# HOSPITAL PATERNITY ACKNOWLEDGMENT GUIDE

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## WHAT IS PATERNITY ESTABLISHMENT?

- Paternity establishment is needed when a child is born to an unmarried mother and a legal father has not been determined.
- Paternity means legal fatherhood.
- Establishing paternity provides the child with a legal father.

**Acknowledgment** of paternity is the voluntary process of both parents signing a notarized ***Affidavit of Parentage*** (AOP), legally declaring the paternity of a child. The AOP is the Department of Community Health (DCH) form DCH-0682W (see Appendix A). A completed AOP sample form is also attached (see Appendix B).

**Establishment** of paternity is the legal process of determining fatherhood by court order, acknowledgment, or other method provided for under state law.

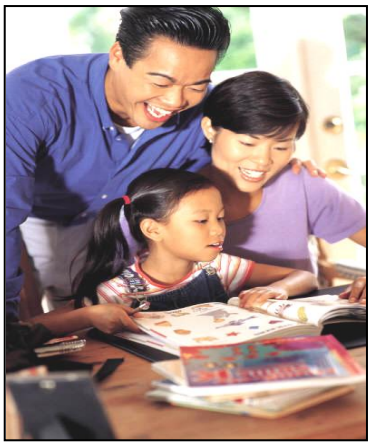
## WHY SHOULD HOSPITAL STAFF HELP WITH PATERNITY ESTABLISHMENT?

State law (Michigan Compiled Law [MCL] 333.21532, see Appendix C) requires hospitals to participate in the acknowledgment of paternity, which involves the completion of the AOP form. This guide is to assist hospital staff in complying with this law.

## HOW DOES ESTABLISHING PATERNITY BENEFIT CHILDREN?

Children may be eligible for the following benefits when paternity is established:

- Child support
- Father's medical insurance
- Inheritance rights
- Life insurance
- Medical history
- Pensions
- Social Security benefits
- Veterans benefits



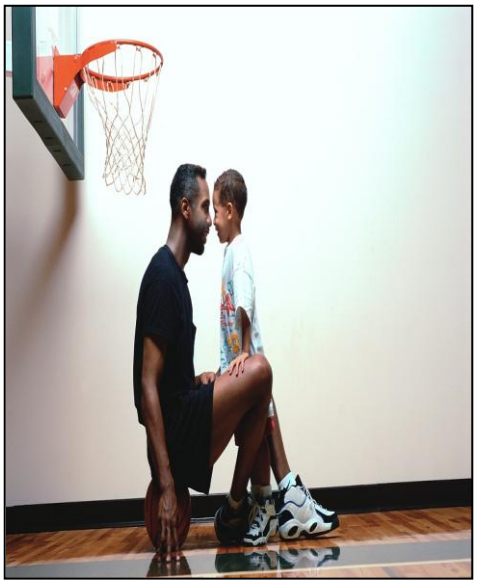
**Other benefits:**

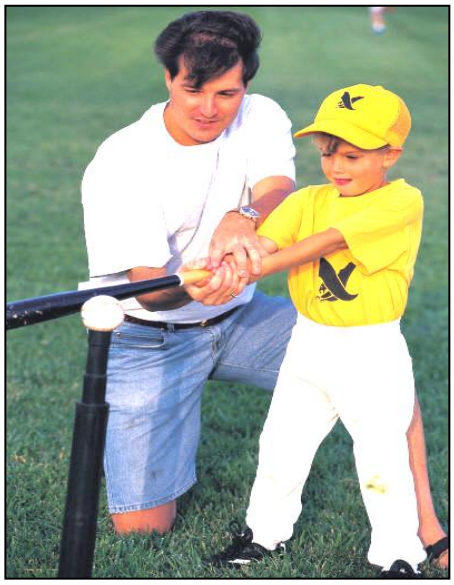
- Children have a need to know both parents and their family history for a sense of identity and family belonging.

- Establishing paternity means that a child born to an unmarried mother will have the same legal rights as a child born to married parents.

- Each parent can contribute to his/her child's financial and emotional security because both parents are legally and financially responsible for a child. This reduces the likelihood that either parent will have to apply for public, financial or medical assistance.

- It helps the parents gain self-sufficiency by expediting the child support process for families who may need this service. Child support is a financial resource. The income from child support may keep a child from living in poverty.





## WHAT IS THE PATERNITY ESTABLISHMENT PERCENTAGE (PEP)?

- PEP is a child support performance factor for which the Michigan child support program earns incentive money from the federal government; in 2010 Michigan received more than $27 million dollars.

- The data to measure the PEP is obtained from many agencies participating in the paternity establishment process, including hospitals and the courts. The hospital's role in PEP is to promptly submit the notarized *Affidavit of Parentage* (AOP) to the Department of Community Health.

- Establishing paternity in at least **90 percent** of non-marital births allows Michigan to earn 100 percent of incentive money for this factor and avoid federal penalties.

- The statewide PEP is the number of children born to unmarried parents in Michigan who have paternity established, divided by the number of children born to unmarried parents in the previous year.

- In calendar year 2009, there were 48,738 children born out-of-wedlock. In calendar 2010, there were 45,936 paternities established for born out-of-wedlock children. Michigan's Statewide PEP for fiscal year 2010 was 94.3 percent.

- The hospital PEP, which is different than the statewide PEP, is measured by calculating current unwed births with current paternity acknowledgments for these births.

## ARE THERE PENALTIES ASSOCIATED WITH PEP?

A penalty can be assessed against the state's Temporary Assistance to Needy Families (TANF) grant if the child support program does not maintain the required 90 percent PEP rate. If Michigan fails to meet the 90 percent PEP rate, the penalty can be millions of dollars.

## WHAT'S THE CURRENT STATUS OF PEP?

Michigan's current statewide PEP is 94.3 percent. The average PEP for all Michigan hospitals was 62.4 percent for 2010. The goal for hospital PEP is to <u>improve to 75 percent</u> or better for each hospital. This, combined with court determinations, will help keep the PEP rate at 90 percent or above!

## HOW HOSPITAL STAFF CAN HELP FAMILIES WITH THE PROCESS

Hospital staff should assist unmarried parents to complete the *Affidavit of Parentage* (AOP) when a child is born to an unmarried mother so the child can have all the same legal and financial rights as a child born to married parents. The following chart provides typical scenarios and information to help determine when to complete (or NOT to complete) an AOP.

