



Oklahoma Child Support Services

**Request for Paternity Testing and Services
Notice of Applicant Responsibilities**

By filling out this form, you are asking Oklahoma Child Support Services (OCSS) to open a child support case and do paternity testing. OCSS must have an open case to do paternity testing. When the testing is complete and a final order determining paternity and child support is entered, you **may** be able to close your case. However, if the custodial parent or child is getting state benefits, your case **will** remain open. The state benefits may include: Temporary Aid to Needy Families (TANF), child care subsidy assistance, and Medicaid (SoonerCare). It is important that you understand and acknowledge that you have been given written and oral notice of your legal rights and responsibilities.

I. Person applying for child support services.

- I want to know if I am the child(ren)'s father, and I am asking for paternity testing. I am not agreeing or acknowledging that I am the child's father.
- I am the custodial person, and I am asking for paternity testing to determine who the child(ren)'s father is.

II. Tell us about your family.

Provide the information for the person who may be the father.

| | | | | | | |
|---------------------------|----------|----------------------------------|-------------------------------------|-------------------|------------------|--|
| Legal last name | | First | | Middle | Other names used | |
| Address | | | City | | County | |
| State | Zip code | Home phone number | | Cell phone number | | |
| Employer's name | | <input type="checkbox"/> Current | <input type="checkbox"/> Last known | Area code | Employer's phone | |
| Employer's street address | | City | | State | Zip code | |

Father's descriptionPhotograph attached? Yes No

Date of photograph: _____

| | | | | |
|------------------------|-----------|---|--------|--------|
| City birthplace | State | Date of birth | | |
| Social Security number | Race | If Native American, what tribe? | Height | Weight |
| Hair color | Eye color | Identifying marks, such as scars or tattoos | | |

Provide the information for the mother, if you are not the custodial person.

| | | | | | |
|--|----------|----------------------------------|-------------------------------------|-------------------------|------------------|
| Legal last name | | First | Middle | Maiden/other names used | |
| Address | | | City | County | |
| State | Zip code | Home phone number | | Cell phone number | |
| Is mother married? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | If yes, mother's spouse's full name | | |
| Employer's name | | <input type="checkbox"/> Current | <input type="checkbox"/> Last known | Area code | Employer's phone |
| Employer's street address | | City | State | Zip code | |

Mother's description.Photograph attached? Yes No

Date of photograph: _____

| | | | | |
|------------------------|-----------|---|--------|--------|
| City birthplace | State | Date of birth | | |
| Social Security number | Race | If Native American, what tribe? | Height | Weight |
| Hair color | Eye color | Identifying marks, such as scars or tattoos | | |

III. Information about the child(ren).

Information in this section concerns the child(ren). Please print all information. List only those children belonging to the same mother and father. Child(ren) of a different set of parents requires a separate application.

| | | | |
|---|---------------|--|--------|
| Child's last name on birth certificate | | First | Middle |
| Social Security number | Date of birth | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Race |
| If Native American, what tribe? | | Estimated high school graduation date | |
| Was the child born in Oklahoma? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If no, where was the child born? | |

| | | | |
|---|---------------|--|--------|
| Child's last name on birth certificate | | First | Middle |
| Social Security number | Date of birth | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Race |
| If Native American, what tribe? | | Estimated high school graduation date | |
| Was the child born in Oklahoma? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If no, where was the child born? | |

Do you have other children together? Yes No

(If yes, please attach a separate sheet with the other child(ren)'s information.)

IV. Signature required.

By signing this application, I authorize OCSS to:

- file papers to start paternity testing proceedings and establish an order for child support; and
- endorse and negotiate payments related to child support and spousal support, including checks, money orders, bank drafts, and electronic payments on half of myself and the child(ren) in my case, if I am the custodial person.

I understand:

- OCSS and others may use the address I provide for service of papers;
- OCSS uses the address of record I provide as my public mailing address. Legal and other official papers will be sent to me by regular mail at this address. If requested, it is given to the other parent or person in my case or their attorney;
- I should provide an address of record different from my home address if I believe I or my child(ren) could be at serious risk of emotional or physical harm;

- the post office does not forward child support payments to a new address I have provided them. I must inform OCSS of my new address in order to receive my child support payments, court, and other legal documents;
- OCSS attorneys and staff do not represent me;
- if I owe fees or receive support to which I am not entitled, OCSS may hold back all or a portion of my support payments to recover what I owe; and
- the penalty for perjury on a document that will be used in a judicial proceeding is five years in prison and a \$1,000 fine.

I read and understand the notice regarding Child Support Services and Responsibilities at the beginning of this application. Further, I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct and that all of the information I have given, particularly the information that relates to the individual(s) who might be the father of the child(ren), is true and correct. I acknowledge the truth of all information provided in all sections of this information packet. I understand this acknowledgment applies to the information packet as a whole and to each individual section.

Signature of applicant

Date and place