



Leech Lake Band of Ojibwe Child Support Enforcement Program
222 2nd. 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 _____.

[Type text]

(Single, Married, Separated, Divorced)

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

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

Yes No

If 'YES', name of tribe _____

Occupation: _____

Employer Name _____

Employer Address: _____

Street

City

State

Zip Code

Bank _____

Name

Location

Physical Description

Height

Weight

Hair Color

Eye Color

CHILD

Name: _____

First

Middle

Last

Place of Birth _____

City

County

State

Name of Hospital Where Born _____

Address of Hospital

Street

City

State

Zip Code

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

Yes No

If 'YES', name of tribe _____

CONCEPTION/PREGNANCY

1. Did the sexual intercourse that caused your pregnancy occur in Minnesota?

Yes No

If 'NO', in what State? _____

2. Did the sexual intercourse that caused your pregnancy occur on the Leech Lake Band of Ojibwe Reservation?

Yes No

If 'NO', was it on another Reservation? Yes 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 No

If 'YES' what is the name of your husband? _____

5. Did the Alleged father sign any papers? Yes 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. _____

17. Did you have sex with anyone other than the father within 90 days before or after you got pregnant? Yes No

If Yes, please list the dates, names and address of other:

18. Has the father admitted paternity to you? Yes No

19. Are you willing to take genetic tests? Yes No

20. Has the father provided financial support for the child? Yes No

21. Did you and the father plan to be married? Yes No

22. Has he ever visited the child? Yes No

23. Has he provided any support to the child in terms of money, gifts, toys, clothes, etc.?

Yes 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