Reset Form

Revised 03.22.18

VOLUNTARY ACKNOWLEDGMENT OF PATERNITY

PINAL COUNTY

Instructions and Forms

Provided as a Public Service by
AMANDA STANFORD
Clerk of the Superior Court

VOLUNTARY ACKNOWLEDGMENT OF PATERNITY

CHECKLIST

You may use the forms and instruction in the packet only if the following applies:

- ✓ You are the biological parents of the minor children (or child) born out of wedlock, which means
  - The mother was not married at the time of the birth, **AND**
  - The mother was not married at any time during the ten months immediately preceding the birth, **AND**

- ✓ You both AGREE on who the father is (or you agree to be bound by the test results from a certified laboratory), **AND**

- ✓ You want a court order establishing paternity, **AND**

  You have one of the following:
  - **Affidavit of Acknowledgment –** an agreement with the notarized or witnessed signature of BOTH parents telling the Court that you both AGREE that the man named as the father in the agreement and signing the papers as the father IS the biological father of the minor children named in the agreement (affidavit).

    OR

  - **Genetic (DNA) Testing –** both parents agree to be bound by the results of the genetic testing, and you have a copy of the test results showing that the individual named as the father has not been excluded as the natural father, **AND**

- ✓ You do **not** want a court order about legal decision making or parenting time and child support for the minor children at this time.

DO NOT USE THESE FORMS IF:

- ✓ There is already an Arizona Child Support Order concerning the minor children in this case.

- ✓ **Anyone's** name is already listed as the father on the birth certificate.

WARNING: Signing and filing these documents will permanently affect the legal rights and responsibilities of all parties involved. Consult a lawyer to assist you in making an informed, intelligent decision.

VOLUNTARY ACKNOWLEDGMENT OF PATERNITY

This packet contains general information and instructions about filing a Voluntary Acknowledgment of Paternity and Order of Paternity. Be sure this packet contains the following documents:

Order	Title	# of Pages
1	Checklist	1
2	Table of Contents (this page)	1
3	Instructions: How to complete forms for Voluntary Acknowledgment of Paternity and Order of Paternity	5
4	Voluntary Acknowledgment of Paternity	4
5	Family Court Cover Sheet **(*NO COPIES REQUIRED)**	3
6	Sensitive Data Sheet **(*NO COPIES REQUIRED)**	2
7	Order of Paternity	2

<u>*NO COPIES REQUIRED.</u> File original only. Do not serve on other party.

You have permission to use these documents for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

INSTRUCTIONS AND FORMS FOR COMPLETING VOLUNTARY ACKNOWLEDGMENT OF PATERNITY AND ORDER OF PATERNITY

TO COMPLETE THIS FORM AND FILE THE VOLUNTARY ACKNOWLEDGMENT OF PATERNITY YOU WILL NEED:

- ✓ The complete name, date of birth and social security number for each parent, and the place of birth of the father. You might need other documents as described in Item 11 below.

1st Form: Voluntary Acknowledgment of Paternity

Follow these instructions numbered to match the identifying numbers on the forms. Type or print neatly using black ink.

(1) Fill in the name, address and phone number of the person filing the form.

(2) Fill in the name of the person filing the Voluntary Acknowledgment of Paternity on the line for "Petitioner".

(3) Fill in the name of the other parent on the line for "Respondent".

(4) Leave this item blank.

(5) Leave this item blank.

(6) Leave this item blank.

(7) Fill in the first, middle and last name of the minor child(ren) for whom paternity is to be established.

(8) Fill in the date of birth, place of birth and county of birth for each child for whom paternity is to be established.

(9) Fill in the mother's full name, her maiden name and date of birth.

(10) Fill in the father's full name, date of birth, birthplace and current address.

(11) Mark the **ONE** box that applies to your request.

Affidavit of Acknowledgment - Mark this box if both parents are signing this Request to acknowledge paternity of the child or children.

Genetic Testing - Mark this box if both parents agree to be bound by the results of genetic testing, and you have a copy of the test results showing that the individuals names as the father has not been excluded as the natural father.

