divorce happen (city, state, and country)? _____



Other Relationships

The court requires us to ask if someone else might be your child's father.
In the 6 weeks before or the 6 weeks after you believe you became pregnant, did you have sexual intercourse with any other man? ☐ Yes ☐ No
If "yes," use the space on the next page to tell us any information you can about the other person or people. "More Information" can mean such things as the person's employer, parents' names and phone numbers, or criminal record.

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Mother's Paternity Affidavit

Case 0000000000-00

Name	Date of Birth	Address	Phone Number	More Information

Please attach additional sheets of paper to list more names or give additional details.

Other Information You Think We Should Know

Use this space to tell us anything else that you think would help us with this case.

Declaration

By signing this form, you agree with these three statements:

- During the period when my child was conceived, I had sexual intercourse with each man listed as a possible biological father for my child.
- I understand that the information I have provided may be filed with the court and shared with others, including possible fathers.
- I declare under penalty of perjury that everything I have stated in this document is true and correct.

Signature

Date

County and State Where You Signed This Form

(County), (State)

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Parenting Decisions Affidavit



Child Support Services
Office of the Ramsey County Attorney

An Elected Office of
RAMSEY COUNTY

Parenting Decisions Affidavit

Why We Ask This Information

Your case might require the court to make a decision about paternity. Genetic testing is only part of that decision. The court also decides on parenting time, custody, and the child's legal name. This form lets you to tell the court what you think about those issues.



The Parenting Decisions This Form Asks About

- Also called visitation, **parenting time** sets a plan for each parent to spend time with the child. It is different than custody. The amount of time each parent spends with the child can affect child support.
- The court decides on two types of custody.

Physical custody is about which parent or parents the child normally lives with. **Legal custody** is about making major decisions for the child.

For each type of custody, you will make two other decisions. Do you want **joint custody**, which means you will share that type of custody with the other parent? Or do you want **sole custody**, which means only one parent will have that type of custody?

Most parents will end up with one of these four sets of custody arrangements:

- Joint physical custody and joint legal custody
- Joint physical custody and sole legal custody
- Sole physical custody and sole legal custody
- Sole physical custody and joint legal custody

For more information about custody, go to: www.mncourts.gov/Help-Topics/Child-Custody.aspx

- Part of deciding about paternity is determining the **child's legal name**. You can either keep the name that is on the child's existing birth certificate or change it for the new one.

What We May Do with This Information

If the court has to decide paternity on your case, we will file this form with the court. Like other court documents, it may be shared with others, including your child's other parent.



We want you and your child to feel safe and still get child support services. Feeling safe means not fearing violence, threats, verbal abuse, or other forms of control. If any part of the child support process might make you or your child feel unsafe, call me. You can change your decision at any time.

How Agreeing about Custody and Parenting Time Can Benefit Your Child

Research suggests that children benefit when parents agree about custody and parenting time. Parents who reach an agreement on custody and parenting time may be able to file that agreement with the court.

For a worksheet to help you create a parenting agreement, go to: www.mncourts.gov/documents/Parenting-Agreement-Worksheet.pdf

If you want to discuss a possible agreement, talk to a legal representative or call me at 651-266-XXXX.



In Person: Downtown: 121 7th Place E, Suite 2500, St. Paul, MN 55101
Maplewood Mall: 3001 White Bear Ave N, Suite 1022A
Maplewood, MN 55109



Phone: 651-266-3344
Fax: 651-266-3300



Mail: 360 Wabasha St N, Suite 300, St. Paul, MN 55102



Email: ChildSupport@RamseyCounty.us

STATE OF MINNESOTA
COUNTY OF RAMSEY

DISTRICT COURT
SECOND JUDICIAL DISTRICT
CASE TYPE: 34 - PATERNITY

Ramsey County and

AFFIDAVIT OF PARENT

First and Last Name
Petitioners,
And

Court File: Court File Number
Case: 0000000000-00
County Attorney File:

First and Last Name
Respondent(s).

My name is _____, I am the mother or alleged father of the following child or children: _____.

The other parent I refer to here is named: _____.

As part of Ramsey County's paternity action on this case, I am asking the court to decide on custody, parenting time, and the child's legal name. My specific requests are listed below.

