

**REQUEST TO ESTABLISH PATERNITY (SAF)**

[ ] I CLAIM TO BE THE FATHER OF THE CHILD(REN) LISTED BELOW AND I WANT TO ESTABLISH PATERNITY OF MY CHILD(REN).

I UNDERSTAND THAT:

1. The state will not pursue this paternity action if:
  - a. Adoption is final, or
  - b. Paternity has already been established, or
  - c. Paternity is presumed under ORS 109.070, the husband and wife are cohabiting and they do not consent to the challenge.
  
2. The mother may deny I am the father, or may say that someone else could be the father.
3. I may be required to submit to a parentage test to provide evidence of paternity. The state will pay for the costs of parentage tests.
4. I may be expected to pay child support and provide medical support for the child(ren). I may not have to pay child support if the child(ren) live(s) with me or I get money from:
  - Temporary Assistance to Needy Families
  - General Assistance
  - Oregon Supplemental Income Programs
  - the Social Security Administration under the Supplemental Security Income Program
5. The state cannot act as my lawyer, and cannot handle custody or parenting time for me.
6. Any information I provide to the state can be used in any future action to establish paternity or support.

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

The Child Support Program (CSP) provides services for the State of Oregon. We cannot represent you or give you legal advice. You may contact your own lawyer at any time. Low cost legal services may be available. For information you may visit the CSP website at [www.doj.state.or.us](http://www.doj.state.or.us) and choose “**GET HELP WITH CHILD SUPPORT.**”

**ALLEGED FATHER INFORMATION**

Name: \_\_\_\_\_ Other names used: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ DOB: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Employer phone number: \_\_\_\_\_  
Employer address: \_\_\_\_\_

**MOTHER INFORMATION**

Name: \_\_\_\_\_ Other names used: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ DOB: \_\_\_\_\_  
Employed by: \_\_\_\_\_ Employer phone number: \_\_\_\_\_  
Employer address: \_\_\_\_\_

**CHILD(REN)'S INFORMATION**

Name Date Conceived Where Conceived (City and State)

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**PATERNITY INFORMATION**

Why do you believe you are the father? \_\_\_\_\_

Were you living with the mother of the child when she got pregnant?  Yes  No

If so, where? \_\_\_\_\_

Does anyone else know you claim to be the father?  Yes  No

If so, fill in their names and addresses. \_\_\_\_\_

How do they know you are the father? \_\_\_\_\_

Was the mother married to someone else when she got pregnant?  Yes  No

If so, list the husband's name and address. \_\_\_\_\_

Why do you believe the husband is not the father? \_\_\_\_\_

Has the mother ever said someone else is the father?  Yes  No

If so fill in the name(s) and address(es). \_\_\_\_\_

Has the mother ever said you're NOT the father?  Yes  No Explain: \_\_\_\_\_

Do you have anything from the mother saying you are the father?  Yes  No

If so, what? \_\_\_\_\_

Fill in any other information you think will help establish you as the father: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

**THIS CASE HAS BEEN ACCEPTED. THE CHILD SUPPORT PROGRAM IS NOT AWARE OF ANY EXISTING ORDER ON THIS CASE.**

**THIS REQUEST IS REJECTED. THERE IS CURRENTLY AN ORDER IN EXISTENCE FOR THE CHILD(REN) LISTED ABOVE, PATERNITY HAS ALREADY BEEN LEGALLY ESTABLISHED OR IS PRESUMED UNDER ORS 109.070 AND THE HUSBAND AND WIFE ARE COHABITING AND THEY DO NOT CONSENT TO THE CHALLENGE.**

Date Signature of Authorized Representative Title Phone

DCS/DA Branch: \_\_\_\_\_ CSP #: \_\_\_\_\_