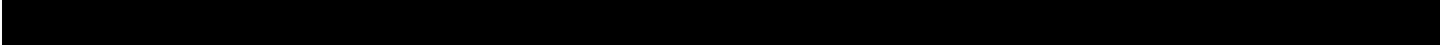


ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Child Support Enforcement

WAIVER OF PATERNITY AFFIDAVIT
(THIS IS A LEGAL DOCUMENT, PLEASE TYPE OR PRINT IN BLACK INK.)



AFFIDAVIT OF PRESUMED FATHER

STATE OF _____)

ss. **AFFIDAVIT**

County of _____)

I, _____, being duly sworn upon my oath, depose and say:
(Presumed Father's Name – First, Middle, Last)

that I am the former/present husband of _____ and that at the time of conception of:
(Name of Child's Mother - First, Middle, Last)

Child 1 Name (First, Middle, Last)

Child 2 Name (First, Middle, Last)

Child 3 Name (First, Middle, Last)

I was married to _____, but did not have sexual access to her during the conception period(s).
(Name of Child's Mother – First, Middle, Last)

Therefore, I am not the natural father of the above-named child(ren) and hereby relinquish and waive all legal right that I might have to the above named minor child(ren).

Further, I do not object to any proceeding to establish paternity against the natural factor. I waive my right to notice of and my right to appear at any hearing for the above-named child(ren).

Dated: _____

Signature: _____

Subscribed and sworn or affirmed and acknowledged before me this date: _____

My Commission Expires: _____ Notary Public _____

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-252-4045; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en el oficina local.

