



FAMILY INDEPENDENCE ADMINISTRATION
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POLICY BULLETIN #09-46-OPE
OBSOLETE FORM

Table with 2 columns: Date (April 23, 2009) and Subtopic(s) (Obsolete Forms). The main content area contains text about the obsolescence of Form M-384a and the introduction of Form CM-179, along with attachments and an effective date.

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to FIA Call Center

### AFFIDAVIT OF ALLEGED PATERNITY

CLIENT: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

RESPONDENT: \_\_\_\_\_ CSMS CASE NO.: \_\_\_\_\_

I, \_\_\_\_\_, on oath, under penalty of perjury depose and allege the following:

**SECTION I: (A Separate Affidavit Is Required for Each Child Needing Paternity Establishment)**

1. I am the natural mother of the child named below:

Child's Full Name (First, Middle, Last)		Child's Date of Birth (Month, Day, Year)	Place of Birth (City, County, State)
Date Mother Became Pregnant (Month, Day, Year)	Full Term Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, explain)		Where Mother Became Pregnant (City, County, State)

2. The child was conceived as a result of sexual intercourse between \_\_\_\_\_ and me during the time stated above. NAME (First, Middle, Last)

3. a. A man other than the respondent named above is named as the father on the child's birth certificate.

Yes (Attach copy)  No If Yes, the man's name and address are:

b. A man other than the respondent named above signed an acknowledgment of paternity.  Yes (Attach copy)  No  
If Yes, the man's name and address are:

c. A man other than the respondent named above acted as and presented himself to be the child's father.  Yes  No  
If Yes, the man's name and address are:

4. I was married. The child was born during the marriage or within a year after the end of the marriage.  Yes  No  
If Yes, the name and address of the man to whom I was married are:

5. Genetic tests were completed to determine the father of the child.  Yes  No  
If Yes, attach results.

**SECTION II: (If more space needed for explanations, complete in Section III.)**

1. I had sexual intercourse with another man (other than the man I am naming as the child's natural father) during the time 30 days before or 30 days after the child was conceived.  Yes  No (If Yes, complete the following.)

a. The name(s) and address(es) of the other man (men):

b. The other man (men) is biologically related to the man I am naming as the child's natural father.  Yes  No  
(If yes, explain the biological relationship [e.g., brother, cousin, uncle, etc.]

c. I do not believe the other man (men) is the father because:

2. I was married at the time of the child's birth.  Yes  No (If Yes, complete the following.)

a. Husband's name (First, Middle, Last) and last known address:

b. Explain why the husband is not the father of this child and attach all appropriate documents, including divorce decree, genetic marker/DNA test results and prior findings of non-paternity, if any:

3. \_\_\_\_\_ is the father of this child. The following facts support my allegations of paternity:  
NAME (First, Middle, Last)

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| a. We lived together. (Dates) From _____ To _____<br>Location _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I have told public assistance officials that he is the father of the child.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I told him that he is the father of the child.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. He is named as the father on the birth certificate.....<br><input type="checkbox"/> Copy Attached   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. He admitted being the father of the child.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. He signed an acknowledgment of paternity.....<br><input type="checkbox"/> Copy Attached   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. He sent cards/letters regarding the pregnancy and/or about the child.....<br><input type="checkbox"/> Copies Attached                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| h. He was present at the birth of the child.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| i. He visited the child at the hospital following birth.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| j. He offered to pay for an abortion/medical expenses.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| k. He paid for birth related expenses.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| l. He claimed the child on tax returns.....<br><input type="checkbox"/> Don't know   | <input type="checkbox"/> | <input type="checkbox"/> |
| m. He has provided food, clothing, gifts or financial support for the child (If Yes, explain in Section III).....  | <input type="checkbox"/> | <input type="checkbox"/> |
| n. He lived with the child (If Yes, explain in Section III).....   | <input type="checkbox"/> | <input type="checkbox"/> |
| o. He visited the child (If Yes, explain in Section III).....  | <input type="checkbox"/> | <input type="checkbox"/> |
| p. There are witnesses to my relationship with him (If Yes, list names and addresses and briefly describe relevant facts known by each under Section III)..... | <input type="checkbox"/> | <input type="checkbox"/> |

SAMPLE

**SECTION III:** Other Pertinent Information (Including detailed explanations for Yes responses in Sections I and II above).

Continued on Attached Sheet(s), Incorporated by Reference

All of the information and facts contained in this AFFIDAVIT OF ALLEGED PATERNITY are true and correct to my best knowledge and belief. I agree to submit myself and my child to genetic testing as may be necessary to establish paternity.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SWORN TO AND SIGNED BEFORE ME  
THIS DATE, COUNTY AND STATE

\_\_\_\_\_  
NOTARY PUBLIC/COMMISSIONER OF DEEDS

\_\_\_\_\_  
COMMISSION EXPIRES

CITY OF NEW YORK - HUMAN RESOURCES ADMINISTRATION  
STATEMENT OF ALLEGED PATERNITY

TO: Income Maintenance Center \_\_\_\_\_ Special Services  
(Complete Part A or Part B) for Children \_\_\_\_\_

A. BY MOTHER

I, \_\_\_\_\_ residing at \_\_\_\_\_

Borough of \_\_\_\_\_ in The City of New York,

- 1. being pregnant with a child to be born out of wedlock
  - 2. having been delivered of a child (children) born out of wedlock
- ) Delete one when necessary.

<u>Name of Child</u>	<u>Birth Date or Expected Date of Birth</u>	<u>Name of Child</u>	<u>Birth Date</u>
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

who is (are) or is (are) likely to become (a) public charge(s), hereby state that

\_\_\_\_\_ is the father of said child (children),  
and was last known to be residing at \_\_\_\_\_

Witnessed: \_\_\_\_\_ Date \_\_\_\_\_ Signature of Mother \_\_\_\_\_

B. BY RELATIVE OR GUARDIAN OF THE CHILD (CHILDREN)

I, \_\_\_\_\_ residing at \_\_\_\_\_

Borough of \_\_\_\_\_ in The City of New York, hereby state that:  
(DELETE ITEM 1 OR ITEM 2)

- 1. I am the \_\_\_\_\_ of the child. Specifically I am the \_\_\_\_\_ of \_\_\_\_\_, the mother of the child (children).
- 2. I am the guardian and friend of the child.

Upon information and belief that the child (children) named below was (were) born to \_\_\_\_\_, out of wedlock. Upon information and belief that \_\_\_\_\_ is the father of the child (children).

<u>Name of Child</u>	<u>Birth Date</u>	<u>Name of Child</u>	<u>Birth Date</u>
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

Witnessed: \_\_\_\_\_ Date \_\_\_\_\_ Signature of Relative or Guardian \_\_\_\_\_