

# **PATERNITY**

## **BOTH PARENTS WILL SIGN**

### **YOU CAN USE THIS PACKET IF ALL THIS IS TRUE:**

- Both parents want to establish paternity.
- Both parents will sign the court forms.
- The mother was unmarried when the child was born and for the ten months before the birth.

Before signing a court document or getting involved with a court case, it's important to see an attorney to make sure you're doing the right thing. The Self-Help Center has information on finding an attorney.

## INSTRUCTIONS

**STEP 1: FILL OUT THE DOMESTIC RELATIONS COVER SHEET**

**STEP 2: FILL OUT THE VOLUNTARY REQUEST FOR ORDER OF PATERNITY**

**STEP 3: FILL OUT THE ORDER OF PATERNITY**

**STEP 4: FILE THE FOLLOWING WITH THE COURT**

Take or mail the original and two copies of the following to the Clerk's Office in the Coconino County Courthouse at 200 N. San Francisco St., Flagstaff, AZ 86001.

- Domestic Relations Cover Sheet
- Voluntary Request for Order of Paternity, with the following attached if applicable:
  - genetic test results
- Order of Paternity

Also take or mail the \$314 filing fee. The Clerk's Office accepts cash, money orders, and cashier's checks payable to "Clerk of Superior Court". If you can't afford the fee, see the Self-Help Center packet *Getting Help With a Filing Fee*.

The Clerk will stamp your copies with the filing date and return them to you for your records. If you file by mail, include a self-addressed, stamped envelope and a note asking the Clerk to return the date-stamped copies to you.

**STEP 5: THE COURT WILL MAIL YOU THE SIGNED ORDER**

For children born in Arizona, the Clerk will also mail a copy of the signed Order to the Office of Vital Records, Department of Health Services. Vital Records will update the birth certificates.

**STEP 6: [OPTIONAL] GET A COPY OF THE NEW BIRTH CERTIFICATE**

Ask the Office of Vital Records for a copy of the new birth certificate. You will need to pay a fee and show identification. The Office of Vital Records's phone number is 602-364-1300. Their address is 1818 W. Adams, Phoenix, AZ 85007. You may also obtain official vital records on the internet at [www.vitalchek.com](http://www.vitalchek.com).

# SUPERIOR COURT OF COCONINO COUNTY, ARIZONA

## DOMESTIC RELATIONS COVER SHEET - CASE NUMBER DO \_\_\_\_\_

Please print or type the following information

### TYPE OF ACTION: (Check One)

- Dissolution:  With Children /  Without Children  
 Separation:  With Children /  Without Children  
 Move a Case to This Court From Another State
- Annulment  Custody (Unmarried Parents)  
 Paternity/Maternity  Order of Protection

### PETITIONER

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_  
Gross Monthly Income: \_\_\_\_\_  
Date of Birth \_\_\_\_\_  Male  Female  
 White  Hispanic  Black  Native American  
 Native Hawaiian/Pacific Islander  Asian  Other

### RESPONDENT

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_  
Gross Monthly Income: \_\_\_\_\_  
Date of Birth \_\_\_\_\_  Male  Female  
 White  Hispanic  Black  Native American  
 Native Hawaiian/Pacific Islander  Asian  Other

### PETITIONER'S ATTORNEY

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

### RESPONDENT'S ATTORNEY

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

### MINOR CHILDREN

Name _____	DOB _____
Name _____	DOB _____
Name _____	DOB _____
Name _____	DOB _____

Names and DOB of any OTHER minor children of the petitioner and/or respondent, who are not involved in this case.

\_\_\_\_\_

Are any of the children named above parties in a  Juvenile Delinquency,  Dependency or  Guardianship?

\_\_\_\_\_

Have there been any other cases (excluding minor traffic offenses) in any court involving members of this family? If so, provide the case number. Please ask the Clerk to look up the case number for you if you do not know it.

\_\_\_\_\_

Has anyone listed on this cover sheet been named in a Order of Protection or Injunction Against Harassment? If yes, please identify.

\_\_\_\_\_

What Court granted the Protection Order?

\_\_\_\_\_

Where did you get the forms you are filing today?  Self -Help Center  Online  Attorney  Bookstore  
 Other: \_\_\_\_\_

FLAP Attorney Initials \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO**

Petitioner's Name: \_\_\_\_\_

Case Number: DO \_\_\_\_\_

\_\_\_\_\_  Mother  Father  
Maiden Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Birthplace (City, State, Country): \_\_\_\_\_  
\_\_\_\_\_

**VOLUNTARY REQUEST FOR  
ORDER OF PATERNITY**

A.R.S. 25-812

Respondent's Name: \_\_\_\_\_  
\_\_\_\_\_  Mother  Father  
Maiden Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Birthplace (City, State, Country): \_\_\_\_\_  
\_\_\_\_\_

Mother is the natural mother of the following children. She was unmarried when each child was born and for the ten months before each birth.

