



NOTE: This form is made available as a public service and does not provide or take the place of legal advice. Consider seeking legal guidance. Completion of this form may have legal and financial consequences. Assistance may be available through the Community's Legal Services Office. You can contact Legal Services at 480-362-5670.

Salt River Pima-Maricopa Indian Community Court
10040 E. Osborn Road, Scottsdale, Arizona 85256
Phone (480) 362-6315

ACKNOWLEDGMENT OF PATERNITY IN JUVENILE PROCEEDINGS

Child's Name: _____ ☐ Male ☐ Female
First Name, Middle Name, Last Name as it appears on the child's birth certificate

Birth date: _____ **Birth Place:** _____
Month / Day / Year City, County, State, and Hospital Name

Father's Name: _____
First Name, Middle Name, Last Name, and Aliases

Birth date: _____ **Last 4 digits of Social Security #:** _____
Month Day Year

Tribal Affiliation, if any: _____ **Tribal #:** _____

Address: _____ **Phone:** _____
Street Address Apt. # Cell phone number
City State Zip Home phone number

Pursuant to Code Sec. 10-6(e)(4), I subscribe and swear/affirm under penalty of perjury that this document is true and correct and complete to the best of my knowledge and belief, and I hereby acknowledge that, I, _____, am the natural father of _____
(Name of Father) (Name of Child)

Furthermore, this document is being signed voluntarily with no threat or harm or duress.

Father's Signature (Sign only in the presence of a Notary) Date

Father's Printed Name

State of _____

County of _____

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20____.

(seal)

Notary Public
My Commission expires _____

Mother's Name: _____
First Name, Middle Name, Last Name, Maiden Name, and Aliases

Birth date: _____ Last 4 digits of Social Security #: _____
Month Day Year

Tribal Affiliation, if any: _____ Tribal #: _____

Address: _____ Phone: _____
Street Address Apt. # Cell phone number
City State Zip Home phone number

Pursuant to Code Sec. 10-6(e)(4), I acknowledge that that this document is true and correct and complete to the best of my knowledge and belief and by signing this document, I further acknowledge that _____ is the natural father of _____ and that I was not legally married at the time of conception and/or birth of the child. Furthermore, this document is being signed voluntarily with no threat or harm or duress.
(Name of Father) (Name of Child)

Mother's Signature Date

Mother's Printed Name

State of _____

County of _____

On this _____ day of _____, 20____, before me personally appeared _____, (name of signer) whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above document.

(seal)

Notary Public
My Commission expires _____