

In-Hospital Acknowledgment of Paternity



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Paternity Establishment

What is paternity establishment?

Paternal establishment is the process of determining the legal father of a child born out-of-wedlock.

Every child has a biological father, but if a child's parents are not married, the law does not accept or recognize the biological father as the *legal* father. Until the father is determined to be the legal father, he has no rights to or responsibilities for the child.

How can paternity be established?

Unmarried parents can establish paternity in one of two ways, either by:

1. signing a voluntary Acknowledgment of Paternity form; or
2. having a court determine paternity

Why is it important to establish paternity?

Establishing paternity for a child gives the child the same rights and benefits as children born to parents who are married.

Who benefits from establishing paternity?

The child

A child benefits from establishing paternity by having

- a legal record of the identity of his or her parents
- the father's name on the birth certificate
- access to family medical history and genetic information
- the emotional benefits of knowing the identity of both parents
- financial support from both parents
- medical and/or life insurance from either parent (if available)
- other financial benefits: Social Security benefits, veteran's benefits, military allowances, worker's compensation benefits, and inheritance

The mother

Benefits to the mother from establishing paternity may include

- help in sharing of parental responsibilities
- information about family medical history
- improved financial security for the family
- access to medical insurance for the child (if available)

The father

The father benefits from establishing paternity by legally validating his

- name on the child's birth certificate
- parental rights
- right to seek court-ordered custody and visitation
- right to be informed of an adoption proceeding

The hospital

Hospitals receive certain benefits from establishing paternity, such as

- medical reimbursement for services from father's health benefits available through his employment or membership
- reimbursement for each Acknowledgment of Paternity form processed by the hospital, as long as the hospital has a reimbursement contract with the Office of Temporary and Disability Assistance

The public

The public enjoys certain benefits from establishing paternity as well, such as

- helping the mother to be independent of temporary assistance
- reducing the financial burden of escalating temporary assistance costs by requiring the legally responsible absent parent to support his/her children
- reducing Medicaid expenses by establishing medical support

Voluntary Acknowledgment of Paternity (AOP)

New York State laws require that if a child is born to an unmarried woman and the putative father is readily identifiable and available, hospital staff must assist unmarried parents who wish to complete the voluntary Acknowledgment of Paternity form. Applicable laws and policies are NYS Public Health Law Sections 4104 and 4135-b; Department of Health Memorandums 94-4, 94-33, and 97017; amendments to 10 NYCRR Section 405.21 and Part 754.2(i).

What's required for a successful AOP program?

A successful acknowledgment of paternity program requires hospital staff, parents, and the birth registrar to cooperate in completing the following steps:

Step 1. Provide information about AOP to all unmarried parents.

Information about voluntary acknowledgment of paternity must be made available to all unmarried parents. This information may be available at or provided by

- medical providers
- prenatal clinics
- hospitals
- hospital admission packets
- maternity wards
- birthing facilities
- post-birth facilities
- local district child support agencies
- birth registrar's offices
- all areas that provide service to unmarried parents

Step 2. Provide the information in a variety of forms.

Information about voluntary acknowledgment of paternity may be distributed in several ways, including the following materials available from the New York State Division of Child Support Enforcement:

- Voluntary Acknowledgment of Paternity form
For reference, the form has been translated into Spanish, Mandarin Chinese, French Creole, and Russian. The translated forms are not legally acceptable, however.

 Only a completed English form is legally valid.

- Hospital-Based Acknowledgment of Paternity brochure
- Acknowledgment of Paternity video

Step 3. Make sure the unmarried parents have read (or have had read to them) their legal rights and the consequences of signing an Acknowledgment of Paternity.

One way to make sure the parents read their legal rights and the consequences of acknowledging paternity is to show them Pages 1-2 of the Acknowledgment of Paternity form itself (LDSS-4418 or LDSS-4418 NYC) and discuss the form with them.

 New York State law requires that both oral and written notice be given to the parties regarding the rights, responsibilities, alternatives to, and consequences of signing an Acknowledgment of Paternity.

All the required information is contained on Pages 1-2 of the Acknowledgment form, “Notice Regarding Legal Rights and Consequences Resulting from Signing the Acknowledgment of Paternity.”

Oral notice may also be provided through audio or video presentation, such as the DCSE video entitled “Hospital-Based Acknowledgment of Paternity.” (See Appendix BC for more information and an order form.)

