

**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

**DIVISION OF WELFARE AND
SUPPORTIVE SERVICES**

CHILD SUPPORT ENFORCEMENT MANUAL

CHAPTER IV

PARENTAGE (400)

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400 ESTABLISHING PARENTAGE [NRS 126]

A. PARENTAGE

Parentage is the legal relationship existing between a child and natural or adoptive parents, which grants or imposes rights, privileges, duties, and obligations. It includes the mother and child relationship as well as the father and child relationship.

The parent and child relationship extends equally to every child and to every parent, regardless of the marital status of the parents.

To establish and enforce a parent's financial obligation, parentage must first be established. The child and natural mother relationship may be established by proof of the mother having given birth to the child. The child and adoptive parent relationship may be established by proof of adoption.

B. BORN OUT OF WEDLOCK

For IV-D program purposes, a child is born out of wedlock (BOW) if the child's parents were not married to each other at the time of the child's birth, and have not subsequently married each other, regardless of the marital status of either parent with respect to another.

BOW status (i.e., whether the child was born out of wedlock or born of a marriage) may be determined based on the information the custodian provides on the child support application, Non-Custodial Parent Form, or in an interview with IV-D staff. It is not necessary to obtain additional documentation to establish BOW status unless case specific circumstances indicate verification of the custodian's information is warranted.

When Nevada is the responding jurisdiction in an interstate case, BOW may be determined based on information provided by the initiating jurisdiction in the UIFSA Transmittal #1. In older interstate cases in which the Transmittal #1 does not contain BOW or paternity establishment information, status may be determined based on documented communication with the initiating jurisdiction.

When determining BOW status, document the reasons for your decision in the case record designating the BOW and Paternity Status summary as a "Type 1" contact entry in NOMADS. In the case of an adopted child, BOW status refers to the adoptive parents. A flow chart to assist in determining BOW status is available in Exhibits 400-01.

C. DOCUMENTATION

For federal audit purposes, a copy of the paternity acknowledgement, court order, post 10/1/97 birth certificate, Bureau of Vital Statistics (BOVS) birth certificate interface, Transmittal #1 with BOW and paternity establishment fields completed, or case notes documenting communication with the initiating jurisdiction must be in the case record to justify that paternity has been established regarding a child who is born out of wedlock. Photocopies of properly completed documents are acceptable.

D. PATERNITY ESTABLISHED DATE

Paternity status and born out of wedlock information must be updated in NOMADS within 10 days of receiving new information and summarized as a “Type 1” contact entry in NOMADS. A paternity establishment status flow chart is shown in Exhibit 400-02.

For IV-D program purposes determine the paternity status established date as follows:

1. If the child is born of a marriage (not born out of wedlock) use the date of birth.
2. If the child is born out of wedlock use the
 - a. Court order file date if paternity is established by court order.
 - b. Acknowledgment signed date if paternity is established by voluntary acknowledgment on or after 10/1/97.
 - c. Date of birth if the father’s name is on the post 10/1/97 birth certificate on or after 10/1/97.
 - d. If more than one document establishing paternity is contained in the case record use the date of the document that was executed first.

400.1 CASE CIRCUMSTANCES **REQUIRING PATERNITY ESTABLISHMENT**

Paternity refers to the parental relationship between a child and a male. Seek to establish paternity when:

- A. A child is born out-of-wedlock, paternity has not previously been legally established and the:
 1. Birth certificate (any state or possession of the United States) does not list the name of the father, OR
 2. Birth certificate (any state or possession of the United States) names a father and the birth occurred prior to October 1, 1997; OR
 3. Voluntary Acknowledgment of Paternity (any state or possession of the United States) is signed prior to October 1, 1997; OR
 4. Birth certificate is issued by a foreign country whether a father is named or not.

400.2 CASE CIRCUMSTANCES **NOT REQUIRING PATERNITY ESTABLISHMENT**

Do not seek paternity establishment when:

- A. A child is born out-of-wedlock and the:
 1. Voluntary Acknowledgment of Paternity (any state or possession of the United States) is signed on or after October 1, 1997; OR
 2. Birth certificate (any state or possession of the United States) names a father and the birth occurred on or after October 1, 1997; OR
 3. Issue of paternity has been adjudicated (including cases in which the NCP has been ordered to provide child support but the order does not specifically address paternity).

- B. The child was conceived by artificial insemination pursuant to NRS 126.061.
- C. The child was not born out of wedlock.

400.3 PATERNITY OBJECTIONS

If a case meets the conditions of SEM 400.2 and a paternity issue is raised and challenged with new information, such as another alleged father or allegations of fraud/misrepresentation, considering the best interest of the child, a determination must be made whether to seek a genetic test order. Document the case record regarding how such determination is made.

401 ACKNOWLEDGMENT

Effective October 1, 1997, a form developed by the State Board of Health for the voluntary acknowledgment of paternity is deemed to have the same effect as a judgment or court order establishing paternity. A person who signs the acknowledgment of paternity may rescind the acknowledgment within sixty (60) days after it was signed by both persons. After the 60-day rescission period expires, the acknowledgment can only be challenged based on proof of fraud, duress or material mistake of fact.

Effective October 1, 1998, paternity acknowledgments, determinations and orders establishing paternity must include, or have available in the court or agency record, Social Security Numbers of both parents and the child.

402 REGISTRATION OF PATERNITY ACKNOWLEDGMENTS AND COURT ORDERS

All paternity acknowledgments and court orders establishing parentage must be registered with State Health Division, Bureau of Health Planning and Statistics, to fully document a child's parentage and protect the child's rights. The acknowledgment must be registered in the state in which the child was born.

402.1 AMENDING A BIRTH CERTIFICATE

A. NEVADA BIRTHS

- 1) Complete the Birth Certificate Log (form 4850 EC/A 2/02).
 - a. The office location must be noted on the log.
- 2) Complete the Request for Amended Birth Certificate (form GN0035).
 - a. When completing Form GN0035, the case manager must provide as much information as possible. Forms lacking required information will be returned, unprocessed, to the case manager with an explanation of why the form could not be processed.
- 3) Attach a certified copy of the court order establishing paternity or a declaration of paternity to the completed forms (4850 EC/A and GN0035).
 - a. The order must state the person to be added is the father of the child; if a father is already on the child's birth certificate the order must note the need to remove the previously named person and add the person proven to be the father. If there are two separate orders for the removal and addition of a father both must be included and certified.

- b. If the order is an amendment of a previous order, a certified copy of the previous order(s) is also required.
- 4) Send this packet (items listed in 1, 2 and 3) to DWSS Central Office, Attn: Chief, Child Support Enforcement, 1470 College Parkway Suite 122, Carson City, Nevada 89706.
- 5) The request will be logged and forwarded to the Division of Public and Behavioral Health (DPBH).
- 6) DPBH will amend the original birth certificate and send Central Office a verified copy of the birth certificate.
- 7) The verified copy will be scanned into Compass and sent back to the requestor.

B. NON-NEVADA BIRTHS

Amending a child's birth record out-of-state is the responsibility of the custodian or state IV-D agency in the state in which the child was born.

402.2 REQUESTING NEVADA VOLUNTARY PATERNITY ACKNOWLEDGEMENT (VPA)

Requests need to be reasonable and necessary to carry out the provision of the Child Support Enforcement Program.

A. REQUESTING A CERTIFIED COPY OF A NEVADA VPA

- 1) Complete Request for VPA (form 4019-EC).
- 2) FAX the completed form and copy of the birth certificate (if available) to DWSS Central Office, (775) 684-0702.
- 3) The request will be logged and forwarded to DPBH.
- 4) DPBH will send the requesting office a certified copy of the VPA.

