Motion Requesting Order of Non-Paternity

(Motion, Affidavit of Parentage)

When to Use:	• A child was born or conceived during a marriage; **and** • The husband is not the biological father of the child.
Filing Fees:	$20
Method of Payment:	Credit Card
Where to File:	https://mifile.courts.michigan.gov
Filing Type:	Motion
Copies:	Original, plus 1 copy if the other party does not have a MiFILE account.
Additional Information:	Contact the Clerk's office for the date of your hearing before filing your motion. Write the date of your hearing on your motion. You can serve this motion electronically if the other party has a MiFILE account. You will need to send a copy of this motion to the other party if he or she does **not** have a MiFILE account. You can send this motion by regular, first class mail.

State of Michigan 20th Circuit Court Ottawa County	Motion Requesting Order of Non-Paternity	Case Number

Court address: 12240 Fillmore St, Rm 50, West Olive, MI 49460 **Court phone number:** 616-846-8315

Plaintiff

Name: _____

Address: _____

_____

Phone #: _____

Defendant

Name: _____

Address: _____

_____

Phone #: _____

1. I am ☐ a party to the case;
   ☐ not a party to the case but I want to intervene (join) as a third-party (alleged father[2]).

2. I am the ☐ mother;
   ☐ presumed father[1];
   ☐ alleged father[2].

3. ☐ The mother in this case is not pregnant.
   ☐ The mother in this case is pregnant and the child is due on or about _____.

4. The following children were born during this marriage:

Child's Name	Age

5. The following children are not biologically a product of this marriage:

Child's Name	Age

6. I believe the children are not a product of the marriage because:
   _____
   _____
   _____

[1] The man who was married to the mother at the time of conception or birth.

[2] The man who could have fathered the child.

7. I believe _____ *(alleged father)* is the father of the above-named children.

8. On _____, the presumed father, alleged father, and mother openly acknowledged that alleged father is the biological father of the children listed above.

9. The minor child is less than three years old.

10. The following documents are attached to this motion:
    - ☐ DNA test results
    - ☐ Acknowledgment of paternity from another state
    - ☐ Other _____

11. ☐ There are no other children born or conceived during this marriage and it should be converted from a "DM" to a "DO".

I ask this Court to:

A. ☐ Order that the child I am carrying, due on or about _____, is not the child of _____ *(presumed father)*.

B. ☐ Order that the child named _____, born _____, is not the child of _____ *(presumed father)*.

C. ☐ Order that the case classification be converted from "DM" to "DO" as there are no other children born or conceived during the marriage.

D. ☐ Grant the following:
_____
_____

E. Grant any other relief determined to be fair by the Court.

I declare that the statements above are true to the best of my knowledge.

Date: _____ Signature: /s/ _____

Notice of Hearing

This motion has been scheduled for a hearing on:

_____, _____, at _____ in courtroom _____ at the
Day *Date* *Time*
court address listed above.

State of Michigan 20th Circuit Court Ottawa County	**Proof of Service** Motion Requesting Order of Non-Paternity	**Case Number**

Court Address: 12240 Fillmore St, Rm 50, West Olive, MI 49460 **Court Phone:** 616-846-8315

Plaintiff	**Defendant**
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone #: _____	Phone #: _____

On (date) _____, I served a copy of the Judgment of Divorce on the other party.

☐ I mailed a copy by ordinary first-class mail; **or**
☐ I personally handed him/her a copy; **or**
☐ I sent a copy electronically through MiFILE.

The statement I made above is true to the best of my knowledge.

Date: _____ Signed: /s/ _____

STATE OF MICHIGAN 20th Circuit Court Ottawa County	Order of Non-Paternity	Case Number

Court address: 12240 Fillmore St, Rm 50, West Olive, MI 49460 **Court phone number:** 616-846-8315

Plaintiff

Name: _____

Address: _____

_____

Phone #: _____

Defendant

Name: _____

Address: _____

_____

Phone #: _____

ORDER

At a session of said Court, held in the Ottawa County Building
In the township of Olive, Michigan on the _____ day of _____, 20 ___:

PRESENT: HONORABLE _____, Circuit Judge

Based on the testimony presented, the Court finds:

☐ That the mother has identified the alleged father as _____.
☐ That the presumed father, the child's mother, and the alleged father at sometime have mutually and openly acknowledged a biological relationship between the alleged father and the child.
☐ That the action/motion was filed within three years of the child's birth.
☐ That the child's paternity is or will be established in on of the following ways:
- ☐ a. The court determines the child's paternity.
- ☐ b. The child's paternity will be established under the law of this state of another jurisdiction if the child is determined to be born out of wedlock.