(12) OPTIONAL: If you want the Court to order Vital Records to change the minor child(ren) names(s) on the birth certificate(s) to give them the father's last name (or otherwise), list the new name on the lines provided. List the minor children in the same order as on the first page as in seven (7).

(13) The biological mother AND father must both sign the form in front of a witness who is over the age of eighteen (18) and is not related to either parent (OR) in front of a Notary Public. By signing this form, you are telling the Court, under penalty of law, that the information on the form is true and correct to the best of your knowledge.

2nd Form: Family Court Cover Sheet

- The Family Court Cover Sheet is REQUIRED to be completed and filed in Pinal County.
- Write in the information requested about the petitioner, respondent and any children under the age of eighteen (18).
- Case Type: Mark only one box that matches the legal procedure for which you are filing the documents in this packet: [x] Paternity/Maternity.
- Interpreter: Check "yes" or "no" to indicate whether an interpreter is needed. If "yes," write in what language(s).
- Answer the six (6) questions on page two (2) of the Cover Sheet
- The person filing this document will sign on the line above "Attorney/Pro Per Signature", (Pro Per means a person who is representing themselves without an attorney)

3rd Form: Sensitive Data Sheet

- Write in the information requested about petitioner, respondent, and any children under the age of 18. **The social security number for BOTH the mother and father are required.**

4th Form: Order of Paternity

(1) Fill in the name of the parent who filed the Request for Order of Paternity on the line for "Petitioner".

(2) Fill in the name of the other parent of the child or children on the line for "Respondent".

(3) Leave this item blank.

(4) Leave this item blank

(5) Leave this item blank.

(6) Fill in the name(s) for each child for whom paternity is to be established.

(7) Fill in the date of birth and place of birth for each child for whom paternity is to be established.

(8) Fill in the mother's full name, maiden name and date of birth.

(9) The form is complete. The Court will complete this section of the form.

AFTER FORMS ARE COMPLETE: SIGN, NOTARIZE & COPY YOUR DOCUMENTS

SIGNATURE: The Voluntary Acknowledgment of Paternity must be signed and dated by both parents in front of any Notary Public or witness. Make sure if you are signing in front of a Notary Public you have a U.S. issued photo ID with you.

COPIES: After the Voluntary Acknowledgment has been notarized and/or signed before a witness, make two copies of the following documents:

- ✓ Voluntary Acknowledgment of Paternity
- ✓ Order of Paternity
- ✓ Family Court Cover Sheet
- ✓ Sensitive Data Sheet

FILING FEE

There is a filing fee for filing the Voluntary Acknowledgment of Paternity. If you cannot pay these fees, you may qualify for a deferral or waiver of fees. If you are seeking a deferral or waiver of fees, please have the Deferral or Waiver of Fees Application completed and submitted with your forms.

NOTE: At the time of filing your documents through a deferral, your fees are only deferred to a later date; they are not waived. Only the Judge can waive your fees.

FILE ALL FORMS WITH THE CLERK OF THE SUPERIOR COURT.

FILING IN PERSON

You may file your documents at any of the Clerk of the Superior Court Offices:

Florence	971 Jason Lopez Circle Bldg. A Florence, AZ 85132 Open Mon-Fri 8:00 to 5:00
Casa Grande	820 E. Cottonwood Ln Bldg. B Casa Grande, AZ 85122 Open Mon-Fri 8:00 to 5:00 closing 12:00 to 1:00 for lunch Documents requiring fees are not accepted after 4:30
Apache Junction	575 N. Idaho Rd Ste. 109 Apache Junction, AZ 85119 Open Mon-Fri 8:00 to 5:00 closing 12:00 to 1:00 for lunch Documents requiring a filing fee are not accepted after 4:30

IF FILING IN PERSON TAKE THE FOLLOWING DOCUMENTS TO THE CLERK/FILING COUNTER

To submit the Voluntary Acknowledgment of Paternity the following must be handed to the Clerk:

- ✓ Original plus two (2) copies of:
  - Voluntary Acknowledgment of Paternity
  - Order of Paternity
  - Family Court Cover Sheet
  - Sensitive Data Sheet

- ✓ Required Filing Fee (or) a completed Application for Deferral or Waiver of Filing Fees with one of the following attached:
  - A copy of your last two (2) paycheck stubs.
  - A notarized statement of non-employment. Any persons you are living with at this time who is assisting you financially may sign a notarized document stating they are supporting you.