1. I want the court to make the following order on **parenting time**:

- I think the child or children should spend about _____% of each month with me and _____% of the month with the other parent.
- Every month I think the child or children should spend _____ nights with me and _____ nights with the other parent.
- Specifically, I think that the following parenting time arrangement would be in the best interest of the child: _____

2. I want the court to grant **legal custody** of the child or children:

- ☐ Jointly to both parents
- ☐ Solely to me
- ☐ Solely to other parent

3. I want the court to grant **physical custody** of the child or children:

- ☐ Jointly to both parents
- ☐ Solely to me
- ☐ Solely to other parent

4. I want the child or children's **legal name** to:

- ☐ Stay the same as it is on the child's original birth certificate. *Skip to the Declaration and Signature.*
- ☐ Change to: _____

Issues the Court Considers When Changing a Child's Name

(You must complete this section if you want the child or children's name to change.)

4a. Does the other parent agree with how you want to change the name?

- ☐ Yes ☐ No ☐ I don't know

4b. Do you know what the child or children would like their name to be?

- ☐ Yes ☐ No ☐ Not old enough to say

4c. Do you think changing the name will affect their relationship with the other parent?

- ☐ Yes ☐ No ☐ I don't know

4d. Does the **current** name lead to any difficulty, harassment, or embarrassment for your child in your family or the community?

- ☐ Yes ☐ No ☐ I don't know

4e. Do you think the **new** name could lead to any difficulty, harassment, or embarrassment for your child in your family or the community?

- ☐ Yes ☐ No ☐ I don't know

4f. Why do you think the name should change?

Declaration and Signature

By signing this form, you agree with these statements:

- The information I have provided may be filed with the court and shared with others, including the other parent.
- Completing this Affidavit does not guarantee that the Court will issue an order with my requests.
- I must appear at all court hearings on this paternity case in order for my requests to be considered.
- I may have to serve and file a formal response, and pay the Court's filing fee for the Court to consider my requests.
- I declare under penalty of perjury that everything I have stated in this document is true and correct.

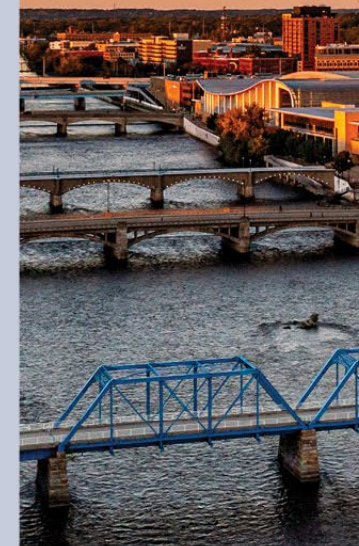
Signature _____ **Date** _____ **County and State Where You Signed This Form** _____ (County) _____ (State)

Address (street address, city, state, zip code) _____ **Phone number** _____



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Futures for Families

**ERICSA
2024**



**61ST ANNUAL
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CONFERENCE
& EXPOSITION**

Certificate of Adjudication


**DEPARTMENT
OF HEALTH**

CERTIFICATE OF ADJUDICATION

Office of Vital Records

For court use, check one:

☐ Initial Certificate

☐ Amended Certificate

Complete this form to register a replacement birth record for the child of an adjudicated father. The Minnesota Department of Health (MDH) will use the information provided on this form to record the legal father's information on the birth record. *Minnesota Statutes, section 144.218, subdivision 5*

1. ADJUDICATED FATHER

Please print or type. Fill in all the boxes. You must enter the first and last names. Enter NONE, UNKNOWN, or NOT APPLICABLE, in boxes if information is missing.

2. FEES REQUIRED

You must pay a \$40 fee to register the replacement record and a separate \$26 fee for the birth certificate. Make checks payable to the Minnesota Department of Health.

Mailing address:
Minnesota Department of Health
Office of Vital Records
PO Box 64499
St. Paul, MN 55164-0499

ADJUDICATED FATHER INFORMATION

Father's first name	Father's middle name	Father's last name	Suffix
Father's date of birth	Father's birthplace (State)		

SEPARATE FEES AND APPLICATIONS FOR REPLACEMENTS AND CERTIFICATES

Complete this form and send it with the \$40 fee to register the replacement birth record. MDH will replace the child's original birth record. The adjudicated father's information will show on the replacement record. The \$40 fee applies only to the replacement.