Therefore, the Court finds there is clear and convincing evidence to grant the petitioner's motion and determines the following order should be entered:

IT IS SO ORDERED:

☐ _____ is not the father of:

Child's Name	Age

☐ _____is not the father of the child that _____ is pregnant with, due on or about _____.

☐ The case classification is converted from “DM” to “DO”.

Other:

_____
_____
_____

_____ _____

Date Circuit Court Judge

☐ _____is not the father of the child that _____ is pregnant with, due on or about _____.

☐ The case classification is converted from “DM” to “DO”.

Other:

_____
_____
_____

_____ _____

Date Circuit Court Judge

State of Michigan 20th Circuit Court Ottawa County	**Proof of Service** Order of Non-Paternity	**Case Number**

Court Address: 12240 Fillmore St, Rm 50, West Olive, MI 49460 **Court Phone:** 616-846-8315

Plaintiff		**Defendant**	
Name:	_____	Name:	_____
Address:	_____	Address:	_____
	_____		_____
Phone #:	_____	Phone #:	_____

On (date) _____, I served a copy of the Order of Non-Paternity on the other party.

☐ I mailed a copy by ordinary first-class mail; **or**
☐ I personally handed him/her a copy; **or**
☐ I sent a copy electronically through MiFILE.

The statement I made above is true to the best of my knowledge.

Date: _____ Signed: /s/ _____

Date: _____ Signed: _____

AFFIDAVIT OF PARENTAGE

Michigan Department of Health and Human Services
Division for Vital Records and Health Statistics

State File Number

AOP Number

We affirm under penalty of perjury that we are the natural parents of:

First | Middle | Last | Suffix

who was born in _____ on _____
Hospital Name, City, County, State — Date of Birth

and that we sign this affidavit to establish the paternity for this child. We hereby consent that the name of the natural father may be included on the certificate of birth for the child. We wish the child's name to be recorded as:

First | Middle | Last | Suffix

In signing this form, we understand that:

(a) This is a legal document.
(b) Completion of the affidavit is voluntary.
(c) The mother has initial custody of the child, without prejudice to the determination of either parent's custodial rights, until otherwise determined by the court or agreed upon by the parties in writing and acknowledged by the court. This grant of initial custody to the mother shall not, by itself, affect the rights of either parent in a proceeding to seek a court order for custody or parenting time.
(d) Either parent may assert a claim in court for parenting time or custody.
(e) Both parents have a right to notice and a hearing regarding the adoption of the child.
(f) Both parents have the responsibility to support the child and to comply with a court or administrative order for the child's support.
(g) By signing this affidavit, we waive the following:
  (i) The right to blood or genetic tests to determine if the man is the biological father of the child.
  (ii) Any right to a court-appointed attorney, including the Prosecuting Attorney, to represent either party in a court action to determine if the man is the biological father of the child.
  (iii) The right to a trial to determine if the man is the biological father of the child.
(h) In order to revoke the Affidavit of Parentage, an individual must file a claim as provided under the Revocation of Paternity Act (Michigan Compiled Law [MCL] 722.1437).

Further, the mother states that she was not married when this child was born or conceived; or that this child, though born or conceived during a marriage, is not an issue of that marriage as determined by a court of law.

FATHER'S INFORMATION

First Name		
Middle Name		
Last Name		
Date of Birth: (MM/DD/YYYY)	Place of Birth: (State or Country)	Social Security Number
Current Address (Street, Apt. No., City, State, Zip)		

To the best of my knowledge, the above information is true:

Father's Signature _____ Date _____

MOTHER'S INFORMATION

First Name		
Middle Name		
Last Name		
Date of Birth: (MM/DD/YYYY)	Place of Birth: (State or Country)	Social Security Number
Current Address (Street, Apt. No., City, State, Zip)		

To the best of my knowledge, the above information is true:

Mother's Signature _____ Date _____

NOTARY SECTION

Notary Public in and for _____ County, Michigan
Acting in the county of _____
Signature _____ Printed Name _____
Signature and sworn to before me this _____ day of _____ 20 ____
Commission expiration date _____

Notary Public in and for _____ County, Michigan
Acting in the county of _____
Signature _____ Printed Name _____
Signature and sworn to before me this _____ day of _____ 20 ____
Commission expiration date _____