- If you receive Food Stamps, SSI, unemployment or any governmental assistance we will need a copy of your letter of assignment/award or verification of the amount of assistance you receive.

FILING BY MAIL

Mail documents to: Clerk of the Superior Court, P.O. Box 2730 Florence, AZ 85132

IF FILING BY MAIL THE FOLLOWING DOCUMENTS MUST BE SENT TO THE CLERK

Mail in the following:

✓ Original plus two (2) copies of:
- Voluntary Acknowledgment of Paternity
- Order of Paternity
- Family Court Cover Sheet
- Sensitive Data Sheet

✓ Required Filing Fee (or) a completed Application for Deferral or Waiver of Filing Fees with one of the following attached:
- A copy of your last two (2) paycheck stubs.
- A notarized statement of non-employment. Any persons you are living with at this time who is assisting you financially may sign a notarized document stating they are supporting you.
- If you receive Food Stamps, SSI, unemployment or any governmental assistance we will need a copy of your letter of assignment/award or verification of the amount of assistance you receive

✓ Self-addressed stamped envelope for the return of your stamped copies.

(1) Name of Person Filing: _____
Street Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Email Address: _____
ATLAS Number (if applicable) _____
☐ **Representing Self (No Attorney)** **or** ☐ **Represented by Attorney**
If Attorney, Bar Number: _____

SUPERIOR COURT OF ARIZONA
PINAL COUNTY

_____
(2) Person Filing (Petitioner)

_____
(3) Other Parent (Respondent)

(4) CASE NUMBER: **S1100DO2**

VOLUNTARY ACKNOWLEDGMENT OF PATERNITY
A.R.S. §25-812

(5) ATLAS NUMBER: _____
(6) HONORABLE: _____

(7) The Clerk is requested to issue an Order establishing paternity for the following:
(List names as they appear on birth certificates, if any.)

NAME(S):

	First	Middle	Last
a)			
b)			
c)			

(8) Who were born on this date and at this location (below): (List in same order as above.)

	Month/Day/Year	City, State, Country of Birth
a)		
b)		
c)		

(9) Mother's Full Name: _____

Maiden Name: _____

Date of Birth: _____

(10) The natural mother of the minor children was not married at the time of birth or at any time during the ten months prior to birth. The natural father is:

Father's Full Name: _____

Date of Birth: _____

Birthplace (City, State, Country): _____

Current Address: _____

(11) The parents request the Court to Order the Office of Vital Records to amend the birth certificate(s) to correct the name of the father.

We base this request on: (Check Only One)

☐ Affidavit of Acknowledgment, by which we agree and acknowledge the natural father named above.

☐ Genetic (DNA) Testing and Laboratory Affidavit: Attached is an affidavit from a certified laboratory indicating that the father named above has not been excluded as the natural father of the children and we agree to be bound by the results of the genetic test.

(12) **The parents request the Court to Order the Office of Vital Records to amend the birth certificate(s) to change the minor child(ren)'s name(s) TO:** (List in same order as above). (Optional) (New Names)

	First	Middle	Last
a)			
b)			
c)			

IMPORTANT NOTICE: READ THIS BEFORE YOU SIGN:

Arizona law requires that before voluntarily acknowledging paternity, you be given notice of the alternatives to, legal consequences of and the rights and responsibilities that result. 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, an alternative is to have genetic (DNA) testing done.

After you submit this ***Voluntary Acknowledgment of Paternity***, the Clerk of Court or authorized personnel will issue an Order legally establishing the natural father. This Order is the same as a judgment of the Superior Court. After the Order is issued both parents will have all the rights and responsibilities of parents required by Arizona law. The Order does not decide issues about child support, parenting time, or legal decision-making. However, the Order includes a statement of Arizona law that the parent with whom the child has resided for the greater part of the last six months shall 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. See §25-812(H) of the Arizona Revised Statutes for the requirements.