Each office will be billed by DPBH and responsible for remitting payment to DPBH.

If the certified copy of the VPA is filed in the court, it must be done under a sealed file and should not be further disseminated. The document shall be destroyed when no longer needed.

403 PATERNITY ESTABLISHMENT REQUIREMENTS

A. TIME FRAMES

1. Within 20 calendar days of receiving either an application for services or a referral, the case manager must take appropriate action to locate/verify the address and/or employment of the alleged father(s).
2. Within 90 days of locating the alleged father, the enforcing authority must complete service of process to establish paternity and a support order, or document all unsuccessful attempts to serve process.
3. Paternity must be established or the alleged father excluded as a result of genetic tests and/or legal process within one year of successful service of process.

B. GOOD CAUSE

Do not attempt to establish paternity if a good cause determination is pending. See SEM 205.

C. UNBORN CHILDREN

State statute provides that all proceedings must be stayed until after the birth of the child, yet federal regulations at 45 CFR 303.4 (d) require states to establish a support order within 90 days of locating the alleged father. There is no exception for children that are not yet born.

If an applicant requests IV-D services on behalf of a child that is not yet born, provide the applicant with an application and instructions to return the completed application after the birth of the child. Explain to the applicant that legal action cannot commence until after the child is born. According to IV-A program policy, referral of cases in which the only child has yet to be born are postponed until after the birth. An open case, in which the only child has not yet been born, whether received by referral or application, may only be closed pursuant to SEM section 214.1.

D. PATERNITY INTERVIEWS

1. If there is insufficient information regarding the alleged father(s) to proceed or if the alleged father is reported as unknown on the application or referral, the case manager must interview the custodian within 20 calendar days of receiving either the application or referral.
2. The interview required in subsection (1) above may be face-to-face, telephonic or by mail. The case record must be documented with the questions asked in the interview and the custodian's responses. The Paternity Questionnaire (Exhibit 400-5) and the Paternity Cover Letter (Exhibit 400-4) may be used to facilitate a paternity interview.

E. NON-RESIDENT ALLEGED FATHER

If it appears the alleged father does not reside in Nevada, the custodian must complete the federal form, "Paternity Affidavit" (Exhibit 400-6) which is part of the interstate transmittal.

F. NON-COOPERATION BY IV-A CUSTODIAN

When it has been determined the CST has failed to cooperate with IV-D without cause, the case manager must report custodian non-cooperation to IV-A by emailing: IV-DNon-CoopSupport@DWSS.nv.gov (see Exhibit 200-16 for email format), set the COOP indicator on CASD (refer to NOMADS Task Guide for procedures), make a contact entry and continue to provide IV-D services as appropriate. If the CST resolves the non-cooperation issue, the IV-D case manager must notify the IV-A case manager. See SEM 205(B) for notification instructions.

G. VOLUNTARY ACKNOWLEDGMENT

For all cases referred to the IV-D agency or applying for services in which paternity has not been established and paternity is not disputed, the enforcing authority must offer the parents the opportunity to voluntarily acknowledge paternity, by providing the parents with the Declaration of Paternity form, and an explanation of the right and responsibilities of acknowledging paternity (Exhibit 400-9) in accordance with 45 CFR 303.5.

If paternity is not disputed but other aspects of the case are disputed, such as the current monthly obligation and/or medical support, the enforcing authority must offer the parents the opportunity to execute the Declaration of Paternity and not postpone paternity establishment until the disposition of the case.

Federal regulations require that voluntary paternity acknowledgments be signed by both parents, and that the parents' signatures be authenticated. Accordingly, IV-D staff witnessing the signing of acknowledgments must verify the identification of the signing parties.

The Program seeks to promote the use of the Declaration of Paternity and expedite paternity establishment.

H. ALLEGED FATHER EXCLUDED

Within 10 days of learning the only alleged father named by the custodian has been excluded as the child's father by a genetic test or a court or administrative process, the case manager must:

1. Public Assistance Case - Notify the custodian that the alleged father has been excluded and obtain additional information regarding the identity of all possible fathers; or
2. Non-Assistance Case - Notify the alleged father has been excluded and close the case pursuant to SEM 214.1(D). The custodian may submit a new application naming another possible father.

404 MULTIPLE FATHERS NAMED

When the custodian names more than one man as the alleged father, each individual must be served as each one is located. All the alleged fathers must be referenced in the notice to establish paternity pursuant to NRS 425. If only one of the alleged fathers is served and, after being tested is found to be the father, dismiss the action against the other alleged fathers and close the NCP case.

405 DECEASED ALLEGED FATHERS

If an alleged father is deceased, the IV-D case manager must document the circumstances and evaluate the case for closure pursuant to SEM 214.1(C). Normally, the agency only pursues paternity when the mother, alleged father, and child are available to be tested. Since genetic testing can determine a probability of paternity through testing other family members, occasionally another family member will ask the Division of Welfare and Supportive Services to proceed with paternity establishment and request the State to assume the costs of the testing. If this occurs, the case must be referred to the Program Chief in Central Office for approval of the testing. These are extremely unique cases and must be handled on a case-by-case basis depending on the circumstances.

406 ALLEGED FATHER DETERMINED NOT TO BE FATHER AFTER MAKING CHILD SUPPORT PAYMENTS

When an alleged father has made child support payments and is later legally determined not to be the father of a child(ren) for whom the payments were made, reimbursement of child support payments will occur only if the child support order is set aside and the court orders the alleged father be reimbursed.

The Division of Welfare and Supportive Services, Child Support Enforcement, will reimburse the alleged father for monies retained by the State only. Child support payments distributed to the custodial parent will not be reimbursed by the State.

The case manager must determine how the child support was distributed and provide this information to the court and request the court indicate how the prior support payments be reimbursed. The court order should reflect “who” (state program or custodian) reimburses “what” (the dollar amount and/or the period covered) to the alleged father.

407 ALLEGED FATHER RESIDING ON NEVADA INDIAN RESERVATION

A. DETERMINING JURISDICTION

When the alleged father resides on a Nevada Indian reservation the enforcing authority’s attorney must determine if both subject matter and personal jurisdiction can be obtained. The decision of whether a tribal court or state court has exclusive or concurrent jurisdiction in a paternity case is influenced by a number of factors such as whether the mother and alleged father are members of the same tribe, whether one party is an Indian and the other is not, whether a party resides on a reservation or tribal land, whether conception occurred on or off the reservation, whether the mother applied for public assistance from the State and the State IV-D agency is bringing the paternity action, whether there is a tribal forum for a paternity action, and which court is making the initial decision regarding jurisdiction. Additional information regarding tribal and state jurisdiction to establish and enforce child

support is available in OCSE-IM-07-03, <http://www.acf.hhs.gov/programs/cse/pol/IM/2007/im-07-03.htm>.

Refer the case to the appropriate state or tribal IV-D agency if an alleged father resides on tribal land outside Nevada. See also SEM 502(C).

B. SUBJECT MATTER JURISDICTION CAN BE ESTABLISHED

If the enforcing authority's attorney determines that a Nevada Court can assert subject matter jurisdiction and the alleged father resides on tribal land, but the enforcing authority does not have an agreement with the tribe regarding service of process, explain to the custodian that due to Nevada's inability to serve process on tribal land, the case can only be monitored to see if the NCP moves off the reservation for service or becomes employed off the reservation. The enforcing authority should refer the CST to the appropriate tribal court for assistance. If a tribal order is obtained, all enforcement tools shall be used which do not require service of process on tribal land. If a tribal order is not obtained, the case must remain open and monitored for opportunities to serve the NCP away from tribal land such as the place of employment and obtain personal jurisdiction over the NCP.