Make sure you emphasize the following key provisions:

- An acknowledgment has the same force and effect as a court order establishing paternity for the child.
- By signing an AOP, a man waives (gives up) his right to a court hearing to determine if he is the father of the child.
- The acknowledgment may be the basis for the father to establish custody and visitation rights.
- The acknowledgment may be the basis for requiring the father’s consent for adoption proceedings.
- When the acknowledgment is filed with the birth registrar, the acknowledgment will establish the child’s right to inheritance from the father.
- The child may have the last name of either parent, a combination of their last names, or any other name the parents agree on.
- Either parent can file a petition in family court to cancel the Acknowledgment of Paternity, but only within a strictly limited time (no more than 60 days from the date of signing).

A petition to cancel must be filed no more than **60 days from the date of signing** the Acknowledgment, **or before the date of an administrative or judicial proceeding relating to the child** (such as a hearing to request child support)—whichever comes first.

For example, suppose both parents sign an Acknowledgment of Paternity on June 16, 2005, but then the man learns someone else might be the child’s father. The man who signed the

AOP must file a petition with family court to cancel the acknowledgment before August 15, 2005. (This is the filing date, not the court date. He must **file** the petition to cancel by August 15, 2005.)

Or suppose both parents sign an Acknowledgment of Paternity on June 16, 2005, but the father's enthusiasm for parenthood quickly wanes, and he refuses to visit or support the child, as he had informally agreed to do. The mother files a petition for child support. The court date for the child support hearing is July 31, 2005, and the father is notified of this court date. If he now doubts the child is his, the man must file a petition to cancel his Acknowledgment of Paternity *by the date of the hearing*, July 31, 2005. (Note: The man must also attend the support hearing.)

Step 4. Make sure the parents understand their legal rights and obligations.

Explain when the parties should *not* sign the AOP form. They should **NOT** sign if any of the following are true:

- the child is not yet born
- they have any hesitations or doubts about the identity of the biological father, or
- the mother is married or was married *at any time during the pregnancy*.

☞ There is **one exception** under which married parents may sign the AOP form: if the mother was unmarried during the pregnancy and at the child's birth but marries the child's father after the child was born.

If the mother was not married throughout the pregnancy and at the child's birth, but she subsequently marries the child's biological father, then the married mother and father can sign the form.

Answer any questions the parents may have about the AOP form, or, if necessary, refer them to the appropriate person(s) to answer specific questions about acknowledging paternity and child support. Finally, be sure to explain to the parents that they have the right to seek legal representation and supportive services, including counseling, to help them decide whether they should sign an Acknowledgment of Paternity form.

Step 5: Explain to parents what happens after the Acknowledgment of Paternity form is signed and witnessed.

Explain to the parents who will be responsible for filing the AOP form with the birth registrar (or, in NYC, the Department of Health and Mental Hygiene, Vital Records).

- If the AOP form is signed and witnessed at the hospital or social services agency, the hospital or agency will file the form.

- If, however, the AOP form is signed and witnessed without assistance from the hospital or social services agency, **one of the parents must file the original form** with the birth registrar of the district in which the child's birth certificate has been filed. The registrar will then file a copy with the Putative Father Registry.

Remind the parents that when the AOP form is filed with the registrar/records office, the AOP form will establish paternity for the child and will have the same force and effect as an order of filiation (a court order saying that a certain man is the father of a child).

Step 6: Refer the parents to the local child support agency.

If the parents have any questions about establishing paternity through the court or about obtaining child support, refer them to the local Department of Social Services child support agency. Telephone numbers of local child support agencies are provided in Appendix C and are also available through the New York State Division of Child Support Enforcement website, <https://newyorkchildsupport.com>

Step 7: Assist the parents in completing the form.

Be sure that

- The Acknowledgment of Paternity form is either typed or legibly printed in **black** ink.
- Each parent completes his or her section of the form.
- The child's information is completed correctly.

 No cross-outs are allowed in the child's name!

- All the required information is filled in and legible.
- The form is signed by both parents and witnessed by two people who are not related to either parent.

Step 8: Verify important information while helping the parents complete the form.

While helping the parents complete the AOP form, be sure to verify

- the child's date of birth;
- that the mother is unmarried—she is not married to anyone else, and was not married at any time during the pregnancy;
- the identity of both the mother and the father.