We ask the Clerk for an order of paternity for the following children:

Child's Full Name on Birth Certificate	Birthdate	Place of Birth (City, County, State)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This request is based on (*check only one box*):

- Genetic Testing and Laboratory Affidavit:** Attached is an affidavit from a certified laboratory indicating that Father has not been excluded as the children's natural father. We agree to be bound by the results of this genetic test.
  
- Affidavit of Acknowledgment:** We agree and acknowledge that the father named above is the natural father of the children named above.

We ask the Office of Vital Records to change the children's names on their birth certificates as follows.

Change Child's Name From:

To:

_____	_____
_____	_____
_____	_____
_____	_____

We ask that Father's name be added to each child's birth certificate. If the children's birth certificates already list the name of a father other than Father, order that the name be changed to Father's name.

**IMPORTANT NOTICE! READ THIS BEFORE YOU SIGN:**

A.R.S. 25-812(F) requires that, before you voluntarily acknowledge paternity, you be notified of your alternatives, the legal consequences, and your rights and responsibilities. Consult an attorney if you are unsure of your rights and responsibilities. Here are some things you should know:

- \* No one is required to voluntarily acknowledge paternity,
- \* You have the right to seek legal advice before signing this document, and
- \* If you are unsure who the father is, you may have genetic testing done instead of signing this Acknowledgement.

After you agree to voluntarily acknowledge paternity, the Clerk of Court will issue an order legally establishing the father. This order is the same as a judgment of the Superior Court. This order does not decide issues about parenting time, legal decision-making, and child support. However, after the order is issued, both parents will have all the rights and responsibilities of parents as required under Arizona law, including the right to seek orders on parenting time, legal decision-making, and child support. A.R.S. 25-803(D) provides that the parent with whom the child has resided for the greater part of the last six months will have legal decision-making unless otherwise ordered by the Court.

Arizona law allows either parent to rescind the acknowledgment of paternity if certain requirements are met. You may have up to 60 days to do this. See A.R.S. 25-812(H) and A.R.S. Title 25, Chapter 6, Article 1.

**Mother's Signature:** \_\_\_\_\_

State of Arizona )

)

County of \_\_\_\_\_ )

Subscribed and sworn before me this date: \_\_\_\_\_ by: \_\_\_\_\_

Seal:

Notary Public: \_\_\_\_\_

Notary Expiration Date: \_\_\_\_\_

**Father's Signature:** \_\_\_\_\_

State of Arizona )

)

County of \_\_\_\_\_ )

Subscribed and sworn before me this date: \_\_\_\_\_ by: \_\_\_\_\_

Seal:

Notary Public: \_\_\_\_\_

Notary Expiration Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO**

Petitioner's Name: \_\_\_\_\_ Case Number: DO \_\_\_\_\_

\_\_\_\_\_  Mother  Father  
Maiden Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Birthplace (City, State, Country): \_\_\_\_\_

**ORDER OF PATERNITY**

Respondent's Name: \_\_\_\_\_  
\_\_\_\_\_  Mother  Father  
Maiden Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Birthplace (City, State, Country): \_\_\_\_\_

The mother named above is the natural mother of the following children. She was unmarried when each child was born and for the ten months before each birth.

Child's Full Name on Birth Certificate	Birthdate	Place of Birth (City, County, State)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IT IS ORDERED based on the Request filed that the father named above is the natural father of the children listed above.

The name of each child listed below is changed as follows.

Change Child's Name From:

To:

_____	_____
_____	_____
_____	_____
_____	_____

If any child named above was born in Arizona, the Clerk of Court shall send a copy of this Order to the Office of Vital Records, Department of Health Services, which shall establish a new birth certificate for each child, to include the father named above (A.R.S. 36-326(A)(3)).

If any of the children's birth certificates list the name of a father other than Father, that name shall be changed as follows:

Child's Name	Change This Father's Name:	To This Father's Name:
_____	_____	_____
_____	_____	_____
_____	_____	_____

This Order is a judgment of the Superior Court. Pursuant to A.R.S. 25-803(D), the parent with whom the child has resided for the greater part of the last six months has legal decision-making about the child unless otherwise ordered by the Court. Pursuant to A.R.S. 25-501, this Order of Paternity imposes a duty of support and also provides a basis for determining issues related to parenting time and primary residence and affords the parents all rights and responsibilities provided by Arizona law (A.R.S. 25-803(C)).

*Leave the rest of the form blank. This is for the court to fill in.*

Date: \_\_\_\_\_ Clerk of the Court: \_\_\_\_\_

**FOR COURT USE ONLY:**

Copy mailed this date \_\_\_\_\_ to:

Corrections Unit, Office of Vital Records     IV-D Agency