Do not attempt to serve NCPs on tribal land (in person or by mail), unless there is a formal agreement between the enforcing authority and the tribe specifically allowing this action. Prior to finalizing, an agreement must be approved by Central Office and the enforcing authority's legal counsel. Additionally, an agreement established between an enforcing authority and a tribe must include language applying the terms of the agreement to the Nevada Child Support Program as a whole and not just the local office.

Offices may continue to serve the NCP while not on tribal land, such as the place of employment. If there is an existing tribal order, the order must be treated as if it were from another state. Follow Full Faith and Credit procedures in SEM 215.

C. SUBJECT MATTER JURISDICTION CANNOT BE ESTABLISHED

If the enforcing authority's attorney determines subject matter jurisdiction cannot be established explain to the custodian that the IV-D program cannot pursue child support because of lack of subject matter jurisdiction. Refer the custodian to the proper tribal court for assistance.

Cases in which subject matter jurisdiction cannot be established because the NCP resides on tribal land may be closed pursuant to SEM 214.1(A). However, if the custodian obtains a tribal child support order and reapplies for services the case must be reopened.

408 STATUTE OF LIMITATIONS [NRS 126.081]

In Nevada, an action to determine paternity is barred three (3) years after the child reaches the age of majority.

409 INTERSTATE PATERNITY ESTABLISHMENT [CFR 303.7] [NRS 126.091 and 130]

Enforcing authorities must attempt to establish paternity using Nevada's long arm statutes whenever feasible. Upon locating the NCP in another state, the enforcing authority must determine if paternity establishment and obligation enforcement can succeed using a one-state process or if a two-state case must be pursued. The case record must be documented with the decision and the rationale for that decision.

Within 20 days of determining the alleged father is in another state, if long arm jurisdiction is not being used, refer the case to the responding state's central registry.

410 SERVICE OF PROCESS [NRS 126.105 and 425.38822(2)]

“Service of process” means using diligent efforts to deliver legal documents giving notice to an NCP of a legal proceeding. For service of process, diligent effort means using all appropriate mechanisms for serving legal process and repeating such attempts at least once every 30 days when previous attempts have failed, but adequate information exists to attempt service. The case manager must provide the process server with new information that will facilitate serving the obligor within 10 days of the information becoming available to the enforcing authority.

411 LEGAL PROCESS TO DETERMINE PATERNITY

Expedited judicial and administrative procedures pursuant to Nevada Revised Statute 425 must be used by the enforcing authority to establish paternity. If, in a given case, it is not feasible to pursue paternity establishment under NRS 425, then the enforcing authority must document the reasons in the case record.

412 PAYMENT OF COSTS RELATED TO PATERNITY ACTION

The costs of court-appointment counsel are not eligible for federal financial participation (FFP).

The state may not be assessed any costs related to a paternity action when it is a party to the action.

413 GENETIC TESTING

The responding state must pay the cost of genetic testing. The costs for genetic testing are reimbursed at the current FFP rate. The State of Nevada will assume 100% of the costs for all IV-D cases (public assistance and non-public assistance).

The state is limited to the amount budgeted for any fiscal year. If costs for genetic testing exceed the amount budgeted, it is the responsibility of the county to pay the balance of the costs not eligible for FFP reimbursement. If this situation occurs, the state will notify the counties in advance the state will be unable to assume the costs for the balance of the fiscal year.

A. RECOUPMENT OF COSTS FOR GENETIC TESTING

When the alleged father is declared to be the legal father of the child, the enforcing authority must request the court order the father to repay the costs of the genetic testing. These costs must be reduced to judgment, with payments to begin as soon as any judgment on arrears is paid in full.

B. CONTESTED GENETIC TEST RESULTS

If genetic test results are contested and an additional test is ordered, the enforcing authority must request the court orders the party contesting the results to pay the costs of the additional tests directly to the genetic testing laboratory.

C. AUTHORIZED GENETIC TESTING

When an enforcing authority stipulates or otherwise authorizes genetic testing without a determinative order and case circumstances fall under SEM 400.2, costs for such testing shall be paid by the enforcing authority.

D. LABORATORIES FOR GENETIC TESTING

States are required to use genetic testing laboratories approved by the federal Office of Child Support Enforcement (OCSE). Nevada contracts with the following approved laboratory:

Laboratory Corporation of America (Lab Corp.)
P.O. Box 2200
Burlington, NC 27216
800-334-5161

E. BUCCAL SWAB PROGRAM

Nevada Revised Statute 126.121 allows properly trained staff designated by enforcing authorities to collect genetic test specimens. Additionally, child support staff responsible for collecting specimens must be certified by LabCorp, the State's genetic test vendor. To improve program performance and expedite paternity establishment, at least one staff member in each enforcing authority office must be certified to collect specimens.

Training and certification in specimen collection must be arranged by calling the LabCorp Account Specialist at 800-742-3944, Option 1 Extension 67512. The LabCorp representative will provide the necessary training materials to child support staff requesting certification. LabCorp will provide staff with certificates upon successful completion of the training. Enforcing authorities must keep a record of staff certified to collect specimens.

F. FAILURE TO COOPERATE WITH GENETIC TESTING

Parties who fail to attend two genetic testing appointments that have been scheduled by the enforcing authority will be subject to:

CST: PA case- case manager will notify IVA of non-cooperation.

NA case- case manager will begin closure for non-cooperation. Reference SEM 214.1 (L).

NCP: Seek a Default Order to establish paternity.

414 SERVICE MEMBER'S CIVIL RELIEF ACT

The Servicemember's Civil Relief Act (SCRA) permits temporary stays of civil judicial and/or administrative proceedings whenever military service prevents a plaintiff or defendant in military service from asserting or protecting a right. Courts must grant a service member's request for a stay of proceedings under SCRA, unless the member's military service does not materially affect the member's defense.

Department of Defense regulations provide a service member must be granted leave to attend paternity establishment or child support obligation hearings, unless the member is deployed in a contingency operation or exigencies of military service require denial of such a request.

The SCRA is a necessary protective device for military service members during a time of conflict or training. It is not a shelter from facing legal and family responsibilities. Whenever a service member requests a stay, inquire about the reasons for the delay. If the service member is requesting a stay because the member does not have sufficient accrued leave or the resources to travel, then it may be possible to conduct a telephone hearing instead.

Additional information regarding the SCRA and child support proceedings involving military personnel is available in the OCSE publications available at:

<http://www.acf.hhs.gov/programs/cse/fct/militaryguide2000.htm>; and

http://www.acf.hhs.gov/programs/cse/newhire/employer/publication/military_quick_guide.pdf

EXHIBIT 400-1

BORN OUT OF WEDLOCK?