Although it is not legally required to verify the identity of the parents, we suggest that you verify each parent's identity (such as with a photo ID or official identification) before letting them sign the form. This verification also helps to ensure that their names and addresses provided on the form are accurate.

Check especially for the following common errors (see p. 20 also):

- ✗ Any changes in the child's name
No cross-outs or changes are allowed in the child's name! If the child's name has been crossed out and changed, you must start over with a new form.
- ✗ Changes in parents' information
Mistakes in the parents' information (street, apartment number, ZIP code) can be crossed out and corrected, but only if done properly.

residing at ~~40 N. Division St., 13-C~~ ^{497 Ave. 95th St}
House/Apt. Number and Street
New York, Zip Code 11695-2413
my date of birth 11 / 18 / 1982
Month Day Year

The mistake must be crossed out with a single line. The correct information must be entered and initialed by both parents.

 **BOTH** parents must initial any such corrections.

- ✗ Use of correction fluid
Correction fluid must **NOT** be used! Cross out errors, correct, and have both parents initial the correction, as noted above, or start over with a new form.

- ✘ Missing information
Check especially for the signatures of each parent and of the second witness for each parent. Check also for the name and address of the hospital; each parent’s place of birth (City and State); whether the mother receives public assistance and if yes, the name of the district; and the mother’s maiden name (surname only).
- ✘ Inconsistent information
Be sure that all the signature dates match—the dates of each parent’s signature and the signatures of the witnesses for that parent must be the same.

Step 9: Complete the “For Official Use Only” sections at the top and bottom of the form. (Hospital staff/Birth registrars only)

A. Enter the hospital code at the top of the form.

Hospital staff should enter only the appropriate hospital code (4-digit PFI code) in the “For Official Use Only” section at the top of the acknowledgment form. A sample is shown below.

<p>LDSS-4418 (Rev. 8/98) NEW YORK STATE DEPARTMENT OF HEALTH NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE Pursuant to Section 4135-b of Public Health Law</p> <p>ACKNOWLEDGMENT OF PATERNITY <i>(Please Type or Print with black Ink)</i></p> <p>INDICATE, BY CHECKING THE APPROPRIATE BOX, WHERE THE ACKNOWLEDGMENT IS BEING SIGNED:</p> <p><input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> CHILD SUPPORT OFFICE <input type="checkbox"/> BIRTH REGISTRAR <input type="checkbox"/> OTHER</p>	<p style="text-align: center;"><i>(For Official Use Only)</i></p> <p>Hospital Code: <u>0001</u> (4 DIGIT PFI No.)</p> <p>Local district birth number: _____</p> <p>Local register number: _____</p>
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The Hospital Code shown in the sample above (**0001**) is for Albany Medical Center.

B. Registrar enters birth and register numbers, at the top of the form.

Only a birth registrar can enter the birth number(s) at the top of the form, below the 4-digit PFI code for the hospital.

<p>LDSS-4418 (Rev. 8/98) NEW YORK STATE DEPARTMENT OF HEALTH NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE Pursuant to Section 4135-b of Public Health Law</p> <p>ACKNOWLEDGMENT OF PATERNITY <i>(Please Type or Print with black Ink)</i></p> <p>INDICATE, BY CHECKING THE APPROPRIATE BOX, WHERE THE ACKNOWLEDGMENT IS BEING SIGNED:</p> <p><input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> CHILD SUPPORT OFFICE <input type="checkbox"/> BIRTH REGISTRAR <input type="checkbox"/> OTHER</p>	<p style="text-align: center;"><i>(For Official Use Only)</i></p> <p>Hospital Code: <u>0001</u> (4 DIGIT PFI No.)</p> <p style="background-color: #f08080;">Local district birth number: <u>51-8474-8177-4635</u></p> <p style="background-color: #f08080;">Local register number: <u>1915-192-219-49-1953-57</u></p>
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C. Registrar enters district and date and signs the form.

Then, at the bottom of the form, the registrar enters the district where the form is to be filed and the date, and then s/he signs the form.

IMPORTANT NOTICE: This form must be completed and filed with the registrar of the district in which the birth occurred and in which birth certificate has been or will be filed.

<i>(For Official Use Only)</i>
The above ACKNOWLEDGMENT OF PATERNITY is hereby filed with the registrar of <u>Albany County</u> on <u>July 5, 2005</u> (Date). Registrar <u>Graciela R. Tintoretto</u>

D. File the original completed Acknowledgment of Paternity form.

The original completed AOP form should be filed at the same time, if possible, as the certificate of live birth. These documents must be filed with the birth registrar of the hospital where the birth occurred and where the birth certificate is filed (or in NYC, the Department of Health and Mental Hygiene, Vital Records).