### Essential Questions Regarding Completion of an AOP

| Questions to ask the Mother | Yes | No | When to Complete or NOT to Complete an AOP |
|---|---|---|---|
| Is the mother married to the biological father of the child? | Yes | | Do **NOT** complete the AOP. The husband is the legal father of the child. |
| | | No | If the mother is unmarried, the parents should complete the AOP. |
| Is the mother married to someone other than the biological father? | Yes | | Do **NOT** complete the AOP. The mother's husband is the legal father of any child born during their marriage. The mother must obtain a final court order stating the husband is not the father of the child. |
| | | No | If the mother is unmarried, the parents should complete the AOP. |
| Is the mother divorced? | Yes | | If the mother was divorced more than 10 months before the birth of the child, then the child is **NOT** considered a child of the marriage. If the mother is still unmarried, the parents should complete the AOP. |
| | | No | If the mother is **unmarried**, the parents should complete the AOP.<br>If the mother is **married**, the mother's husband is the legal father of any child born during the marriage. Prior to the biological parents completing the AOP, the mother must obtain a final court order stating the husband is not the father of the child. |
| Has the mother been divorced **within** the last 10 months? | Yes | | If the mother was divorced within 10 months prior to the birth of the child, the child is considered a child of that marriage. The mother's ex-husband is the legal father until the couple obtains a final court order that states the ex-husband is not the father of the child. Do **NOT** complete the AOP. |
| | | No | The mother's husband is the legal father of any child born during their marriage. Prior to the biological parents completing the AOP, the mother must obtain a final court order stating the husband is not the father of the child. |
| Has the mother been divorced **for more** than 10 months? | Yes | | If the mother was divorced more than 10 months prior to the birth of the child, then the child is **NOT** considered a child of that marriage. If the mother is still unmarried, the parents should complete the AOP. |

## GUIDELINES TO KEEP YOUR HOSPITAL IN COMPLIANCE:

- Provide the *Affidavit of Parentage* (AOP) form and publications: #780, "What Every Parent Should Know about Establishing Paternity," and # 806, "Fatherhood – Taking Responsibility for Your Child" (see Appendix D for publication order list).
- Show the paternity video "The Power of Two" (see Appendix D to order this video).
- Assist both parents to ensure they understand the consequences, rights, and responsibilities that appear on the AOP form.
- Offer the use of hospital notary public services. Have a notary available in the evening hours, or have the nursing staff become notaries.
- Hold the AOP until both parents can bring in identification.
- Fill out the AOP form electronically at the hospital, and file the hard-copy version of the AOP with the Department of Community Health (DCH) as quickly as possible.
- Provide **one** copy of the completed AOP form to each parent (if parents return and request additional copies of the AOP refer them to the Department of Community Health Michigan Vital Records Office at 517-335-8666.)
- If the AOP is not filled out completely, print the AOP form and give it to the parents **along with** the checklist (Appendix E) of what they will need to do to complete the AOP **and** also the sample AOP form (Appendix B).
- Explain that parents may opt to take a blank original AOP form with them, but there will be a fee for amending the birth certificate later. If the parents choose to take the AOP form with them, they are responsible for sending the form to the DCH.
- Provide the toll-free telephone number **(1-866-661-0005 or 1-866-540-0008)** for additional assistance on child support (or, to request a genetic/DNA test) or to request the ***IV-D Child Support Services Application/Referral*** form (Appendix F).
- Hospitals may also follow the sample script (Appendix H) for acknowledgments or schedule an appointment with the parents for a later time (Appendix I).
- Post informational flyers in birthing areas or OB/GYN offices to help inform parents regarding the paternity establishment process prior to the birth of their child (see appendices K and L).

## Important Notes Regarding Information on the AOP Form

- The AOP must not contain any corrections.
- Please provide a return address and hospital contact information to DCH in case the form needs to be returned for any reason.
- When the mother is married, the man she is married to is legally the father unless a final court order says otherwise. If DCH receives an AOP listing someone other than the husband as the father, DCH will send a letter to the mother citing this law (MCL 333.2824).
- Make sure the AOP form is complete. DCH will reject the AOP if the form is missing information. This is one reason for lower Paternity Establishment Percentages (PEP).
- Parents can complete the AOP separately, provided their signatures are notarized separately.
- Parents can sign the AOP at different times and in front of different notaries. This may be particularly useful if one parent is working away from the home, is in the military or in jail.
- There is no time limit during which the form can be used. The AOP can be used to establish paternity even when the child is an adult.
- The AOP requires the parents' signatures be notarized, rather than witnessed.

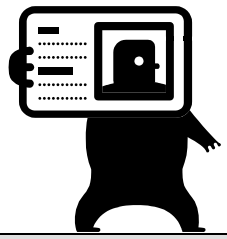
## Notary Public Information

Hospital staff members who have questions about the notary rules should contact the Department of State, Office of the Great Seal. Its Web-site is: http://www.michigan.gov/sos/0,1607,7-127-1638_8731-21039--,00.html See page 11 (of this document) for additional notary information.

## Best Practices for Completing *Affidavit of Parentage* (AOP) Forms

**1. What happens if either the father or mother does not have appropriate identification (ID)?**

**Answer –** Appropriate identification is a valid photo ID that is recognized by the State of Michigan. Explain to both parents that they must have a current, valid picture ID. (Driver's License, State ID, Passport, high school id card, valid or expired for less than one year)



**2. What if there are concerns about any fees in regard to the *Affidavit of Parentage* (AOP) form?**

**Answer –** Emphasize that there are no fees for completing the AOP or adding the father's name to the birth record ***when the AOP is completed at the hospital at the time of birth.***

**3. Can hospital staff help parents complete an AOP if the father is in prison?**

**Answer –** The Michigan Prison Wardens and Sheriffs approved a procedure for processing the AOP forms received from Michigan birthing hospitals. Hospital staff will determine the prison or jail location for the alleged father and send a letter (see Appendix G) to that prison or jail, along with:

- The AOP
- DHS publication 780: ***What Every Parent Should Know About Establishing Paternity***
- A letter of explanation
- A self-addressed stamped envelope to the attention of the Warden's Administrative Assistant/Jail Administrator at that prison or jail

When the Warden's Administrative Assistant/Jail Administrator receives these materials, (s)he will:

- Present the incarcerated alleged father with the AOP form and the pamphlet ***What Every Parent Should Know About Establishing Paternity***
- Review the form and pamphlet with the incarcerated alleged father, if requested
- Have a notary witness the incarcerated father's signature, if he decides to sign the AOP
- Send the AOP back to the hospital in the envelope provided
- Send the unsigned AOP back to the hospital indicating the prisoner declined to sign the form, when the incarcerated alleged father refuses to acknowledge the child

When hospital staff receive the AOP from the prison, file the completed AOP with DCH.

**4. Will prison/jail staff return the AOP form quickly?**

**Answer –** Yes, prison/jail staff recognize the necessity of getting the AOP returned promptly. Hospital staff may contact the prison if they have not received a response – telephone numbers and addresses for the prisons are available on the **Offender Tracking Information System** (**OTIS**) http://www.state.mi.us/mdoc/asp/otis2.html web-site. The Michigan Department of Corrections (MDOC) maintains the OTIS Web site with information about offenders previously or currently under the jurisdiction or supervision of the MDOC. The information in this database is strictly about people in Michigan prisons (not jails).

**5. What information should medical records staff request from the mother about the incarcerated father to use the OTIS Web site?**

**Answer –** To perform an accurate search on OTIS, especially if the father has a common name (e.g., Thomas Jones, Robert Williams, etc.) staff should ask the mother for the following information:

| | | |
|---|---|---|
| Father's name | Father's date of birth | Father's race |
| Name of the prison | Father's prisoner number | |

**6. What to do if the father is in the military?**

**Answer –** If the father is in the military, contact the appropriate agency listed below. Send correspondence to the father's commanding officer requesting assistance with completion of the AOP form. The commanding officer can help get the father to sign the AOP form or the mother can call **1-866-661-0005 or 1-866-540-0008** to obtain an application for child support, and a child support worker will assist in locating of the father.