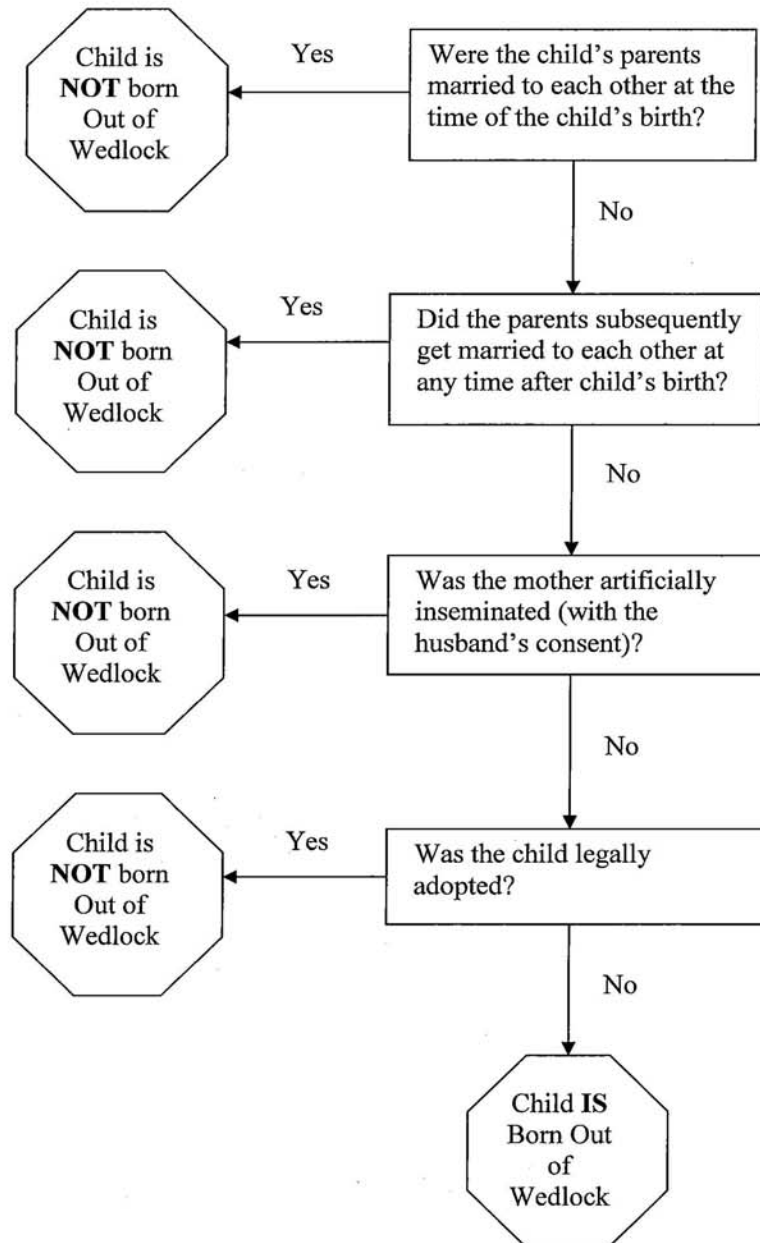


EXHIBIT 400-2

Paternity Established Flow Chart

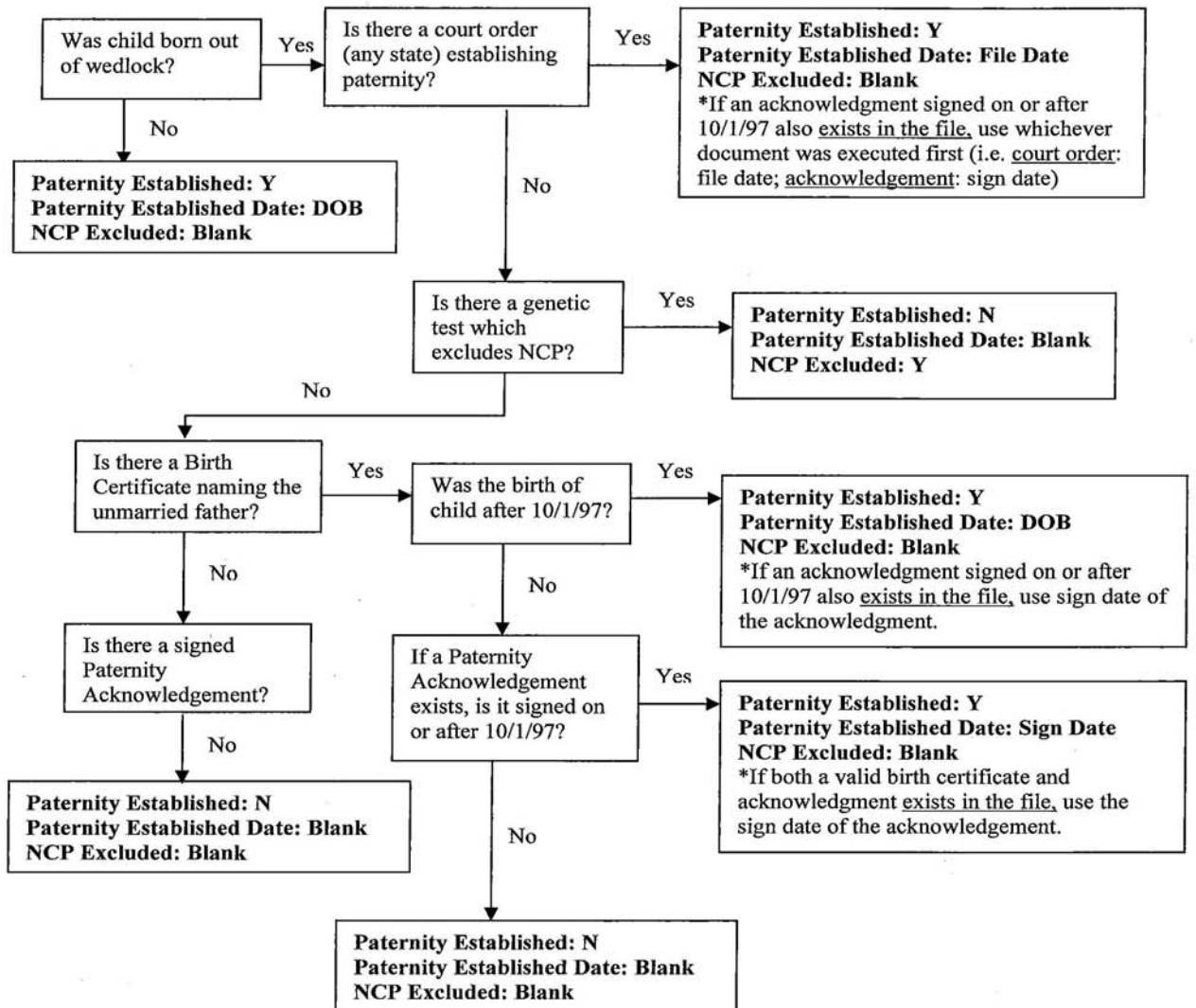


EXHIBIT 400-3

JIM GIBBONS
Governor

STATE OF NEVADA
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF WELFARE AND SUPPORTIVE SERVICES

NANCY KATHRYN FORD
Administrator

FOR ACCOUNTING USE ONLY

Date: _____
 Field Office: _____
 Case No.: _____
 Case Name: _____
 Case Manager: _____

REVISED BIRTH CERTIFICATE

Enclosed is a certified copy of a court order establishing paternity and the required fee as listed for your state. Please revise the original BIRTH certificate for this child and forward a copy to: _____
 (Custodian's Name)

 (Mailing Address)

CERTIFIED BIRTH/DEATH CERTIFICATE

Please send **to the above address** a certified copy of the BIRTH DEATH certificate identified below. Enclosed is the required fee as listed for your state.

VERIFICATION OF BIRTH/DEATH

Please send **to the above address** verification of the BIRTH DEATH certificate identified below. Enclosed is the required fee as listed for your state.

IDENTIFYING INFORMATION: (Fill in every item in this box.)

Individual's Full Name		Sex	Ethnic	Certificate No.	INFORMATION VERIFIED AS GIVEN <input type="checkbox"/> INFORMATION CORRECTED AS FOLLOWS:
Date of Birth	Place of Birth (City, County, State)				
Full Name of Father			Maiden Name of Mother		
Date of Death	Place of Death (City, County, State)			Mortuary	
Other Pertinent Data					
				Verifier	Date

THIS REQUEST WILL BE USED FOR VERIFICATION PUPOSES FOR PUBLIC ASSISTANCE ONLY

AGE PARENTAGE CITIZENSHIP

Requestor's Signature _____ Title _____
 If the record is not on file in your office, please advise as to what procedure must be followed to place a delayed record on file.

