



Colorado Department of Human Services
people who help people

DISTRICT COURT, _____ COUNTY, COLORADO

COURT CASE NO. _____ DIVISION _____

AFFIDAVIT OF PATERNITY AND PARENTAGE ADVISEMENT AND ADMISSION

I, _____, declare that the following statements are true and complete to the best of my knowledge.

_____ is the biological father of the following child(ren):

CHILD'S LEGAL NAME	DOB	STATE/COUNTRY OF CONCEPTION

INFORMATION ABOUT THE FATHER:

Full Legal Name: _____

SSN _____ Date of Birth _____

Did the father ever live with the child(ren) in the state of Colorado? Yes No

If yes, which child(ren)?

Were you married at the time the child(ren) were conceived? Yes No

Name of your husband at the time: _____

Which child(ren)? _____

ADVISEMENT

You and your child(ren) may be required to have genetic tests to determine paternity of the child(ren).

If the person you named is found not to be the father, then you may be held responsible for repayment of the cost of genetic testing.

Because this matter may proceed administratively, a court hearing on the issue of paternity may not be held.

1. I state that I am the biological mother of the child(ren) named above and I am making this admission of my own free will.
2. I understand that statements contained in this affidavit may be used in legal action to determine paternity and a support obligation.
3. I state that all of the statements above are true and complete, to the best of my knowledge.

Print Legal Name _____

Signature _____ Date _____

Subscribed and sworn before me in _____ County,

Colorado, on _____.

My commission expires: _____

Notary Public: _____