## Military Contacts

**Army**: Office of the Judge Advocate General, Attn: DAJA- LA, 2200 Army Pentagon, Washington, DC 20310; Phone: (703) 588-6708; https://www.jagcnet.army.mil/

**Navy**: Office of the Judge Advocate General (Code 16), 1322 Patterson Avenue, SE, Suite 3000, Washington Navy Yard, DC 20374-5066; Phone: (202) 685-4637; http://www.jag.navy.mil/

**Marine Corps**: Headquarters, USMC, Code MMSB-17, 2008 Elliot Road, Room 201, Quantico, VA 22134-5030; Phone: (703) 784-3942; http://www.leatherneck.com/forums/locator.php

**U.S. Air Force**: Office of the Judge Advocate General, AFLSA/JACA, 1420 Air Force Pentagon, Washington, DC 20330-1420; Phone: (703) 697-0413; http://www.afjag.af.mil/

**Coast Guard**: Office of the Judge Advocate General, United States Coast Guard, Personnel Service Center, 444 SE Quincy Street, Topeka, KS 66683; http://www.uscg.mil/legal/

**7. Is sending the AOP to the prison warden or to the father's commanding officer in the military a Health Insurance Portability and Accountability Act (HIPAA) violation?**

**Answer –** Many agencies interpret the mother's signature on the AOP as consent to release the information to the father or the father's agent. If HIPAA is a concern, the ***HIPAA Disclosure Authorization Form*** (Appendix J) can be used.

## Questions about the *Affidavit of Parentage*

**8. What if the father did not come to the hospital for the child's birth?**

**Answer –** Ask the mother if she is willing to provide a phone number where the father can be reached. If the mother is willing to allow you to make this connection, contact the father and ask him to come to the hospital. Be sure to ask that he bring a picture ID**. *If the mother does not want to see him at the birth, ask him to come at a different time,*** or the mother can call **1-866-661-0005 or 1-866-540-0008** to obtain an application for child support, and a child support worker will assist in locating the father.

**9. What are the parents' rights and responsibilities?**

**Answer –** The parents' rights and responsibilities are listed on the *Affidavit of Parentage* (AOP) form and in MCL 722.1007 of the Acknowledgment of Parentage Act:

- The AOP form is a legal document.
- Completion of the acknowledgment is ***voluntary***.
- Either parent may assert a claim in court for parenting time or custody.
- The mother has ***initial custody of the child***, without prejudice to the determination of either parent's custodial rights, until otherwise determined by the court or agreed upon by the parties in writing and acknowledged by the court. This grant of initial custody to the mother shall not, by itself, affect the rights of either parent in a proceeding to seek a court order for custody or parenting time.
- The parents have a right to notice and a hearing regarding the adoption of the child.
- Both parents have the responsibility to support the child and to comply with a court or administrative order for the child's support.
- It is legally required that both parties receive a copy of the AOP.
- By signing the AOP, the following rights are waived:

  - The right to a blood or genetic test to determine if the man is the biological father of the child.
  - Any right to a court appointed attorney, including the Prosecuting Attorney, to represent either party in a court action to determine if the man is the biological father of the child.
  - The right to a trial to determine if the man is the biological father of the child.

To revoke an acknowledgment of parentage, an individual must file a claim as provided under Michigan Compiled Law 722.1011.

**10. How quickly is the AOP filed with the Department of Community Health (DCH)?**

**Answer -** Explain that the hospital electronic filing is nearly instantaneous. However, the filing remains as a pending AOP in the Central Paternity Registry until the hard copy of the AOP with the notarized signatures is received by DCH.

**11. What if the father doesn't think it's important to sign the form?**

**Answer –** Explain that by signing the AOP, the child will have two legal parents, and will be entitled to rights such as Social Security benefits. The father will have the same rights as a married father, including the right to make decisions about medical care for the child.

**12. What if the father doesn't want to take financial responsibility for the child?**

**Answer –** Explain that even if the father decides not to sign the AOP at this time, the mother can complete a ***IV-D Child Support Services Application/Referral*** (Appendix F), and a child support case will be opened if appropriate. Either parent may call **1-866-661-0005 or 1-866-540-0008** to obtain an application for child support.

**13. Is there a fee to complete the AOP form in locations other than the hospital?**

**Answer –** There is no fee to complete the AOP at the time of birth in the hospital and there is no fee to complete the form at other locations, but there is a cost of $40 to add the legal father's name to the birth certificate at a later date. Parents must send the AOP form to the Department of Community Health (DCH) for the AOP to be registered.

**14. Is there a fee for obtaining a certified copy of the AOP form from DCH?**

**Answer –** Yes, a certified copy is $26; additional copies ordered at the same time are $12.

**15. Can the $40 fee for adding the father's name to the birth record be waived for low-income DHS clients?**

**Answer –** No.

**16. What is considered "valid identification"?**

**Answer –** According to the Department of State, Office of the Great Seal, the notary public ***must*** identify the individual either ***from personal knowledge or satisfactory evidence***. If the notary does not personally know the individual who is requesting a notarial act, (s)he must ask to see a driver's license, passport, state-issued personal identification card or high school id. The notary can also identify an individual upon the oath or affirmation of a credible witness if the notary personally knows the witness and the witness personally knows the individual.

**17. Can a married woman complete an AOP with a biological father (not her husband)?**

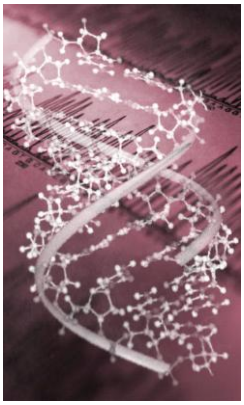
**Answer –** Only if the mother can provide a final court order **specifically stating her husband is not the father of the child in question, otherwise,** the husband at the time of conception or, if none, the husband at birth must be listed as the father of the child. Court statements such as there being no children of the marriage or being silent on a newborn are ***not sufficient*** to avoid naming the husband of the mother, as the father for the child, on the birth certificate.

**18. Can parents complete the AOP later, after the newborn leaves the hospital?**

**Answer –** Yes, a hard copy of the AOP is available on the Department of Community Health (DCH) Web site (see Appendix A). Parents must have the form notarized before filing the AOP with DCH. In addition, the father's name will not appear on the original birth certificate when the form is not completed in the hospital. After the hospital files the original birth certificate, the parents must pay a $40 fee to correct the birth certificate and complete an additional form, ***Application to ADD A FATHER on a Michigan BIRTH RECORD* (DCH-0848)** http://www.michigan.gov/documents/add_dad_6589_7.pdf, to have the name of the father added to the birth record.

**19. What if the alleged father wants a DNA test?**

**Answer –** Provide a copy of DHS 865, ***DNA-Paternity Testing Questions and Answers*** (see Appendix D). This publication explains how paternity testing is completed, including how samples are collected, the approximate cost of the procedure, the legal meaning of a DNA blood test, and how confidentiality is handled. This publication is also available in Spanish. DHS 780, ***What Every Parent Should Know About Establishing Paternity*** is helpful in explaining paternity establishment and is also available in Spanish. Parents with any paternity or child support questions may call the Office of Child Support at **1-866-661-0005 or 1-866-540-0008.**



**20. Is there a fee for the DNA genetic test?**

**Answer –** Yes, through the Prosecuting Attorney's (PA's) office, the DNA test is $37 per person tested (father, mother and baby). There is also a $5 per person sample collection fee. If the alleged father is not excluded (meaning he is the father), then the father is usually court ordered to pay for the genetic test(s). A court order will decide who pays for the genetic testing and fees, and the costs are usually repaid (to the State) as part of the child support order. Parents may go to a laboratory (rather than the PA's office) to get a DNA test done, but the genetic testing cost(s) may be higher and the test results may not be admissible in a court proceeding.