Completing the LDSS-4418: Detailed Instructions

Below are detailed instructions and examples showing how to complete New York State's voluntary Acknowledgment of Paternity form, LDSS-4418.

Top section: Hospital code and place

In the upper right corner of the form is a shaded box labeled *(For Official Use Only)*.

Hospital staff should enter the 4-digit Department of Health PFI number for the hospital on the first line, as shown below.

LDSS-4418 (Rev. 8/98) NEW YORK STATE DEPARTMENT OF HEALTH NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE Pursuant to Section 4135-b of Public Health Law ACKNOWLEDGMENT OF PATERNITY <i>(Please Type or Print with black Ink)</i>	<i>(For Official Use Only)</i> Hospital Code: <u>0001</u> (4 DIGIT PFI No.) Local district birth number: _____ Local register number: _____
INDICATE, BY CHECKING THE APPROPRIATE BOX, WHERE THE ACKNOWLEDGMENT IS BEING SIGNED: <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> CHILD SUPPORT OFFICE <input type="checkbox"/> BIRTH REGISTRAR <input type="checkbox"/> OTHER	

In this example, “0001” is the code for Albany Medical Center, Albany, NY.

 Do not fill in the other blanks.

The birth registrar will enter the local district birth number and the local register number when the AOP form is processed.

Check the box next to “Hospital” to indicate the acknowledgment is being signed at the hospital.

Child section: Name, date of birth, sex

Hospital staff, either parent, or a third party can enter the information about the child. There are two sections for the child’s name, depending on when the form is being completed:

- Only the left-hand section is used when the AOP form is filed at the same time as the original birth certificate;
- Both sections must be completed when the AOP form is filed **after** the original birth certificate and the parents wish to change the child’s last name.

When the AOP form is filed with the original birth certificate

When the AOP form will be filed with the original birth certificate, four sections should be completed on the form for the child, as shown below:

LDSS-4418 (Rev. 8/98)
 NEW YORK STATE DEPARTMENT OF HEALTH
 NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
 Pursuant to Section 4135-b of Public Health Law

(For Official Use Only)
 Hospital Code: 0001 (4 DIGIT PFI No.)
 Local district birth number: _____
 Local register number: _____

ACKNOWLEDGMENT OF PATERNITY
(Please Type or Print with black ink)

INDICATE, BY CHECKING THE APPROPRIATE BOX, WHERE THE ACKNOWLEDGMENT IS BEING SIGNED:
 HOSPITAL CHILD SUPPORT OFFICE BIRTH REGISTRAR OTHER

INFORMATION ABOUT THE CHILD FOR WHOM THE ACKNOWLEDGMENT OF PATERNITY IS SIGNED:

PRINT CHILD'S FULL NAME AS IT NOW APPEARS ON THE BIRTH CERTIFICATE: PRINT CHILD'S NAME AS IT WILL APPEAR ON NEW BIRTH CERTIFICATE:
 (First) John 1 (Middle) James (Last) Lewis (First) _____ (Middle) _____ (Last) _____

PLACE OF BIRTH: *(Name and Address of Hospital where child was born):*
Albany Medical Center, New Scotland Ave., Albany, NY 12208

DATE OF BIRTH			SEX
MONTH	DAY	YEAR	
<u>06</u>	<u>27</u>	<u>05</u>	<input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE

2
3
4

- Print the child’s full name—first, middle and last name—“as it now appears,” on the original birth certificate.
Remember that no corrections can be made in the child’s name!
- Print the name and address of the hospital where the child was born.
- Enter the child’s date of birth: Month, Day, Year.
- Check the appropriate box for the sex of the child: Female, Male.

When the AOP form is completed after the original birth certificate

When the AOP form is being completed **after** the original birth certificate and the parents want to change the child's name, the child's name must be entered in both sections, as shown below.