DISTRIBUTION:

- WHITE - CO Accounting – Returned with Certificate
- GREEN - CO Accounting – State Budget Office
- CANARY - CO Accounting – Administrative Accounting
- PINK - CO Accounting – Assistance Accounting
- GOLDENROD - Case Record – Suspense Copy

JIM GIBBONS
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
CHILD SUPPORT ENFORCEMENT PROGRAM

NANCY KATHRYN FORD
Administrator

PATERNITY QUESTIONNAIRE

ESTABLISHING PATERNITY BENEFITS YOUR CHILD. Some of these benefits are:

1. Child support from the “legal” father.
2. Knowing who both “legal” parents are.
3. Possibly being eligible for Social Security or other benefits if something happens to the “legal” father.
4. Knowing the medical history of both parents.

The following questionnaire must be **COMPLETED** by you to assist the Child Support Unit of the Nevada State Division of Welfare and Supportive Services (DWSS) and the District Attorney’s Office in establishing the paternity of your child(ren). **YOUR REFUSAL TO COMPLETE THE QUESTIONNAIRE OR KEEP SCHEDULED APPOINTMENTS WITH THE CHILD SUPPORT UNIT AND/OR THE DISTRICT ATTORNEY’S OFFICE WILL RESULT IN THE LEGAL ACTION BEING DISMISSED AND YOUR NEEDS BEING REMOVED FROM THE WELFARE GRANT.**

A Paternity Questionnaire must be completed for each “alleged” father. “Alleged” father is the man you think is the father of your child(ren). If you think one man is the father of more than one of your children, enter the required information for each child in the **CHILDREN OF THIS ALLEGED FATHER** section on page 2 of this form.

If paternity needs to be established for 2 or more children who have 2 or more alleged fathers, a separate questionnaire must be completed for each alleged father of each child.

If the DWSS did not pay the costs of delivery for this child(ren), and you intend to request the alleged father reimburse you for these costs, you must submit to this office within 30 days doctor, hospital, medication, and/or other bills related to this pregnancy.

If the alleged father resides out of state or in another country, you will also be required to complete a “Paternity Affidavit” which is a federal form. This form will be part of your testimony to the other jurisdiction.

ALL INFORMATION PROVIDED BY YOU IS SUBJECT TO BEING DISCLOSED TO OFFICIALS OF THE CHILD SUPPORT PROGRAM.

THE STATE OR THE DISTRICT ATTORNEY WILL NOT REPRESENT YOU OR YOUR CHILD FOR CUSTODY, VISITATION OR NAME DISPUTES. YOU SHOULD DISCUSS THESE CONCERNS WITH A PRIVATE ATTORNEY. THE COURT WILL DETERMINE CUSTODY AND VISITATION ONCE PATERNITY IS ESTABLISHED IN THESE PROCEEDINGS.

IF THE ALLEGED FATHER IS EXCLUDED BY GENETIC TESTS AS THE NATURAL FATHER, THE COURT WILL DETERMINE WHO IS RESPONSIBLE TO THE STATE OF NEVADA FOR THE GENETIC TESTING COSTS. THIS IS NORMALLY YOU!

Dated this _____ day of _____, 19_____.

SIGNATURE: _____

(If Minor, Guardian must sign also): _____

PATERNITY QUESTIONNAIRE

PLEASE READ THE FOLLOWING CAREFULLY AND ANSWER EACH QUESTION TO THE BEST OF YOUR ABILITY.
IF A QUESTION DOES NOT APPLY, PLEASE INDICATE BY PLACING "N/A" IN THE BLANK.

MOTHER

Name: _____ Date of Birth: ____/____/____ SSN: ____/____/____

Address: _____ Apt. #: _____ City: _____ State: _____ ZIP: _____

Employer: _____ Work Phone: _____ Home Phone: _____

Emp. Address: _____ City: _____ State: _____ ZIP: _____

Occupation: _____ Work Hours: _____ Days Off: _____

NAME TWO (2) PEOPLE THROUGH WHOM YOU CAN BE REACHED (who do not have the same telephone number as you):

Name: _____ Phone: _____

Name: _____ Phone: _____

CHILDREN OF THIS ALLEGED FATHER

NAME	DATE OF BIRTH	SEX	STATE/COUNTY OF BIRTH
------	---------------	-----	-----------------------

1. _____

2. _____

3. _____

Was the child(ren) conceived in Nevada? 1. YES NO 2. YES NO 3. YES NO

Does the child(ren) reside in your home? 1. YES NO 2. YES NO 3. YES NO

If not, where does he/she/they reside? 1. _____

2. _____

3. _____

If unborn, what is expected date of birth? _____

ALLEGED FATHER

Name: _____ Date of Birth: ____/____/____ SSN: ____/____/____

Address: _____ Apt. #: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Place of Birth: _____

Mother's Maiden Name: _____ Father's Name: _____

DESCRIPTION

Height: _____ Weight: _____ Hair: _____ Eyes: _____ Race: _____

Make of Automobile: _____ Year: _____ Color: _____ License No.: _____

High School Attended: _____

Employer: _____

Emp. Address: _____ City: _____ State: _____ ZIP: _____

Occupation: _____ Work Hours: _____ Days Off: _____

Property (Location): _____

Additional information you may have that will help us locate and serve this man: _____

PERSONAL HISTORY

1. Have you ever been married **AT ANY TIME** to any person? YES NO
Name: _____ Last Address: _____
Race: _____ SSN: ____/____/____ Date of Birth: _____
Date of: Marriage: _____ Divorce: _____
Date you last lived with your husband: _____
(If you have been married more than once, use supplemental sheet(s) for each.)
2. Please give the address and time periods you and the alleged father lived together:

(Address, City, State) From: _____ To: _____
(Mon/Day/Yr) (Mon/Day/Yr)

(Address, City, State) From: _____ To: _____
(Mon/Day/Yr) (Mon/Day/Yr)
3. Whose name appears as the father on the child(ren)'s birth certificate(s)? _____

4. Did the alleged father sign any acknowledgements of paternity? YES NO
5. Does the alleged father visit the child(ren)? YES NO
How often? _____ Where? _____
6. Has the alleged father, in your presence, ever acknowledged to anyone he is the father of the child(ren)? YES NO
If YES, list them and their relationship (i.e., friend, cousin, parents, etc.):
Name/Address: _____ Phone: _____
Name/Address: _____ Phone: _____
7. What month and year was the child(ren) conceived? _____
8. When did you first discover you were pregnant? _____
9. When was the first time you had sexual intercourse with the alleged father? Month: _____ Year: _____
10. Last time you had sexual intercourse with the alleged father? Month: _____ Year: _____
11. Describe your relationship with the alleged father at the time the child(ren) was conceived (please choose one only):
Dating Friends Lived Together One Time Sexual Encounter
12. Has the alleged father ever provided any of the following? YES NO
Food Money Clothing Other (Describe) _____

13. Did you have sexual intercourse with anyone other than the alleged father two (2) months prior to becoming pregnant, or two (2) months after becoming pregnant, or during the time of your relationship with the alleged father? YES NO
IF YOU ANSWERED "YES" TO QUESTION 13, YOU MUST FILL OUT THE SUPPLEMENTAL QUESTIONNAIRE.
14. Did you tell the alleged father he is the father of your child(ren)? YES NO
If YES, Date: _____ Place: _____
15. Did he deny being the father? YES NO
16. Did he visit you/your child at the hospital during the birth? YES NO

17. Did the Division pay the costs of delivery? YES NO
If NO, Who Paid? _____ How Much? _____
If you paid, are you requesting that the alleged father reimburse you for these costs? YES NO
If applicable, INSTRUCTIONS RECEIVED: _____
18. When and where did you last see or hear from the alleged father? Date: _____ Place: _____
19. Do you want your child(ren)'s name **CHANGED** to the father's last name?
Child Already Has Father's Name YES NO I Don't Care
20. What do you feel would be a reasonable amount of child support for the alleged father to pay monthly? \$ _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE TO THE BEST OF MY BELIEF AND KNOWLEDGE, INCLUDING ANY SUPPLEMENTAL QUESTIONNAIRES ATTACHED HERETO.