**21. When does the AOP form become a "legal document"?**

**Answer –** The AOP is considered a "legal document" in the State of Michigan from the time that it is signed by both parents and a notary public. Even if the parents **never** file the AOP with the Department of Community Health (DCH), it is considered a "legal document." The Office of Child Support recommends filing the AOP with DCH as soon as possible. This will ensure there is a record of the AOP in the DCH Central Paternity Registry.

**22. Are there legal penalties for misstatements or false information on the AOP?**

**Answer –** There is usually no legal penalty, but a charge of fraud could be filed.

**23. What if there is incorrect information on the AOP?**

**Answer –** If the AOP was completed fraudulently or in error, a court can nullify the form.

**24. Will DCH accept incomplete or partially completed AOP forms?**

**Answer –** No.

**25. Who can parents call with questions about the AOP, child support, or legal rights?**

**Answer –** Parents can call the toll-free telephone numbers for the Office of Child Support: **1-866-661-0005 or 1-866-540-0008**.

**26. What if one or both parents changed their mind or think the man is not the father of the child at a later date?**

**Answer –** Disestablishment of paternity is a complex legal action requiring an attorney and court action. It is only possible when a claim for revocation is supported by an affidavit signed by the claimant setting forth one of the following facts:

- Mistake of fact;
- Newly discovered evidence that by due diligence could not have been found before the AOP was signed;
- Fraud;
- Misrepresentation or misconduct; or
- Duress in signing the AOP.

The father (or mother) will need to comply with the Acknowledgement of Parentage Act, MCL 722.1011.

## Help families: Send newborn children home with two legal parents!

**Remember**: Follow-up, follow-up, follow-up is the key to increasing your hospital's Paternity Establishment Percentage.

# Paternity Establishment Percentage Contact Information

**Kathy Scott - PEP Outreach Liaison**
**235 S. Grand Ave., Suite 1215**
**Lansing, MI 48909**
**(517) 373-9202**
**DHS-OCS-PEP@michigan.gov**

**For Parents:**

- **Establishing child support** or **child support applications:** Contact child support specialists at these toll-free numbers: **1-866-540-0008 or 1-866-661-0005**.
- **Voluntary acknowledgment of paternity:** Contact the local Department of Human Services county office.
- **Legal process for establishing paternity, genetic testing or court orders:** Contact child support specialists at these toll-free numbers: **1-866-540-0008 or 1-866-661-0005**.
- **Enforcement of a court order or custody and visitation concerns:** Contact the county Friend of the Court office.

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## Web Sites for Further Information

Michigan Department of Community Health Web site:
http://www.michigan.gov/mdch

*Affidavit of Parentage* (AOP) form:
http://www.michigan.gov/documents/Parentage_10872_7.pdf

Michigan Department of Human Services Web site:
http://www.michigan.gov/dhs/0,1607,7-124-5453_5528_7118---,00.html

Link to statistics of birthing hospitals statewide:
http://www.michigan.gov/documents/FIA-Hospital-Birth-Paternity-Data_117831_7.pdf

Federal Office of Child Support Enforcement:
http://www.acf.hhs.gov/programs/cse/

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
Vital Records and Health Data Development

_____
State File Number

# AFFIDAVIT OF PARENTAGE

(PLEASE PRINT OR TYPE)

We affirm under penalty of perjury that we are the natural parents of:

_____ | _____ | _____
(First) (Middle) (Last)

who was born in _____ on _____
(Hospital Name, City, County, State) (Date of Birth)

and that we sign this affidavit to establish the paternity for this child. We hereby consent that the name of the natural father may be included on the certificate of birth for the child.

We wish the child's name to be recorded as:

_____ | _____ | _____
(First) (Middle) (Last)

In signing this form, we understand that:

a) This is a legal document.
b) Completion of the acknowledgment is voluntary.
c) The mother has initial custody of the child, without prejudice to the determination of either parent's custodial rights, until otherwise determined by the court or agreed upon by the parties in writing and acknowledged by the court. This grant of initial custody to the mother shall not, by itself, affect the rights of either parent in a proceeding to seek a court order for custody or parenting time.
d) Either parent may assert a claim in court for parenting time or custody.
e) Both parents have a right to notice and a hearing regarding the adoption of the child.
f) Both parents have the responsibility to support the child and to comply with a court or administrative order for the child's support.
g) By signing this acknowledgment, we waive the following:
   i) The right to blood or genetic tests to determine if the man is the biological father of the child.
   ii) Any right to a court appointed attorney, including the prosecuting attorney, to represent either party in a court action to determine if the man is the biological father of the child.
   iii) The right to a trial to determine if the man is the biological father of the child.
h) In order to revoke an acknowledgment of parentage, an individual must file a claim as provided under Michigan Compiled Law 722.1011.

Further, the mother states that she was not married when this child was born or conceived; or that this child, though born or conceived during a marriage, is not an issue of that marriage as determined by a court of law.

## FATHER

Name _____
(Father's Name – Printed)

_____
Current Address Name and Street Number

_____
City State ZIP Code

Date of Birth _____

State or Country of Birth _____

Social Security Number _____

To the best of my knowledge, the above information is true

_____
(Signature of Father)

Signed and sworn to before me in _____ County, Michigan, on _____, _____

Notary Public, State of Michigan, County of: _____

_____
(Notary Public's Signature)

_____
(Notary Public's Name – Printed or Typed)

My commission expires _____

## MOTHER

Name _____
(Mother's Name – Printed)

_____
Current Address Name and Street Number

_____
City State ZIP Code

Date of Birth _____

State or Country of Birth _____

Social Security Number _____

To the best of my knowledge, the above information is true

_____
(Signature of Mother)

Signed and sworn to before me in _____ County, Michigan, on _____, _____

Notary Public, State of Michigan, County of: _____

_____
(Notary Public's Signature)

_____
(Notary Public's Name – Printed or Typed)

My commission expires _____

DCH-0682w (06/2006) By authority of Act 305 of 1996 Appendix A

SAMPLE

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Vital Records and Health Data Development Section

# AFFIDAVIT OF PARENTAGE

## Instructions

This form can be used to establish the parentage of a child and may be used to have information on the father of a child added to the certificate of birth for the child. This affidavit may be completed at the time of the child's birth or at any other time after the birth.

It is intended for use by couples who were not married at the time the child was conceived nor at the time of birth. In instances where the mother was married to someone other than the father when the child was conceived or delivered, a court ruling of her husband's nonpaternity is necessary in order to first establish that the child is not the husband's child.

**Completion of this affidavit is voluntary.** It indicates the parents wish to acknowledge parentage of a child. The form may be used by parents who were not married when the child was born or when the child was conceived to legally establish their parentage of a child.

Proper completion of the form is very important. Forms that are not properly completed will not be accepted for filing. Among other things, the form must be legible, must be typed or printed in ink, must be signed by both parents, and must be properly notarized. At a minimum, the following items must be provided: the full names of the child, the mother and the father, the date and place of the child's birth, the address of each parent and the birth places of each parent.

There is no fee for filing the affidavit with the Central Paternity Registry. Once filed, copies of the affidavit can be obtained by either parent, by the child or a guardian or legal representative of a parent or the child. Certified copies of the affidavit are available from the central registry for $26.00 (additional copies are $12.00 each) and can be requested at the time of filing.