If you want a birth certificate after the replacement, fill out a Birth Certificate Application. Follow the instructions on the application. A certificate costs \$26. Additional certificates, if bought at the same time for the same record, cost \$19 each. Find the Birth Certificate Application on the MDH [Birth Certificates \(https://www.health.state.mn.us/people/vitalrecords/birth.html\)](https://www.health.state.mn.us/people/vitalrecords/birth.html) webpage or call 651-201-5970. *Minnesota Statutes, section 144.226*

You may send the Certificate of Adjudication, the Birth Certificate Application, and the required fees (at least \$66) in the same envelope.

3. IDENTIFY THE BIRTH RECORD TO BE REPLACED

Fill in all the boxes in the INFORMATION ON THE BIRTH RECORD SECTION. This information helps MDH find the correct birth record. Enter or print the information from the child's original or current birth record. If some information is missing, enter NONE, UNKNOWN, or NOT APPLICABLE. MDH may reject your request if we are not sure we have the correct birth record.

Birth record State File Number, if known

-MN-

INFORMATION ON THE BIRTH RECORD

CHILD				
Child's first name	Child's middle name	Child's last name	Suffix	
Child's birth date	Child's sex	Child's birth city/township	Child's birth county	State MN
MOTHER				
Mother's first name	Mother's middle name	Mother's maiden name	Mother's last name	
OTHER PARENT (IF LISTED ON RECORD)				
Other parent's first name	Other parent's middle name	Other parent's last name		

4. COURT ADMINISTRATOR

The court administrator of the county where the adjudication took place completes this section and certifies the Certificate of Adjudication.

Please print or type. Complete all the information. Affix the court's seal.

Seal

CERTIFICATION

I certify that the court ruled that the individual named in Part 1 is the father of the child identified in Part 3. The child's name on the replacement birth record shall be registered as:

Child's first name	Child's middle name	Child's last name	Suffix
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Does the order direct other changes to the birth record, aside from the father's name or child's name? **NO** ☐ **YES** ☐
If YES, make note of the changes on the next line and send a certified copy of the order with this form.

Date of the adjudication	Court file number
Signature	Date signed
Printed name	Phone (10-digit)
Court administrator in and for the county of	State MN

5. CHILD SUPPORT

Did a child support office facilitate the adjudication? **NO** ☐ **YES** ☐
If yes, supply contact information.

Child support worker name	County name	Worker email
		Worker phone (10-digit)

This form is for use by Minnesota Courts and Child Support Offices

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OFFICE OF VITAL RECORDS

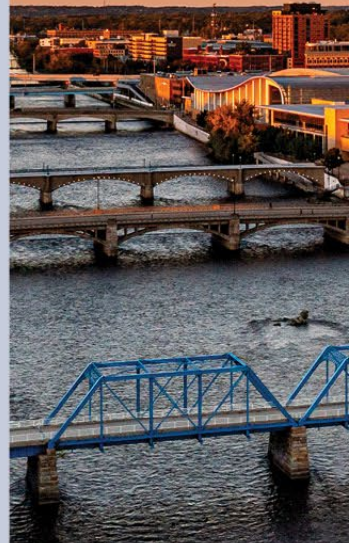
12/2022

- Once the order adjudicating parentage is issued, Ramsey County files a Certificate of Adjudication with the Court.
- This document is filed with the Department of Vital Statistics, and the father's name is added to the child's birth record.



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Disestablishing Paternity

- GT's after ROP
 - In some cases, parties will reach out to request genetic testing when the parties have signed a Recognition of Parentage.
 - Ramsey County will review the case circumstances and determine if testing is appropriate.
 - If Ramsey County makes a determination to proceed with testing, genetic testing is scheduled.
 - If testing results come back indicating that the ROP father is not the biological father, Ramsey County will start an action to vacate the ROP and if possible, simultaneously complete a new adjudication action.



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Group topics

- Disestablishment
- GT not offered



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Thanks for Attending!



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