Dated this _____ day of _____, 19_____.

SUPPLEMENTAL QUESTIONNAIRE

If you answered YES to Question 13, please fill out the following for each individual named.

Name: _____ Date of Birth: ____/____/____ SSN: ____/____/____
Address: _____ Apt. #: _____ City: _____ State: _____ ZIP: _____
Phone: _____ Place of Birth: _____
Mother's Maiden Name: _____ Father's Name: _____

DESCRIPTION

Height: _____ Weight: _____ Hair: _____ Eyes: _____ Race: _____
Make of Automobile: _____ Year: _____ Color: _____ License No.: _____
High School Attended: _____
Employer: _____
Emp. Address: _____ City: _____ State: _____ ZIP: _____
Occupation: _____ Work Hours: _____ Days Off: _____
Property (Location): _____
Additional information you may have that will help us locate and serve this man: _____

1. Describe your relationship with this person:
Dating Friends Lived Together One Time Sexual Encounter
2. List the dates (month and year) you had sexual intercourse with this person: _____

3. Last time you had sexual intercourse with this person? Month/Year: _____
4. Does the "alleged father" know about your relationship with this person? YES NO Maybe I Don't Know
5. Is it possible this person **COULE BE** the father of your child(ren)? YES NO Unsure
6. When and where did you last see or hear from this person? Date: _____ Place: _____
7. Why do you believe this person **IS NOT** the father of your child(ren)? (Explain in as much detail as you can.) _____

Dated this _____ day of _____, 19_____.

Signature: _____

AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY

Petitioner Respondent	<input type="checkbox"/> IV-D Non Public Assistance <input type="checkbox"/> IV-D Non PA Medicaid <input type="checkbox"/> Full Services <input type="checkbox"/> Medical Services Only <input type="checkbox"/> IV-D Public Assistance <input type="checkbox"/> IV-E Foster Care (IV-D Case) <input type="checkbox"/> Non IV-D	File Stamp
--------------------------------------	---	------------

Responding IV-D Case No. _____ Initiating IV-D Case No. _____

Responding Docket No. _____ Initiating Docket No. _____

A Separate Affidavit is Required for Each Child Needing Paternity Established.

SECTION I

I, _____, on oath, under penalty of perjury depose and allege:
Name (First, Middle, Last)

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

Child's Full Name (First, Middle, Last)	Child's Date of Birth (Month, Date, Year)	Place of Birth (City, County, State)
Date Mother Got Pregnant (Month, Date, Year)	Full Term Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, explain)	Where Mother Got 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 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 was married to the natural mother, and the child's birth occurred within a year of the end of the marriage. Yes No
 If Yes, the man's name and address are:
- c. A man signed an acknowledgment of paternity. Yes (Attach copy) No
 If Yes, the man's name and address are:
- d. A man acted as and presented himself to be the child's father. Yes No
 If Yes, the man's name and address are:
- e. Genetic tests were completed to determine the father of the child. Yes No
 If Yes, attach results.

AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY, PAGE 2 Initiating IV-D Case No. _____

SECTION II (TO BE COMPLETED BY MOTHER ONLY)

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 are 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/are the father because:

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

- 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, blood test results and prior findings of nonpaternity, if any:

3. _____ is the father of this child. The following facts support my allegations of paternity.
Name (First, Middle, Last)

- a. We lived together. Yes No Dates: _____ To _____
Location _____

- b. I have told welfare officials that he is the father of this child. Yes No

- c. I told him that he was the father of the child. Yes No

- d. He is named as the father on the birth certificate. Yes No Certified Copy Attached

- e. He admitted being the father of the child. Yes No

- f. He signed an acknowledgment of paternity. Yes No Certified Copy Attached

- g. He sent cards/letters regarding the pregnancy and/or about the child. Yes No Copies Attached

- h. He was present at the birth of the child. Yes No

- i. He visited the child at the hospital following birth. Yes No

- j. He offered to pay for an abortion/medical expenses. Yes No

- k. He paid for birth related expenses. Yes No

- l. He claimed the child on tax returns. Yes No Don't Know

- m. He has provided food, clothing, gifts or financial support for the child. Yes No If Yes, explain in Section IV

- n. He lived with the child. Yes No If Yes, explain in Section IV

- o. He visited the child. Yes No If Yes, explain in Section IV

- p. The child resembles him. Photo attached Yes No If Yes, explain in Section IV

- q. There are witnesses to my relationship with him. Yes No
(If Yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY, PAGE 3 Initiating IV-D Case No. _____

SECTION III (TO BE COMPLETED BY FATHER ONLY)

The following facts support my belief and statements that I am the father of this child:

- | | | | |
|----|---|--|--|
| a. | The mother and I lived together. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dates: _____ To _____ |
| | | | Location _____ |
| b. | The mother told me that I am the father of the child. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c. | I am named as the father on the birth certificate. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached |
| d. | I signed an acknowledgment of paternity. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached |
| e. | I was present at the birth of the child. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| f. | I visited the child at the hospital following birth. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| g. | I offered to pay for an abortion/medical expenses. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| h. | I paid for birth related expenses. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| i. | I claimed the child on tax returns. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| j. | I have provided food, clothing, gifts or financial support for the child. | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV |
| k. | I lived with the child. | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV |
| l. | I visited the child. | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV |
| m. | The child resembles me. <input type="checkbox"/> Photo attached | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV |
| n. | There are witnesses to my relationship with the child's mother. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

(If Yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

SECTION IV -- OTHER PERTINENT INFORMATION (including detailed explanations for "Yes" responses in Section II or Section III above)

Continued On Attached Sheet(s), incorporated by reference.

All of the information and facts contained in this AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY are true and correct to my best knowledge and belief. I agree to submit myself and, if I am the custodian, 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/Official and Title

Commission Expires

EXHIBIT 400-7

IV-A/IV-D EXCHANGE OF INFORMATION

Originating Office

- NEEDY**
 NON-NEEDY

IV-A Case Name and Number

IV-D Case Name and Number

Route to: <input type="checkbox"/> IV-D <input type="checkbox"/> IV-A	IV-A ACTION	IV-D ACTION
<input type="checkbox"/> Case Transfer	Submit this form	
<input type="checkbox"/> Client moved to: _____ Street and Number	Submit this form	
City _____ State _____ ZIP _____		
<input type="checkbox"/> Change of status _____	Submit this form	Submit this form
<input type="checkbox"/> Paternity established	Submit this form	Submit this form
<input type="checkbox"/> Support order – action taken _____		Submit this form
<input type="checkbox"/> Lack of cooperation		Submit this form
<input type="checkbox"/> Assignment of support <input type="checkbox"/> Providing information	Submit this form	Submit this form
<input type="checkbox"/> District Attorney <input type="checkbox"/> Appearing for appt. _____		
<input type="checkbox"/> Child support amount greater than grant		Submit this form
<input type="checkbox"/> Receipt or change of income	Submit this form	
<input type="checkbox"/> Child support <input type="checkbox"/> Other _____	Submit this form	Submit this form
<input type="checkbox"/> Case closed	Submit this form	Submit this form
Reason: _____		
<input type="checkbox"/> Case approved, date: _____	Submit this form	
Grant Amount \$ _____		
Grant Date: _____		

Court Order Attached

Case Manager

IV-A IV-D

Date

EXHIBIT 400-8

JIM GIBBONS
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
SUPPORT ENFORCEMENT PROGRAM

NANCY KATHRYN FORD
Administrator

┌

┐

Date: _____

Case Name: _____

Case No.: _____

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ADDITIONAL INFORMATION REQUEST

Dear _____:

The following information is needed by this office to process your child support case. The requested information must be received in this office by _____.