**Adding a Father to the Birth Certificate**

**Establishing Paternity at the Hospital** – If this affidavit is completed at the time of birth and provided to hospital staff before the birth certificate is prepared and filed, the birth certificate will be completed to include the father with no need for a separate application or fee. When completed at the time of birth and used as the basis for recording the father on the original certificate of birth, hospital staff must forward the original affidavit, along with the original birth certificate, to the local registrar. The local registrar will forward the affidavit to the Central Paternity Registry for final filing.

**Establishing Paternity After Leaving the Hospital** – Birth certificates are not automatically changed when an affidavit is filed, except when completed in the hospital at the time of the birth and before the birth has been registered. Changes to registered birth records can be requested based upon a properly completed affidavit and an Application to Add a Father on a Michigan Birth Record. If the affidavit is going to be used to add the father's name to a Michigan birth record, the affidavit SHOULD NOT BE MAILED TO THE CENTRAL PATERNITY REGISTRY, but should be mailed along with the correction application to add the father to the address listed on the application. A birth record can be changed to reflect the father listed on the affidavit if no other man is recorded on the record as the child's father. Should a conflict exist, a court determination of paternity may become necessary.

There is a fee for each birth record change, as is noted in the payment section of the correction application. An application to correct a birth certificate is available from the office of the county clerk, the State Vital Records office recorded message (517) 335-8656, or can be downloaded from the Michigan Department of Community Health Web site at:
www.michigan.gov/documents/add_dad_6589_7.pdf

To file the affidavit and request a copy and/or to change the birth record, mail the completed affidavit, the required fee and, for a birth record change, a completed Application to Add a Father on a Michigan Birth Certificate (form DCH 0848) to:

VITAL RECORDS CHANGES
P.O. Box 30721
Lansing, Michigan 48909

To simply file the affidavit to establish paternity and not request a copy or a change to the birth record, mail to:

Central Paternity Registry
Vital Records & Health Data Development Section
Michigan Department of Community Health
P.O. Box 30691
Lansing, Michigan 48909

Completion of this Form is Voluntary

**ALTERATION OF THIS FORM OR THE MAKING OF FALSE STATEMENTS WITH THE AFFIDAVIT FOR THE PURPOSES OF DECEPTION IS A CRIME. [MCL 333.2894]**

DCH-0682w (6/2006) By authority of Act 305 of 1996

Appendix A

EXAMPLE

# *AFFIDAVIT of PARENTAGE* (AOP) SAMPLE FORM

**For use with DCH-0682W**

Please read pages 1 and 2 of the AOP **thoroughly** before completing it.

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
Vital Records and health Data Development

AFFIDAVIT OF PARENTAGE
(PLEAST PRINT OR TYPE)

We affirm under penalty of perjury that we are the natural parents of:

① **Bradly** | **William** | **Baby**
(First) (Middle) (Last)

Who was born in ② **Sparrow Hospital, Lansing, Michigan** on ③ **May 1, 2005**
(Hospital Name, City, County, State) (Date of Birth)

And that we sign this affidavit to establish the paternity for this child. We hereby consent that the name of the natural father may be included on the certificate of birth for the child.

We wish the child's name to be recorded as:

④ **Bradly** | **William** | **Baby**
(First) (Middle) (Last)

⑤

In signing this form, we understand that:

a) This is a legal public document.
b) Completion of the acknowledgment is voluntary.
c) The mother has custody of the child unless otherwise determined by the court or agreed by the parties in writing.
d) Either parent may assert a claim in court for parenting time or custody.
e) Both parents have a right to notice and a hearing regarding the adoption of the child.
f) Both parents have the responsibility to support the child and to comply with a court or administrative order for the child's support.
g) By signing this acknowledgment, we waive the following:
   i) The right to blood or genetic tests to determine if the man is the biological father of the child.
   ii) Any right to a court appointed attorney, including the prosecuting attorney, to represent either party in a court action to determine if the man is the biological father of the child.
   iii) The right to a trial to determine if the man is the biological father of the child.

Further, the mother states that she was not married when this child was born or conceived; or that this child, though born or conceived during a marriage, is not an issue of that marriage as determined by a court of law.

**FATHER**

⑥ Name **David Daddy**
(Father's Name – Printed)

⑥ **555 White Road**
Current Address Name and Street Number

⑥ **Lansing** **Michigan** **48910**
City State Zip Code

⑥ Date of Birth **May 1, 1969**

⑥ State or Country of Birth **Lansing**

⑥ Social Security Number **999-99-9999**
To the best of my knowledge, the above information is true

⑧ _____
(Signature of Father)

Sworn to and subscribed before me this _____ day of _____

20____ Notary Public in and for _____
County, Michigan

_____
(Notary Public's Signature)

_____
(Notary Public's Name – Printed or Typed)

**MOTHER**

⑦ Name **Molly Mommy**
(Mother's Name – Printed)

⑦ **123 Main Street**
Current Address Name and Street Number

⑦ **Lansing** **Michigan** **48911**
City State Zip Code

⑦ Date of Birth **January 3, 1970**

⑦ State or Country of Birth **Lansing**

⑦ Social Security Number **999-99-9999**
To the best of my knowledge, the above information is true

⑨ _____
(Signature of Mother)

Sworn to and subscribed before me this _____ day of _____

20____ Notary Public in and for _____
County, Michigan

_____
(Notary Public's Signature)

_____
(Notary Public's Name – Printed or Typed)

SAMPLE - Appendix A

**Black** or **blue** ink is preferred.
Please **print carefully** and exactly using uppercase and lowercase letters appropriately.

There can be **no mistakes**, write overs, erasures, or ~~cross-outs~~.

**Parents should NOT SIGN LINES 8 OR 9** until they **are in the presence of a notary. Parent(s) must provide proper identification.**

Appendix B

**PUBLIC HEALTH CODE (EXCERPT)**
**Act 368 of 1978**

**333.21532 Acknowledgment of parentage.**

Sec. 21532.

(1) A hospital shall provide to an unmarried mother of a live child born in that hospital an acknowledgment of parentage form that can be completed by the child's mother and father to acknowledge paternity of the child as provided in the acknowledgment of parentage act. The hospital shall provide to the parents the information developed as required by subsection (2) on the purpose and completion of the form and on the rights and responsibilities of the parents. Execution of an acknowledgment of parentage as provided in the acknowledgment of parentage act establishes the child's legal paternity. The hospital shall forward a completed acknowledgment of parentage to the state register for recording.

(2) The department shall develop and distribute free of charge to hospitals the acknowledgment of parentage form, the information on the purpose and completion of the form, and the information on the rights and responsibilities of the parents. The hospital shall provide assistance and training to hospital staff assigned responsibility for obtaining the forms, as appropriate. The acknowledgment of parentage form and information shall clearly state that completion of the form is voluntary on the part of the mother and father, and shall include all of the notices as provided in section 7 of the acknowledgment of parentage act. The hospital shall provide each parent with a copy of the completed form.

(3) A hospital is immune from civil or criminal liability for providing the form required by this section, the information developed as required by this section, or otherwise fulfilling its duties under this section.

