

Leech Lake Band of Ojibwe Child Support Enforcement Program 222 2<sup>nd</sup>. Street/ P.O. Box 577 Cass Lake, MN 56633 Phone Number (218) 339-5640 Fax Number (218) 339-5641

## PATERNITY AFFIDAVIT

The information requested in this Affidavit is confidential and will be available only to the Leech Lake Band of Ojibwe Child Support Enforcement Program (LLBO CSEP), the Leech Lake Band of Ojibwe Tribal Court, and the Child Support Enforcement Division of the State of Minnesota, upon our request for enforcement of the laws of the Leech Lake Band of Ojibwe.

Please provide accurate and complete information. The information you provide must be true and to the best of your knowledge. You will be asked to authenticate your assertions with copies of pertinent licenses and certificates (i.e. marriage, divorce, dissolution, birth).

Your signature on this Paternity Affidavit must be notarized.

If you have any questions, please feel free to contact us at \_\_\_\_\_\_.

## **MOTHER OF CHILD**

Name:	First	Middle	Last	
Maiden Name				
Address				
	Street/P (			
		City	State	Zip Code
Phone Number:		•	State	Zip Cou
Marital Status:				
		Aarried, Separated, D	ivorced)	
Is the mother of the c	hild an enrolled t	ribal member or e	ligible to be en	rolled?
Пу	es 🗆 No			
If 'YES', name of tri	lbe			
Employer Name				
<b>F</b> 1 1 1 1				
Employer Address:	Street	City	y Stat	e Zip Code
EGED FATHER				
Name:				
	First	Middle	Last	-
Alias Name(s)	First			
Alias Name(s)	First			
	First			
Alias Name(s)	First Street/P O Box			
Alias Name(s) Address	First Street/P O Box City	State		;
Alias Name(s)	First Street/P O Box City	State		

## (Single, Married, Separated, Divorced)

If the alleged father is married, name of the current spouse if known:

Is the alleged fathe	er of the child a	n enrolled tribal	member or elig	gible to b	e enrolled?
□ Yes	🗆 No				
If 'YES', name of	tribe				
Occupation:					
Employer Name _					
Employer Address	:Stre		City	State	Zip Code
BankNam					
Physical Description	on Weight	Hair Color	Eye Color		
LD					
Name:					
Place of Birth	First	Midd	lle	Last	
	City	Cour	nty	State	
Name of Hospital	Where Born				
Address of Hospita	ıl				
Street		City	State	Zip Co	de

Is the child an enrolled tribal member or eligible to be enrolled?

	$\Box$ Yes $\Box$ No
If	YES', name of tribe
CONCEP	TION/PREGNANCY
1.	Did the sexual intercourse that caused your pregnancy occur in Minnesota?
	$\Box$ Yes $\Box$ No
	If 'NO', in what State?
2.	Did the sexual intercourse that caused your pregnancy occur on the Leech Lake Band of Ojibwe Reservation?
	$\Box$ Yes $\Box$ No
	If 'NO', was it on another Reservation? $\Box$ Yes $\Box$ No
	Name of the Reservation
3.	Were you married when you became pregnant? □ Yes □ No
	If 'YES' what is the name of your husband?
4.	Is there a father named on this child's birth certificate? Yes $\Box$ No
	If 'YES' what is the name of your husband?
5.	Did the Alleged father sign any papers? $\Box$ Yes $\Box$ No
	If YES, what kind of papers?
6.	List the names, addresses and phone numbers of persons who the father has admitted paternity to or who can provide other information that would be helpful.
	a
	b c
	d

Paternity Affidavit

7.	When did you meet the father?			
		Month	Year	

8. Where did you meet the father?

9. What was the nature of your relationship with the father? Check all that apply.

Dated to Mo/Yr Mo/Yr
Lived Together to Mo/Yr Mo/Yr
Casual Acquaintance to
Married
Met only one time
Other
10. Over what period of time did you have sexual intercourse with the father? $\underbrace{10}_{Mo/Yr} to \underbrace{10}_{Mo/Yr}$
11. When and where did you first have sex with him?
12. Over how long a period of time did you have sex with him?
13. How frequently did you have sex with him?
14. Did you or the father use any birth control methods? $\Box$ Yes $\Box$ No
If Yes, what method?
15. Did you tell the father that you were pregnant? $\Box$ Yes $\Box$ No
If 'YES', when
16. Did the father offer to pay for an abortion or medical expenses? $\Box$ Yes $\Box$ No
Paternity Affidavit

17. Did you have sex with anyone other than the father within 90 days before or after you got pregnant?
If Yes, please list the dates, names and address of other:
18. Has the father admitted paternity to you? $\Box$ Yes $\Box$ No
19. Are you willing to take genetic tests?  Yes No
20. Has the father provided financial support for the child? $\Box$ Yes $\Box$ No
21. Did you and the father plan to be married? $\Box$ Yes $\Box$ No
22. Has he ever visited the child? $\Box$ Yes $\Box$ No
23. Has he provided any support to the child in terms of money, gifts, toys, clothes, etc.?
$\Box$ Yes $\Box$ No
If 'YES', how often?
24. When and where did you last see him?

I declare under penalty of perjury under the laws of the Leech Lake Band of Ojibwe that the information I have provided on this questionnaire is true and accurate. I have been advised that I can be prosecuted under tribal law for providing inaccurate or false information as to the paternity of my child.

Parent's Signature

Date

SUBSCRIBED and SWORN to before me this \_\_\_\_\_\_day of \_\_\_\_\_.

**PUBLIC NOTARY** 

**MY COMMISSION EXPIRES** 

**Paternity Affidavit**