NOTE: If you will be mailing this information back, be sure to mail it at least five (5) days before the due date.

If you have questions concerning the request or are unable to provide the information within the time allowed, please contact our office at _____.

INFORMATION NEEDED:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

FAILURE TO PROVIDE THE REQUESTED INFORMATION COULD RESULT IN YOUR NEEDS BEING REMOVED FROM THE TANF GRANT FOR LACK OF COOPERATION.

(Child Support Enforcement)

I, THE UNDERSIGNED, UNDERSTAND WHAT INFORMATION IS NEEDED FROM ME AND AGREE TO PROVIDE THE ABOVE BY THE DATE SPECIFIED ON THIS NOTICE.

(Caretaker's Signature)

(Date)

**State of Nevada
 Declaration of Paternity**

THIS IS A LEGAL DOCUMENT. TYPE OR PRINT IN BLACK INK. Parents are to be given a copy of this completed document prior to sending to the Office of Vital Records (see bottom of page).
PLEASE READ PAGE 2 BEFORE COMPLETING.

SECTION A ALL PARTS OF SECTIONS A & B MUST BE COMPLETED AND SECTION D WITNESSED			
Child	NAME OF CHILD – FIRST	MIDDLE	LAST
	SEX OF THE CHILD	DATE OF BIRTH (Month, Day, Year)	
Place of Birth	HOSPITAL NAME		CITY
	COUNTY	STATE	
Father's Information	NAME OF FATHER – FIRST	MIDDLE	LAST
	DATE OF BIRTH (Month, Day, Year)	SOCIAL SECURITY NUMBER	STATE OR FOREIGN COUNTRY OF BIRTH
	CURRENT ADDRESS (Number, Street, City, State Zip)		
Mother's Information	NAME OF MOTHER – FIRST	MIDDLE	LAST
	DATE OF BIRTH (Month, Day, Year)	SOCIAL SECURITY NUMBER	STATE OR FOREIGN COUNTRY OF BIRTH
	CURRENT ADDRESS (Number, Street, City, State Zip)		
SECTION B As part of the filing procedure the child's name may be changed at this time from the name appearing on the original birth certificate. A name change requested after this declaration is filed may require a court order. No white-out, erasures or cross-outs will be allowed in this section.			
First	Middle	Last	
SECTION C READ PAGE 2 BEFORE SIGNING			
<p><i>I declare under the penalty of perjury that:</i></p> <ul style="list-style-type: none"> o The information I have provided is true and correct. o I am the legal father of the child named on this declaration. o I have read and understand the rights and responsibilities described on the back of this form. o I have been orally/audio informed of my rights and responsibilities. o I understand that by signing this form I voluntarily consent to the establishment of paternity and accept all of the rights and responsibilities as the legal father of this child. o I wish to be added to the child's birth certificate. o A genetic test has not determined that another man is the legally presumed father of this child. o There is no court order or other Acknowledgment of Paternity form naming another man as the legal father of this child. 		<p><i>I declare under the penalty of perjury that:</i></p> <ul style="list-style-type: none"> o The information I have provided is true and correct. o I am the natural mother of the child named on this declaration. o The man signing this form is the only possible father of this child. o I have read and understand the rights and responsibilities described on the back of this form. o I have been orally/audio informed of my rights and responsibilities. o I understand that by signing this form I am establishing the man signing this form as the legal father of this child with all the rights and responsibilities of a legal father. o I consent to adding the name of the man signing this form to the birth certificate of the child's birth certificate o A genetic test has not determined that another man is the legally presumed father of this child. o There is no court order or other Acknowledgment of Paternity form naming another man as the legal father of this child. 	
SECTION D READ PAGE 2 BEFORE SIGNING			
SIGNATURE OF FATHER	DATE SIGNED	SIGNATURE OF MOTHER	DATE SIGNED
WITNESS OF FATHER'S SIGNATURE	DATE SIGNED	WITNESS OF MOTHER'S SIGNATURE	DATE SIGNED

Once this document is signed by all parties, please provide copies to the mother, father and hospital. The original document must be sent to the Nevada Office of Vital Records, 4150 Technology Way, Suite 104, Carson City, NV 89706 for filing.

Rights and Responsibilities of Acknowledging Paternity

By Signing This Declaration of Paternity:

- 1. You are acknowledging that you are the legal father of this child which, after 60 days, creates a legal determination that you are the father.**
- 2. There will be no hearing or trial held on the issue of paternity at this time and you waive your right to genetic testing.**
- 3. You have a duty to financially support the child, which is a separate issue from visitation and custody of the child.**
- 4. A court order may order you to pay child support for the child until the child reaches 18 years of age, or 19 if still in high school, or otherwise declared free from your parental control by a court.**
- 5. A court may order the withholding or assignment of your wages or commissions.**
- 6. A court may order you to furnish health insurance for the child.**
- 7. A court may order you to pay reasonable expenses of the mother's pregnancy and confinement costs, which include birth expenses and public assistance provided on behalf of the child.**
- 8. You have rights concerning custody and visitation of the child. Please be advised that physical custody of the child is generally granted to the biological unwed mother. If both father and mother cannot agree to an arrangement for visitation and/or custody, then you must pursue a separate legal action through the courts. You may need to hire a private attorney to assist you.**
- 9. Unless you can show special circumstances of fraud, duress or material mistake of fact, under Nevada law you may not be able to petition the court to declare that you are not the legal father of the child. You may need to hire a private attorney to assist you.**
- 10. This declaration of paternity can be revoked or rescinded within 60 days after the filing with the state registrar or within 60 days after you turn 18 years old, whichever is later. However, your name will remain on the birth certificate until a court declares that you are not the legal father of this child.**

Mailing Instructions

Please mail the completed form to the office of Vital Records, 4150 Technology Way, Suite 104, Carson City, Nevada 89706. There is a \$20 charge to amend a certificate already on file in the office of Vital Records. This fee includes a certified copy of the amended or new record. Additional copies are \$13 each. Please make your cashier's check or money order out to Nevada Vital Records.

Please allow 10-12 weeks to process your request. Any questions concerning paternity actions should be addressed to the State Office of Vital Records at the above address, or by calling our office at (775)684-4242.

Name

Street Address or PO Box

City

State

ZIP Code

INSTRUCCIONES PARA EL LLENADO DE LA FORMA:
 "State of Nevada Declaration of Paternity"

**ESTE ES UN DOCUMENTO LEGAL, USE TINTA NEGRA.
 POR FAVOR LEA LA PAGINA 2 ANTES DE LLENAR ESTA FORMA.
 TODAS LAS PARTES DE LAS SECCIONES A Y B DEBEN SER LLENADAS POR COMPLETO Y LA
 SECCION C DEBE SER TESTIFICADA. (Firmada por testigos)**

SECTION A La informacion del niño debe ser copiada tal y como esta en el acta de nacimiento.