(13)

This document can be notarized OR witnessed.
Witness must be at least 18 years of age and not related to either parent by blood or marriage. **Sign only in presence of Witness, of Court, or Notary.**

(Signature of Mother) **(Date)**	**(Signature of Father)** **(Date)**
(Signature of Witness) **(Date)**	**(Signature of Witness)** **(Date)**
(Printed Name of Witness)	**(Printed Name of Witness)**
(Address of Witness)	**(Address of Witness)**
(City, State, Zip Code)	**(City, State, Zip Code)**

(OR)

OATH OR AFFIRMATION AND VERIFICATION:
I swear or affirm that the information on this document is true and correct under penalty of perjury.

_____ _____
Date **Signature**

State of Arizona)
)
County of _____)

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20 _____
(Day) (Month) (Year)

by _____
(Name of Signer)

_____ _____
(Affix notary seal here) **Notary Public** (Notary's Signature)

_____ _____
Date **Signature**

State of Arizona)
)
County of _____)

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20 _____
(Day) (Month) (Year)

by _____
(Name of Signer)

_____ _____
(Affix notary seal here) **Notary Public** (Notary's Signature)

Arizona Superior Court, Pinal County
Family Court Cover Sheet

CASE NUMBER **S1100DO2** ATLAS NUMBER(S) _____	Judge _____

PETITIONER'S NAME AND ADDRESS	**RESPONDENT'S NAME AND ADDRESS**
Name: Address: City/State/Zip: Phone Number: Email Address: DOB:	Name: Address: City/State/Zip: Phone Number: Email Address: DOB:
PETITIONER'S ATTORNEY Name/State Bar #: Address: City/State/Zip: Phone Number:	**EMERGENCY ORDER SOUGHT** ☐ Order of Protection ☐ Temporary Order ☐ Other _____ (Specify)
Do you or the other party need an interpreter? ☐ Yes ☐ No If yes, what language: _____	FEES: ☐ PAID ☐ NOT PAID - REASON ☐ Political Subdivision/Government Agency ☐ Deferred ☐ Waived

ACTION REQUESTED: Check Only One Box

DISSOLUTION (Divorce)
☐ With Children
☐ Without Children

☐ Legal Separation
☐ Paternity/Maternity
☐ Annulment
☐ Legal Decision-Making

☐ Order of Protection
☐ Foreign Judgment
☐ Domesticated Decree
☐ Foreign Judgment for Legal Decision-Making
☐ Establish Support
☐ Habeas Corpus
☐ Visitation
☐ Emergency Order of Protection
☐ Other _____
(Specify)

I receive or have received public assistance which may include AFDC, TANF, or AHCCS for my child(ren) or me.

☐ Yes ☐ No

I have a case with the Division of Child Support Enforcement.

☐ Yes ☐ No

If yes, list the case number(s)

_____

Do you currently have ANY other Pinal County Superior Court cases?

☐ Yes ☐ No

If yes, list the case number(s)

_____

Have you ever had ANY other Pinal County Superior Court cases?

☐ Yes ☐ No

If yes, list the case number(s)

_____

PETITIONER'S DECLARATION OF INFORMATION FOR CONCILIATION COURT

The wife is pregnant: ☐ Yes ☐ No

The respondent is being served by publication: ☐ Yes ☐ No

Please enter the number of children under the age of 18 of either or both parties who are in Legal

Decision-Making of either or both parties: _____

NAMES OF MINOR CHILDREN & DATE OF BIRTH:	NAMES OF MINOR CHILDREN & DATE OF BIRTH:
_____	_____
_____	_____
_____	_____

There is an agreement as to the parenting arrangements of the minor children:
☐ Yes ☐ No

To the best of my knowledge, all information is true and correct.

_____

Attorney / Pro Per Signature ***(If no attorney, your signature is required)***

NOTICE

Effective September 8, 1992 and pursuant to Superior Court (Pinal County), Administrative Order No. 92-15, the Superior Court requires that a "Cover Sheet", which categorizes the cause of action, accompany any new action filed with the Superior Court in Pinal County. **PLEASE DO NOT INCLUDE THIS FORM WITH CASES THAT HAVE ALREADY BEEN FILED.** This form can only be processed **at the time of filing** New Complaints and Petitions.