QUALIFIED WITNESS SECTION – Facility Use Only (if not notarized, complete as defined on reverse of form)

Signature of Father's Witness	Printed Name of Witness
Witness Place of Employment	
Witness Work Address (Street, City, State, Zip)	

Signature of Mother's Witness	Printed Name of Witness
Witness Place of Employment	
Witness Work Address (Street, City, State, Zip)	

AFFIDAVIT OF PARENTAGE INSTRUCTIONS

This form can be used to establish the parentage of a child and may be used to have information on the father of a child added to the certificate of birth for the child. This affidavit may be completed at the time of the child's birth or at any other time after the birth. Completion of this affidavit is voluntary. It indicates the parents wish to acknowledge parentage of a child.

It is intended for use by couples who were not married at the time the child was conceived nor at the time of birth. In instances where the mother was married to someone other than the father when the child was conceived or delivered, a court ruling of her husband's non-paternity is necessary in order to first establish that the child is not the husband's child.

Proper completion of the form is very important. Forms that are not properly completed will not be accepted for filing. The form must be legible and must be typed or printed in ink. The affidavit must be signed by the mother and father in the presence of a Notary Public or a qualified witness. **A qualified witness is an employee of one of the following: a hospital, publicly funded or licensed health clinic, pediatric office, Friend of the Court, Prosecuting Attorney, court, Michigan Department of Health and Human Services, county health agency, county records department, Head Start program, local social services provider, county jail, or state prison.** The form may be signed and witnessed or notarized by both parents at different times. At a minimum, the following items must be provided: the full names of the child, the mother and the father; the date and place of the child's birth; the address of each parent; and the birth place of each parent.

The same qualified witness and/or notary may serve as both the mother's qualified witness/notary and the father's qualified witness/notary, but (s)he must fill out the information in both the mother's and father's sections of the form. A qualified witness/notary must verify the identity of the mother and father before the qualified witness/notary signs the form by checking the mother's and father's identification. Examples of identification include a driver's license, passport, state-issued identification, etc.

There is no fee for filing the affidavit with the Central Paternity Registry. Once filed, copies of the affidavit can be obtained by either parent, by the child, or by a guardian or legal representative of a parent or the child. Certified copies of the affidavit are available from the Central Paternity Registry for $34.00 (additional copies are $16.00 each) and can be requested at the time of filing.

Adding a Father to the Birth Certificate –

Establishing Paternity at the Hospital – If this affidavit is completed at the time of birth and provided to hospital staff before the birth certificate is prepared and filed, the birth certificate will be completed to include the father with no need for a separate application or fee. When completed at the time of birth and used as the basis for recording the father on the original certificate of birth, hospital staff must forward the original affidavit, along with the original birth certificate, to the local registrar. The local registrar will forward the affidavit to the Central Paternity Registry for final filing.

Establishing Paternity After Leaving the Hospital – Birth certificates are not automatically changed when an affidavit is filed. Changes to registered birth records can be requested based upon a properly completed affidavit and an Application to Add a Father on a Michigan Birth Record (form DCH-0848). If the affidavit is going to be used to add the father's name to a Michigan birth record, the affidavit **must not be mailed to the Central Paternity Registry.** It must be mailed along with the correct application to the address listed on the application. A birth record can be changed to reflect the father listed on the affidavit if no other man is recorded on the record as the child's father. Should a conflict exist, a court determination of paternity may become necessary.

There is a fee for each birth record change, as is noted in the payment section of the correction application. An application to correct a birth certificate is available from the Office of the County Clerk, the State Vital Records office recorded message 517-335-8656, or can be downloaded from the Michigan Department of Health and Human Services website at:
www.michigan.gov/documents/add_dad_6589_7.pdf.

To file the affidavit and request a copy and/or to change the birth record, mail the completed affidavit, the required fee and, for a birth record change, a completed Application to Add a Father on a Michigan Birth Record (form DCH-0848) to:

Vital Records Changes
PO Box 30721
Lansing, MI 48909

To simply file the affidavit to establish paternity and not request a copy or a change to the birth record, mail to:

Central Paternity Registry
Division for Vital Records and Health Statistics
Michigan Department of Health and Human Services
PO Box 30691
Lansing, MI 48909

(Completion of this form is voluntary)

Alteration of this form or the making of false statements with the affidavit for the purposes of deception is a crime. [MCL 333.2894]

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.