LDSS-4418 (Rev. 8/98)
 NEW YORK STATE DEPARTMENT OF HEALTH
 NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
 Pursuant to Section 4135-b of Public Health Law

(For Official Use Only)
 Hospital Code: 0001 (4 DIGIT PFI No.)
 Local district birth number: _____
 Local register number: _____

ACKNOWLEDGMENT OF PATERNITY
(Please Type or Print with black Ink)

INDICATE, BY CHECKING THE APPROPRIATE BOX, WHERE THE ACKNOWLEDGMENT IS BEING SIGNED:
 HOSPITAL CHILD SUPPORT OFFICE BIRTH REGISTRAR OTHER

INFORMATION ABOUT THE CHILD FOR WHOM THE ACKNOWLEDGMENT OF PATERNITY IS SIGNED:

PRINT CHILD'S FULL NAME AS IT NOW APPEARS ON THE BIRTH CERTIFICATE: (First) John 1a (Middle) James (Last) Lewis	PRINT CHILD'S NAME AS IT WILL APPEAR ON NEW BIRTH CERTIFICATE: (First) John 1b (Middle) James (Last) Lewis												
PLACE OF BIRTH: (Name and Address of Hospital where child was born): Albany Medical Center, New Scotland Ave., Albany, NY 12208													
<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th colspan="3">DATE OF BIRTH</th> <th>SEX</th> </tr> <tr> <th>MONTH</th> <th>DAY</th> <th>YEAR</th> <th><input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE</th> </tr> <tr> <td style="text-align: center;">06</td> <td style="text-align: center;">27</td> <td style="text-align: center;">05</td> <td></td> </tr> </table>		DATE OF BIRTH			SEX	MONTH	DAY	YEAR	<input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE	06	27	05	
DATE OF BIRTH			SEX										
MONTH	DAY	YEAR	<input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE										
06	27	05											

2
3
4

1. Print the child's full name—first, middle and last name—in both sections.
 - a. as it appears on the original birth certificate, and
 - b. as it will appear on the new birth certificate.
 Remember: No corrections can be made in the child's name!
2. Print the name and address of the hospital where the child was born.
3. Enter the child's date of birth: Month, Day, Year.
4. Check the appropriate box for the sex of the child: Female, Male.

Father's acknowledgment

The father, hospital staff or a third party completes the father's section of the form as shown below (numbers 1 – 8):

ACKNOWLEDGMENT OF PATERNITY BY FATHER:

I, Andrew Jackson Lewis ¹, residing at 40 N. Pearl St., 13-C ²
First Middle Last Name House/Apt. Number and Street

In the City Albany ³, State of New York, Zip Code 12207-2729
City, State, Or Foreign Country

my place of birth, (City, State, Or Foreign Country) St. Louis, MO ⁴, my date of birth 11 / 18 / 1982 ⁵
Month Day Year

Social Security Number: 499 - 12 - 3456 ⁶ hereby acknowledge that I am the biological father of the child named above.

I UNDERSTAND THAT SIGNING THIS ACKNOWLEDGMENT WILL ESTABLISH THE PATERNITY OF THE CHILD AND HAVE THE SAME FORCE AND EFFECT AS AN ORDER OF FILIATION ENTERED AFTER A COURT HEARING INCLUDING AN OBLIGATION TO PROVIDE SUPPORT FOR THE CHILD. EXCEPT THAT ONLY IF THIS ACKNOWLEDGMENT IS FILED WITH THE REGISTRAR WHERE THE BIRTH CERTIFICATE IS FILED WILL THE ACKNOWLEDGMENT HAVE SUCH FORCE AND EFFECT WITH RESPECT TO INHERITANCE RIGHTS. I HAVE RECEIVED WRITTEN AND ORAL NOTICE OF MY LEGAL RIGHTS AND THE CONSEQUENCES OF SIGNING THE ACKNOWLEDGMENT OF PATERNITY, AND I UNDERSTAND WHAT THE NOTICE STATES. A COPY OF THE WRITTEN NOTICE HAS BEEN PROVIDED TO ME. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE.

SIGNATURE Andrew J. Lewis ⁷ 06 / 30 / 2005 ⁸
Month Day Year

The above Andrew J. Lewis ⁹ signed and affirmed before us this 30 day of June ¹⁰ 05, that the information contained herein is true.

Claine M. Flanigan ¹¹ Monique L. Johnson ¹²
First Witness Second Witness

(Witnessed by two people not related to the mother or father.)

1. Full name—First, middle, last
2. Current street address
3. City, State and ZIP code
4. City and State where the father was born
5. Father's date of birth
6. Father's Social Security Number

☞ Before the father signs the form, it's a good idea for the witnesses to ask to see a photo ID—a quick way to verify the accuracy and spelling of the name and address information.