Child (Datos del niño)
 Primer Nombre Segundo Nombre Apellido
 Sexo del niño Fecha de Nacimiento (Mes, Día, Año)

Place of Birth (Lugar de Nacimiento del niño)
 Nombre del Hospital Ciudad
 County Estado

Father's Information (Informacion del Padre)
 Primer Nombre Segundo Nombre Apellido (Primero)
 Fecha de Nacimiento(Mes, Día, Año) Numero de Seguro Social Estado o Pais Extranjero
 de Nacimiento
 Direccion Actual (Numero, Calle, Ciudad, Estado, ZipCode)

Mother's Information (Informacion de la Madre)
 Primer Nombre Segundo Nombre Apellido (Primero)
 Fecha de Nacimiento(Mes, Día, Año) Numero de Seguro Social Estado o Pais Extranjero
 de Nacimiento
 Direccion Actual (Numero, Calle, Ciudad, Estado, Zip Code)

NO SE PERMITE BORRAR, TACHAR O USAR CORRECTOR EN ESTA SECCION B

SECTION B En esta seccion escribir el nombre del niño tal como lo quiere en la Nueva Acta de Nacimiento
 (Primer Nombre, Segundo Nombre y Apellido).

Como parte del procedimiento de registro, el nombre del niño que aparece en el acta de nacimiento original puede ser cambiado en este momento. Un cambio de nombre solicitado después que esta declaración es llenada, necesitara una orden de la Corte.

SECTION C Leer antes de firmar, esta es una traduccion al Español:

Yo declaro, bajo pena de perjurio que:

- La informacion que yo he aportado es verdad y correcta.
- Yo soy el padre legal del niño nombrado en esta declaración.
- Yo he leído y entendido los derechos y responsabilidades descritas en la segunda pagina de esta forma.
- Yo he sido informado verbalmente/audido de mis derechos y responsabilidades.
- Yo entiendo que por la firma de esta forma yo consiento voluntariamente el establecimiento de paternidad y acepto todos los derechos y responsabilidades como el padre legal de este niño.
- Yo deseo ser agregado a el acta de nacimiento del niño.
- Una prueba genetica no ha determinado que otro hombre es el legalmente presunto padre de este niño.
- No hay orden de la corte u otra forma de Reconocimiento de Paternidad nombrando a otro hombre como el padre legal de este niño.

Yo declaro, bajo pena de perjurio que:

- La informacion que he aportado es verdad y correcta.
- Yo soy la madre natural del niño nombrado en esta declaración.
- El hombre firmando esta forma es el unico posible padre de este niño.
- Yo he leído y entiendo los derechos y responsabilidades descritas en la segunda pagina de esta forma.
- Yo he sido informada verbalmente/audido de mis derechos y responsabilidades.
- Yo entiendo que por la firma de esta forma yo estoy estableciendo que el hombre firmando esta forma es el padre legal de este niño, con todos los derechos y responsabilidades de un padre legal.
- Yo consiento en agregar el nombre del hombre firmando esta forma al acta de nacimiento del nacimiento certificado del niño.
- Una prueba genetica no ha determinado que otro hombre es el legalmente presunto padre de este niño.
- No hay orden de la corte u otra forma de Reconocimiento de Paternidad nombrando a otro hombre como el padre legal de este niño.

Firma del Padre Fecha de la firma
 Testigo de la firma del padre Fecha de la Firma

Firma de la Madre Fecha de la firma
 Testigo de la firma de la Madre Fecha de la firma

Copia Blanca-Registro Estatal; Copia amarilla-Hospital; Copia Rosa-Madre; Copia Barra Dorada-Padre

**DERECHOS Y RESPONSABILIDADES DEL RECONOCIMIENTO DE
PATERNIDAD**

Con la firma de esta Declaracion de Paternidad (State of Nevada Declaration of Paternity):

1. Usted esta reconociendo que usted es el padre legal de este niño, lo cual crea una determinación legal de que usted es el padre.
2. No habra audiencias o juicios que se hagan sobre el asunto de paternidad en esta ocasión y usted renuncia a su derecho del examen genético.
3. Usted tiene el deber de mantener monetariamente al niño, y esto es un asunto separado de las visitas y custodia del niño.
4. Una orden de la Corte podría ordenarle pagar una pensión "child support" para el niño hasta que el niño tenga 18 años de edad o 19, si todavia esta en high school, o de lo contrario, ser declarado libre de su responsabilidad paterna por una Corte.
5. Una Corte puede ordenar la retención o asignación de sus salarios o comisiones.
6. Una Corte puede ordenar suministrar aseguranza médica para el niño.
7. Una Corte puede ordenar que usted pague razonables cantidades del costo del embarazo y parto, lo cual incluye gastos de nacimiento y asistencia pública otorgada en relación al niño.
8. Usted tiene derechos relacionados a la custodia y visita del niño. Por favor dese cuenta que la custodia física es generalmente otorgada a la madre biológica no casada. Si el padre y la madre no pueden llegar a un acuerdo para la visita y/o custodia, entonces usted tiene que llevar a cabo una acción legal através de las cortes. Usted podría necesitar y contratar un abogado para que le apoye.
9. Esta declaración de paternidad puede ser revocada o rescindida dentro de los 60 días después de su llenado en el registro estatal o dentro de los 60 días después que usted cumpla 18 años de edad, lo que suceda mas tarde. Sin embargo, su nombre se quedará en el certificado de nacimiento hasta que una corte declare que usted no es el padre legal de este niño.

Instrucciones Para Enviar Por Correo

Por favor envíe la forma "State of Nevada Declaration of Paternity" correctamente completada a la Oficina de Registros Vitales:

Office of Vital Records, 4150 Technology Way, Suite 104, Carson City, Nevada 89706

Hay un cargo de \$20 para corregir un certificado que ya esta en los archivos de la oficina de registros vitales. Este pago incluye una copia certificada de la corrección o el nuevo registro. Las copias adicionales cuestan \$13 cada una. Por favor escriba su cheque de caja (Cashier's check) o money order a nombre de Nevada Vital Records.

Por favor espere 10 a 12 semanas para procesar su petición. Cualquier pregunta en relación a actos de paternidad debe ser dirigida a la Oficina Estatal de Registros Vitales: State Office of Vital Records a la dirección arriba mencionada, o llamando por teléfono a nuestra oficina al (775) 684-4242.

Nombre

Direccion Completa o PO Box

Ciudad

Estado

ZIP Code

EXHIBIT 400-10

(Add letterhead)

REQUEST FOR CERTIFIED COPY OF THE VOLUNTARY PATERNITY ACKNOWLEDGEMENT

Complete all of the information requested below and fax to Central Office (775) 684-0702. Provide a copy of the birth certificate if available. Please print clearly.

Child's full name (no initials): _____
(First) (Middle) (Last)

Place of Birth: _____ Date of Birth: _____

Full name of father (no initials) _____
(First) (Middle) (Last)

Full name of mother (no initials) _____
(First) (Middle) (Last)

The requestor recognizes the responsibility to safeguard and hold confidential any record or document relating to the establishment of paternity and the location of any child or parent named in a birth record. Information provided pursuant to this request shall be used only for the purposes authorized by state and federal law. Information obtained shall not be disclosed, except to individuals expressly authorized to review such information under State and Federal law. No records or any information acquired shall be disclosed except as expressly authorized under State and Federal laws and regulations.

Person requesting the information: _____

Signature: _____