

AFFIDAVIT

\_\_\_\_\_, being first duly sworn, upon oath deposes and says:  
Name of Affiant

I am a resident of \_\_\_\_\_ county, State of Utah.  
County

I am the (circle one) mother / father of the following child born out of wedlock:

\_\_\_\_\_ born on \_\_\_\_\_.  
Child's Full Name Child's Date of Birth

Between \_\_\_\_\_ and \_\_\_\_\_ I had sexual intercourse  
Beginning Date of Sexual Contact Ending Date of Sexual Contact

with \_\_\_\_\_ and that intercourse took place in  
Name of Other Parent

\_\_\_\_\_.  
City, State, Country

Upon my best knowledge and understanding, I believe \_\_\_\_\_ to be the  
Name of Alleged Father  
father of \_\_\_\_\_.  
Child's Full Name

I have an open case with the Office of Recovery Services/Child Support Services (ORS/CSS) and I understand that ORS/CSS intends to bring suit to establish paternity and a support obligation under the provisions of Utah Code Annotated 78B-15, and that I will cooperate with ORS/CSS in the prosecution of said suit.

\_\_\_\_\_  
Signature of Affiant

State of Utah  
§  
County of \_\_\_\_\_

Subscribed and sworn to before me \_\_\_\_\_, on this \_\_\_\_\_ day  
Notary Name

of \_\_\_\_\_, in the year \_\_\_\_\_, by \_\_\_\_\_.  
Document Signer

Notary Seal:

\_\_\_\_\_  
Notary Signature