**History:** Add. 1993, Act 116, Eff. Jan. 21, 1993;-- Am. 1996, Act 6, Eff. June 1, 1996 ;-- Am. 1996, Act 307, Eff. June 1, 1997
**Popular Name:** Act 368

Appendix C

**OFFICE OF CHILD SUPPORT**
**PUBLICATION ORDER LIST**

**6-2-11**

The following publications are available to the public free of charge. Anyone requesting these publications must complete the "Requester Information" section below, indicate the quantity requested in the shaded area of the table, and send the request to:

Department of Human Services
Office Services Division
Grand Tower Suite 203
P.O. Box 30037
Lansing, MI 48909
Call: 517-373-7837

**Requester Information:**

| Organization | Date |
|---|---|
| Name | |
| Mailing Address Line1 | |
| Mailing Address Line2 | |
| City, State, Zip | |

| Order Quantity | Publication Number | Title |
|---|---|---|
| | Pub-738 | "You Are Special" COLORING BOOK **call 517-373-9202 to order** |
| | Pub-748 (rev 6/09) | "Understanding Child Support A Handbook for Parents" |
| | Pub-748-SP(rev 6/09) | "Understanding Child Support: A Handbook for Parents" (Spanish Version) |
| | Pub-780 | "What Every Parent Should Know About Establishing Paternity" |
| | Pub-780-SP | "What Every Parent Should Know About Establishing Paternity" (Spanish Version) |
| | Pub-806 | "Fatherhood: Taking Responsibility for Your Child" |
| | Pub-849 | "Kids need to know their DAD." Establish paternity POSTER |
| | Pub-850 | "Your Child…Is about to become a parent." |
| | Pub 865 | DNA-Paternity Testing Questions and Answers |
| | Pub 865-SP | DNA-Paternity Testing Questions and Answers (Spanish Version) |
| | FIA 4821 | Spanish Language Worksheet (Affidavit of Parentage form DCH-0682-SP) |
| | ----- | "The Power of Two: Voluntarily Acknowledging Paternity" VHS **call 517-373-9202 to order** |
| | ---- | "The Power of Two: Voluntarily Acknowledging Paternity" (Spanish Version) VHS **call 517-373-9202 to order** |

Appendix D

## PARENT CHECKLIST FOR PATERNITY ACKNOWLEDGMENT
## Where can unmarried parents voluntarily acknowledge paternity?

### BIRTHING HOSPITALS

- Both parents can sign an *Affidavit of Parentage* (AOP) form in the hospital at birth, and the father's name may be added to the birth record **FREE** of charge up until the hospital files the birth certificate.
- Paternity can be established at a later date for no charge, but a fee is required to add the father's name to the birth certificate (see below for father information).
- **BOTH PARENTS MUST HAVE VALID PHOTO IDENTIFICATION.**

### DEPARTMENT OF HUMAN SERVICES (DHS) OFFICE

- Contact the local Department of Human Services (DHS) office.
- You do not need to be on public assistance to seek help.
- **BOTH PARENTS MUST HAVE VALID PHOTO IDENTIFICATION.**

### REGISTRAR'S OFFICE

- Request assistance from the local Registrar's office in the county of the child's birth.
- **BOTH PARENTS MUST HAVE VALID PHOTO IDENTIFICATION.**

### PARENTS CAN COMPLETE THE AOP ON THEIR OWN

- *Affidavit of Parentage* Form DCH-0682W:http://www.michigan.gov/documents/Parentage_10872_7.pdf
- Follow the instructions included with the AOP.
- Notarize both signatures (**valid photo identification is required**).
- **File the AOP** by mailing it to the correct address listed on the AOP instruction page.

---

**ADDING THE FATHER'S NAME ON THE BIRTH CERTIFICATE OR CORRECTING INFORMATION AFTER FILING THE INITIAL BIRTH CERTIFICATE REQUIRES THAT PARENTS PAY FEES AND COMPLETE ADDITIONAL FORMS.**

| ACTION NEEDED | WHY | FORM NUMBER | FEE |
|---|---|---|---|
| Changing the father's name on the birth record | Form DCH-0847 is **only** used to **update** an existing name. | DCH-0847 http://www.michigan.gov/documents/over6_6643_7.pdf | YES |
| Adding the father's name to the birth record | Form DCH-0848 is used to **add** a father **only**, not to replace or update a father. | DCH-0848 http://www.michigan.gov/documents/add_dad_6589_7.pdf | YES, if birth record has been filed. |
| Removing or replacing the father's name on a birth record | Form DCH-0849 is used when the father's name is already listed on the birth certificate, but a court has determined that the father listed is the incorrect father. | DCH-0849 Http://www.michigan.gov/documents/removeda_6645_7.pdf | YES |

For information regarding child support or to request an application for child support, call one of the following numbers: **1-866-661-0005 or 1-866-540-0008.**

Appendix E

# IV-D CHILD SUPPORT SERVICES APPLICATION/REFERRAL

Michigan Department of Human Services (DHS) – Office of Child Support (OCS)

FOR OFFICE USE ONLY

| Date Requested | Date Provided | Date Filed | Program | ☐ 748 Provided |
|---|---|---|---|---|
| | | | | |

| IV-D Case No. | DHS Case No. | County | District | Unit | Worker |
|---|---|---|---|---|---|
| | | | | | |

Please check your relationship to the children for whom you are applying for child support services:

☐ Custodial Parent ☐ Non-Custodial Parent or Alleged Father ☐ Other Caretaker, Specify _____

- **Custodial Parent -** Complete all sections of the form, enter information about you in Section A.
- **Non-Custodial Parent or Alleged Father –** Complete all sections of the form except Section F, enter information about you in Section B.
- **Other Caretaker -** Complete all sections of the form, enter information about you in Section A. Complete information about each parent who is not in the home in Section B. (Please complete a separate application for each parent who is not in the home.)

## A. INFORMATION ABOUT THE CUSTODIAL PARENT/CARETAKER OF THE CHILD

| 1. Name (First, Middle, Last, Suffix) | Maiden Name (If applicable) | 2. Birthdate | 3. Social Security No. |
|---|---|---|---|
| | | | |

| 4. Home Address (P.O. Box No., No. and Street) | City | State | Zip Code | County |
|---|---|---|---|---|
| | | | | |

| 5. Home Phone No. | 6. Work Phone No. | 7. Cell Phone No. |
|---|---|---|
| ( ) | ( ) | ( ) |

## B. INFORMATION ABOUT THE PARENT WHO IS NOT IN THE HOME

| 8. Parent's Name (First, Middle, Last, Suffix) | Maiden Name (If applicable) | 9. Social Security No. | 10. Birthdate | 11. Age | 12. Sex (M or F) |
|---|---|---|---|---|---|
| | | | | | |

| 13. Home Address (P.O. Box No., No. and Street) ☐ Current ☐ Last Known | City | State | Zip Code | 14. Home Phone No. | 15. Cell Phone No. |
|---|---|---|---|---|---|
| | | | | ( ) | ( ) |

| 16. Weight | 17. Height | 18. Hair Color | 19. Eye Color |
|---|---|---|---|
| | | | |

| 20. Birthplace (City, State) | 21. Driver's License Number | 22. Car (Make, Model and Year) | 23. License Plate Number |
|---|---|---|---|
| | | | |

24. Race or Ethnic Code:

☐ Alaskan Native ☐ Hispanic ☐ White

☐ American Indian ☐ Multiracial – More than one racial-ethnic group ☐ Middle Eastern