Revised 6/22/09

Name of Person Filing: _____
Telephone Number: _____
Email Address: _____
ATLAS Number (if applicable) _____
☐ Representing Self (No Attorney) or ☐ Represented by Attorney
If Attorney, Bar Number: _____

SUPERIOR COURT OF ARIZONA
PINAL COUNTY

_____
Name of Petitioner

CASE NUMBER: S1100DO2

SENSITIVE DATA SHEET
(CONFIDENTIAL RECORD)

_____
Name of Respondent

HONORABLE: _____

Fill out. File with Clerk of Court. Social Security Numbers should appear on this form only and should be omitted from other court forms. Access Confidential pursuant to A.R.F.L.P. 43(G)(1).

A. Personal Information:	Petitioner	Respondent
Name		
Gender	☐ Male or ☐ Female	☐ Male or ☐ Female
Date of Birth (Month/Day/Year)		
Social Security Number		
Driver's License Number		

WARNING: DO NOT INCLUDE MAILING ADDRESS ON THIS FORM IF REQUESTING ADDRESS PROTECTION

Mailing Address		
City, State, Zip Code		
Contact Phone		
Email Address		
Current Employer Name		
Employer Address		
Employer City, State, Zip Code		

Employer Telephone Number		
Employer Fax Number		

B.	**Child(ren) Information:**		
Child Name	**Gender**	**Child Social Security Number**	**Child Date of Birth**

Clerk of Court Issued:

***For Court Use Only. NOT Public Record.**
Do NOT Provide a Copy of This Document to The Other Party.

SUPERIOR COURT OF ARIZONA
PINAL COUNTY

_____ **(3) CASE NUMBER:** **S1100DO2**
(1) Name of Petitioner

ORDER OF PATERNITY
A.R.S. §25-812

_____
(2) Name of Respondent

(4) ATLAS NUMBER: _____
(5) HONORABLE: _____

(6) BASED ON THE REQUEST FILED, for the minor children whose names appear on birth certificates as:

	First	Middle	Last
a)			
b)			
c)			

(7) Who were born on this date and at this location (below): (List in same order as above)

	Month/Day/Year	City, State, Country of Birth
a)		
b)		
c)		

(8) Mother's Full Name: _____
Maiden Name: _____
Date of Birth: _____

(9) **THE COURT FINDS:**
The mother was not legally married when the minor child(ren) were born or at any time during the 10 months prior to birth, and the parties agree that the natural father of the minor children is:

Father's Full Name: _____
Date of Birth: _____
Birthplace (City, State, Country): _____
Current Address: _____

IT IS ORDERED, that the natural father of the above named children is:
(Father's LEGAL name (as listed on *his own* birth certificate, or ☐ current legal name)

First	Middle	Last
_____	_____	_____

For any minor children born in the State of the Arizona, the CLERK OF COURT SHALL FORWARD A COPY OF THIS ORDER TO THE OFFICE OF VITAL RECORDS, which is ordered to amend the birth certificate(s) as follows:

The natural father's name shall be entered as the father on the birth certificate(s).
☐ The minor child(ren)'s name(s) shall be changed to: (List in same order as previous)

Name(s):

	First	Middle	Last
a)	_____	_____	_____
b)	_____	_____	_____
c)	_____	_____	_____

☐ **For any minor child(ren) born in a state *other than* Arizona, the agency that maintains birth records in that state is requested or ordered to amend its birth records to reflect the changes ordered above.**

- This Order is a judgment of the Superior Court.
- Pursuant to A.R.S. § 25-803(D), the parent with whom the minor child has resided for the greater part of the last six months has legal decision-making of the minor 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 legal decision-making and parenting time and affords the parents all rights and responsibilities provided by Arizona law (A.R.S. § 25-803(C).

DATED: _____ _____

(Clerk of the Court, Judicial Officer, or Court Designee)

For Court Use Only.

Copy mailed on:_____
To:
☐ Corrections Unit, Office of Vital Records
☐ IV-D Agency