7. Father signs the form
8. Father dates the form

The witnesses complete the remainder of the section for the father (numbers 9 – 12):

9. Father's name
10. Date of signature
11. First witness' signature
12. Second witness' signature

☞ Remember—the witnesses cannot be related to either parent.

Mother's acknowledgment

The mother of the child, hospital staff or a third party completes the mother's section of the form as shown below (numbers 1 – 10):

ACKNOWLEDGMENT OF PATERNITY BY MOTHER:

I, Patricia Karina Moreno **1**, residing at 488 N. Washington St. **2**
First Middle Last Name House/Apt. Number and Street

In the City of Albany **3**, State of New York, Zip Code 12201-3638
(City, State, Or Foreign Country) **4** my date of birth 08/10/1953 **5**
Month Day Year

Social Security Number: 008-11-1953 **6** hereby consent to the acknowledgment of paternity for my child named above, and acknowledge that the man named above is the only possible father of my child who was born to me. I state that I was not married at any time during the pregnancy or when the child was born **OR** I state that I was not married when the child was born or at any time during the pregnancy but I have subsequently married the child's biological father.

I UNDERSTAND THAT SIGNING THIS ACKNOWLEDGMENT WILL ESTABLISH THE PATERNITY OF THE CHILD AND HAVE THE SAME FORCE AND EFFECT AS AN ORDER OF FILIATION ENTERED AFTER A COURT HEARING INCLUDING AN OBLIGATION TO PROVIDE SUPPORT FOR THE CHILD. EXCEPT THAT ONLY IF THIS ACKNOWLEDGMENT IS FILED WITH THE REGISTRAR WHERE THE BIRTH CERTIFICATE IS FILED WILL THE ACKNOWLEDGMENT HAVE SUCH FORCE AND EFFECT WITH RESPECT TO INHERITANCE RIGHTS. I HAVE RECEIVED WRITTEN AND ORAL NOTICE OF MY LEGAL RIGHTS AND THE CONSEQUENCES OF SIGNING THE ACKNOWLEDGMENT OF PATERNITY, AND I UNDERSTAND WHAT THE NOTICE STATES. A COPY OF THE WRITTEN NOTICE HAS BEEN PROVIDED TO ME. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE.

I am currently in receipt of public assistance and/or child support services from a social services district in New York state.
 NO YES **7** If "Yes", identify the county and address of the social services district, if known: _____

SIGNATURE: Patricia K. Moreno **8** Date: 06/29/2005 **9**
Month Day Year

My maiden name is (Last name only): Moreno **10**

The above named Patricia K. Moreno **11** signed and affirmed before us this 29 day of June **12** 05, that the information contained herein is true.

Monique L. Johnson **13** Claire M. Flanigan **14**
First Witness Second Witness

(Witnessed by two people not related to the mother or father.)

1. Full name—First, middle, last
2. Current street address
3. City, State and ZIP code
4. City and State where the mother was born
5. Mother's date of birth
6. Mother's Social Security Number
7. Check whether she is receiving public assistance or child support services.
 If so, the mother, hospital staff or a third party should print the county and the address of the social services district from which she receives public assistance or child support.

I am currently in receipt of public assistance and/or child support services from a social services district in New York state.
 NO YES **7** If "Yes", identify the county and address of the social services district, if known: Albany, 162 Washington Ave.

SIGNATURE: Patricia K. Moreno Date: 06/29/2005
Month Day Year

My maiden name is (Last name only): Moreno

The above named Patricia K. Moreno signed and affirmed before us this 29 day of June 05, that the information contained herein is true.

Monique L. Johnson Claire M. Flanigan
First Witness Second Witness

(Witnessed by two people not related to the mother or father.)

☞ Before the mother signs the form, it's a good idea for the witnesses to ask to see a photo ID—a quick way to verify the accuracy and spelling of the name and address information.

8. Mother signs the form
9. Mother dates the form
10. Mother prints her maiden name (last name only)

The witnesses complete the remainder of the section for the mother (numbers 11 – 14):

I am currently in receipt of public assistance and/or child support services from a social services district in New York state.

NO YES If "Yes", identify the county and address of the social services district, if known: _____

SIGNATURE: Patricia K. Moreno _____

My maiden name is (last name only) MORENO _____

The above name Patricia K. Moreno signed and affirmed before us this 29 day of June 12 05, that the information contained herein is true.