☐ Asian or Pacific Islander ☐ Black, not of Hispanic origin ☐ Other

25. Any Visual Marks or Scars?

| 26. First Employer Name ☐ Current ☐ Last Known | 27. Employer Address (P.O. Box No., No. and Street) | City | State | Zip Code | 28. Phone No. |
|---|---|---|---|---|---|
| | | | | | ( ) |
| **29. Second Employer Name ☐ Current ☐ Last Known** | **30. Employer Address (P.O. Box No., No. and Street)** | **City** | **State** | **Zip Code** | **31. Phone No.** |
| | | | | | ( ) |

## C. MARITAL STATUS INFORMATION

| 32a. Has the mother ever married? ☐ No ☐ Yes, If Yes>> | b. Name of Spouse | c. Date Married | d. Place (City, County, State) |
|---|---|---|---|
| | | | |

| 33a. Is the mother | b. Date | c. Court Order Exist? | d. Court Order No. | e. Where (City, County, State) |
|---|---|---|---|---|
| | | | | |

| | | | | |
|---|---|---|---|---|
| ☐ Separated ☐ Legally Separated >> | | ☐ No ☐ Yes, If Yes>> | | |
| 34a. Is the mother<br>☐ Divorced ☐ Divorce filed >> | b. Date | c. Court Order Exist?<br>☐ No ☐ Yes, If Yes>> | d. Court Order No. | e. Where (City, County, State) |

**Please attach a copy of all court orders pertaining to the family members listed on this application, including Personal Protection Orders and guardianship papers.**

## D. INFORMATION ABOUT CHILD(REN)

### Child One (Please include separate pages if more than three children)

| | | | |
|---|---|---|---|
| 35a. Child's Full Name (First, Middle, Last, Suffix) | b. Birthdate | c. Social Security Number | d. Sex (M or F) |
| e. City, County & State of Birth | f. Who paid for the birth of child (Medicaid, Private Insurance, Mother, Father, Other)? | | |
| g. When and where did the mother become pregnant?<br>Date / City | County | State | |
| h. Has the father completed a document admitting he is the father of the child, such as an Affidavit of Parentage or is there a court order establishing paternity? ☐ Yes ☐ No<br>If yes, provide the following information about that document:<br>Date / City | County | State | |
| CHILD'S HEALTH CARE COVERAGE INFORMATION (attach copy of card(s), front & back) | | | |
| 36a. Policy Holder's Name | b. Health Care Company Name (Non-Medicaid) | c. Coverage Type<br>PPO ☐ PPOM ☐ Traditional ☐ | d. Policy or Group No. |

### Child Two

| | | | |
|---|---|---|---|
| 37a. Child's Full Name (First, Middle, Last, Suffix) | b. Birthdate | c. Social Security Number | d. Sex (M or F) |
| e. City, County & State of Birth | f. Who paid for the birth of child (Medicaid, Private Insurance, Mother, Father, Other)? | | |
| g. When and where did the mother become pregnant?<br>Date / City | County | State | |
| h. Has the father completed a document admitting he is the father of the child, such as an Affidavit of Parentage or is there a court order establishing paternity? ☐ Yes ☐ No<br>If yes, provide the following information about that document:<br>Date / City | County | State | |
| CHILD'S HEALTH CARE COVERAGE INFORMATION (attach copy of card(s), front & back) | | | |
| 38a. Policy Holder's Name | b. Health Care Company Name (Non-Medicaid) | c. Coverage Type<br>PPO ☐ PPOM ☐ Traditional ☐ | d. Policy or Group No. |

### Child Three

| | | | |
|---|---|---|---|
| 39a. Child's Full Name (First, Middle, Last, Suffix) | b. Birthdate | c. Social Security Number | d. Sex (M or F) |
| e. City, County & State of Birth | f. Who paid for the birth of child (Medicaid, Private Insurance, Mother, Father, Other)? | | |
| g. When and where did the mother become pregnant? | | | |

| Date | City | County | State |
|---|---|---|---|
| h. Has the father completed a document admitting he is the father of the child, such as an Affidavit of Parentage or is there a court order establishing paternity? ☐ Yes ☐ No<br>If yes, provide the following information about that document: | | | |
| Date | City | County | State |

| CHILD'S HEALTH CARE COVERAGE INFORMATION (attach copy of card(s), front & back) | | | |
|---|---|---|---|
| 40a. Policy Holder's Name | b. Health Care Company Name (Non-Medicaid) | c. Coverage Type<br>PPO ☐ PPOM ☐ Traditional ☐ | d. Policy or Group No. |
| | | | |

. I believe that disclosure of my address or other identifying information may result in physical or emotional harm to me or the child.E. E. Genera ☐ Yes ☐ No

42. I have received or I am currently receiving benefits from the Family Independence Program (FIP) or I have received past benefits from Aid to Dependent Children (ADC).
☐ Yes ☐ No

If yes, when? Where?

43. I have received or I am currently receiving Medicaid (MA). ☐ Yes ☐ No

If yes, when? Where?

44. I am currently receiving: Food Assistance Program (FAP) ☐ Yes ☐ No Child Development and Care (CDC) ☐ Yes ☐ No

## F. ACKNOWLEDGEMENT FOR CUSTODIAL PARENTS AND CARETAKERS

The Michigan Office of Child Support (OCS) processes child support payments through the Michigan State Disbursement Unit (MiSDU), which is part of the Department of Human Services (DHS). The MiSDU receipts and distributes payments by direct deposit to a bank account, to a debit card, or by paper check.

If I am sent money in error or overpaid, the MiSDU will take all the necessary steps to correct errors in the processing of my child support payments. By checking the "yes" box below, I give OCS permission to withhold an incremental amount specified below from future child support payments owed to me. To revoke my consent, I must notify the Friend of the Court office. Failure to check "yes" has no effect on my eligibility for IV-D Child Support services through OCS.

☐ Yes, (circle one) 10% 25% or 50% Failure to choose a percentage will result in a default amount of 25%.

☐ No, please contact me before you attempt to recover an amount from my support payments.

## G. ACKNOWLEDGEMENT FOR ALL APPLICANTS

I request child support services available under Title IV-D of the Social Security Act.

☐ All Services
☐ Locate Only (for custodial parents and caretakers only)
☐ Medical Support Only (for Medicaid cases only)

I understand that disclosure of my Social Security number is mandated by the Social Security Act, 42 USC 666(a)(13), in order that Michigan's child support program may provide services related to the establishment of paternity and the establishment, modification and enforcement of child support obligations. I understand that I must cooperate in taking support action to ensure that my child support case remains open. I declare that the information provided above is true and correct to the best of my knowledge and agree to report changes in my circumstances that may affect support action in my case.

I certify that I have received a copy of DHS Publication 748, "Understanding Child Support, A Handbook for Parents."

Authorities:

45 CFR 302.33 Completion: **Application is voluntary for non-assistance applicants.**

R 400.3009 MAC and R 400.5008 MAC Failure to complete may result in loss of benefits from Child Development and Care (CDC) and the Food Assistance Program (FAP). Current FAP and CDC recipients are not required to sign the form.

42 USC 654(29) Failure to provide information may result in loss of Family Independence Program (FIP) benefits for all family members and loss of Medicaid (MA) for all adult members.

Applicant's Signature (Signature is Required) Date

Applicant's Printed Name

This institution is an equal opportunity provider.

**Return completed application to:**

Michigan Office of Child Support
Central Functions Unit
P.O. Box 30744
Lansing, MI 48909

Appendix F

STATE OF MICHIGAN

RICK SNYDER
GOVERNOR

DEPARTMENT OF HUMAN SERVICES
LANSING

MAURA D. CORRIGAN
DIRECTOR

EXAMPLE

Assistant Warden/Jail Administrator,

The Michigan Prison Wardens and County Sheriffs have approved the enclosed procedure for processing the *Affidavit of Parentage* (AOP) forms sent to you by Michigan's birthing hospitals. The hospital should have enclosed the following: the AOP form, DHS publication 780, "What Every Parent Should Know About Establishing Paternity," and a self-addressed stamped envelope (SASE).

Please follow these guidelines when in receipt of the above materials:

- Present the alleged father/inmate with the *Affidavit of Parentage* (AOP) form.
- Present the alleged father/inmate with the pamphlet, "What Every Parent Should Know About Establishing Paternity."
- Make sure the inmate reads the pamphlet and knows his rights and responsibilities if he signs the AOP.
- Have a notary witness the inmate's signature when he decides to sign the form.
- Send the AOP back to the hospital in the SASE provided.
- If the inmate refuses to sign the AOP, send the unsigned AOP back to the hospital in the SASE and indicate that the prisoner refused to sign the form.

Should you have any questions or need additional information, please contact Kathy Scott at (517) 373-9202 or **DHS-OCS-PEP@michigan.gov** .

Once again, thank you,

Marilyn F. Stephen,
Director, Office of Child Support

Enclosure

Appendix G

# BIRTH CERTIFICATE/AFFIDAVIT OF PARENTAGE SCRIPT

**(From PHNS at Bay Regional Medical Center)**

EXAMPLE

1. Introduce yourself to the mother.

   "Hello, my name is _____, from the Medical Records Department. Do you have a minute? I want to ask you some questions and verify some information for your baby's birth certificate." "I apologize, however, in order to maintain confidentiality you may wish to have your visitors step out of the room. " (Visitors may remain in the room if mother chooses.)

2. Interview the mother and ask all the pertinent questions to complete your paperwork. If the mother is single, or has been divorced for over 10 months, then continue with the following:

- "Do you want the father's name to appear on the child's birth certificate?"
- "In order to add the father's name to the birth certificate, both parents need to complete an Affidavit of Parentage. It is not a DNA test, but just paperwork that you both sign stating that he is the father." NOTE: Before signing, rights and responsibilities must be explained, Pub 780 provided, video "The Power of Two" shown, etc.
- "Would you like to complete that today if the father is available?"
  NOTE: If the father is not available, then you will go on to the next script.

If the father is unavailable to sign the affidavit, advise the mother of the following:

- "What we are going to do today is complete the birth certificate with just the mother's name and the child's name on it."
- "We will schedule an appointment for you and the baby's father to return to the hospital to complete the Affidavit of Parentage."
- "If you can't schedule your appointment today, then I can give you this reminder to call within 5 days of your discharge to complete the Affidavit of Parentage."
- "When you come in for the appointment, you will both need to bring picture identification."

Appendix H

## AFFIDAVIT OF PARENTAGE/PATERNITY APPOINTMENT VERBIAGE

**(From PHNS at Bay Regional Medical Center)**

You have 5 days from the day you were discharged from the hospital to call and schedule to sign the Affidavit of Paternity form. Call and ask to speak to the birth certificate clerk at (XXX) XXX-XXXX between 8:00 a.m. and 2:00 p.m. Monday through Friday.

Your appointment date and time is:

_____

Appendix I

CS-1786
Rev 5/2004

**HIPAA DISCLOSURE AUTHORIZATION FORM**

FULL NAME _____

I hereby authorize _____ to use disclose my
(Discloser)

protected health information related to _____
(Type of information)

To _____ for the following purpose:
(Recipient)

_____

_____

- I understand that I may inspect or copy the protected health information described by this authorization.
- I understand that, at any time, this authorization may be revoked, when the office that received this authorization received a written revocation, although that revocation will not be effective as to the disclosure of records whose release I have previously authorized, or where other action has been taken in reliance on an authorization I have signed. I understand that my health care and the payment for my health care will not be affected if I refuse to sign this form.
- I understand that information used or disclosed, pursuant to this authorization, could be subject to redisclosure by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality.

_____ _____
Date Signature of Individual or Representative

_____
Authority or Relationship to Individual, if Represented

EXPIRATION DATE: This authorization will expire on _____

If no date or event is stated, the expiration date will be six years from the date of this authorization.

COPY PROVIDED: The subject of this authorization shall receive a copy of this authorization, when signed.

Department Of Human Services
Office of Child Support

# Are You Unmarried and Expecting a Child?

## Establish Paternity for Your Child at the Hospital

1. **Both parents need to sign the Affidavit of Parentage.**
   (Available from medical records or birthing center staff at the hospital)

2. **Both parents need to bring picture identification.**
   (Driver's license and/or Michigan State I.D. are examples of picture identification)

3. **The hospital notary public will notarize the signatures.**

- Remember: Adding the father to the birth record is **FREE** when an Affidavit of Parentage is completed at the time of birth at the hospital.
- After the child leaves the hospital, the local Department of Human Services office can assist with the paternity establishment process.

# Establish Paternity For Your Child

**Here's What You'll Need:**

1. Both parents need to sign the Affidavit of Parentage form.

- Either at the hospital following birth, or
- At the local Department of Human Services Office.

2. Both parents need to show picture identification.

- Michigan I.D. or Driver's License are examples of identification.

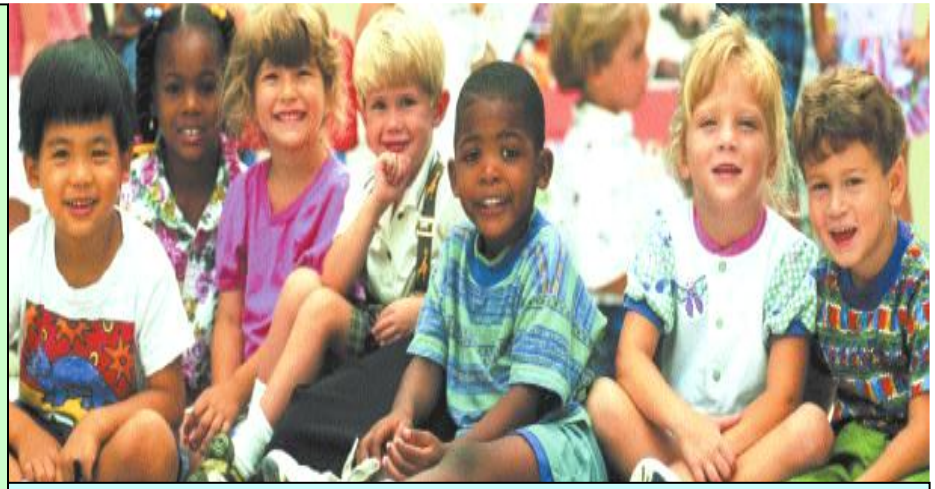
3. A notary will notarize the signatures.

***Questions About Paternity:***

***1 (866) 661-0005***

***or***

***1 (866) 540-0008***



**Here's How Your Child Could Benefit:**

1. Identity for your Child
2. Financial Support
3. Inheritance/Social Security
4. Veteran's Benefits
5. Medical Insurance and History