Monique L. Johnson _____ Elaine M. Flanigan _____

First Witness _____ Second Witness _____

(Witnessed by two people not related to the mother or father.)

11. Mother's name
12. Date of signature
13. First witness' signature
14. Second witness' signature

Remember—the witnesses cannot be related to either parent.

Registrar: Completing and filing the form

After the form has been completed by both parents and each parent's signature has been properly witnessed, the form is sent to the registrar, who completes and signs the form as shown below:

Birth and register numbers (top of form)

First, the registrar fills in the birth and register numbers at the top of the form:

LDSS-4418 (Rev. 8/98) NEW YORK STATE DEPARTMENT OF HEALTH NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE Pursuant to Section 4135-b of Public Health Law ACKNOWLEDGMENT OF PATERNITY <i>(Please Type or Print with black Ink)</i> INDICATE, BY CHECKING THE APPROPRIATE BOX, WHERE THE ACKNOWLEDGMENT IS BEING SIGNED: <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> CHILD SUPPORT OFFICE <input type="checkbox"/> BIRTH REGISTRAR <input type="checkbox"/> OTHER _____	<i>(For Official Use Only)</i> Hospital Code: <u>0001</u> (4 DIGIT PFI No.) Local district birth number: 51-8474-8177-4635 Local register number: 1915-192-219-49-1953-57
--	--

District, date and signature (bottom of form)

Then the registrar fills in the district name and the date and signs the form.

IMPORTANT NOTICE: This form must be completed and filed with the registrar of the district in which the birth occurred and in which birth certificate has been or will be filed.

<i>(For Official Use Only)</i> The above ACKNOWLEDGMENT OF PATERNITY is hereby filed with the registrar of <u>Albany County</u> on <u>July 5, 2005</u> (Date). Registrar <u>Graciela R. Tintoretto</u>
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Page 4 of 4

Filing the form

The registrar then sends the form to the appropriate agency (local district or New York City), and copies of the form are sent to the Putative Father Registry.

Completing LDSS-4418 NYC: Special Instructions

The Acknowledgment of Paternity form used in New York City (LDSS-4418 NYC) is similar to LDSS-4418 in many respects. The information required about where the form is signed, the child's information, the father's acknowledgment, the mother's acknowledgment, and the signature requirements (father's, mother's, two witnesses unrelated to either parent) are the same as for the New York State form.

Therefore, this section presents instructions only for those parts of the NYC form that are different from the state AOP form.

Top section: Hospital code Birth Number

At the top of the NYC form, the shaded box labeled *(For Official Use Only)* has only two lines to be completed, as shown below:

<i>(For Official Use Only)</i>	
Hospital Code: 1450	(4 DIGIT PFI No.)
Birth Number: _____	

The 4-digit PFI code for the New York City hospital is entered in the blank for the Hospital Code, just as for the state form. (For example, the code shown in the illustration is for Lenox Hill Hospital.)

However, the LDSS-4418 NYC form is filed with the Office of Vital Records of the New York City Department of Health and Mental Hygiene. The NYC form therefore allows the birth certificate and the AOP form to have the same filing number, the **Birth Number**.

 Only a New York City registrar can enter the Birth Number.

Hospital staff should check the “Hospital” box to indicate where the form is being signed.

The sections for the child, the father and the mother are all the same as those on the LDSS-4418 form. On the NYC form, however, these sections are printed on page 3.

Page 4: Father's mailing address

In addition to the "Acknowledgment of Paternity by Father" section on page 3 of LDSS-4418 NYC, the father's mailing address must also be printed on page 4, as shown below:

LDSS-4418 NYC (Rev. 8/98)

MAIL pages 3 and 4 of this form to:

New York City Department of Health
Office of Vital Records
Attention: Corrections Unit, Room 144
125 Worth Street, Box 4
New York, NY 10013

If you want to obtain a new birth certificate, either:
Enclose a check or money order for \$15.00, or
Return a newborn birth certificate (Form no. VR-133); it may not be a
photocopy, and it must have been issued within the last year.

FATHER

Name Andrew J. Lewis
Address 40 N. Division St. Apt. 13-C
City Far Rockaway State NY Zip 11695-2413

Mailing address of Father must be printed here.
A copy of this Acknowledgment will be mailed to him
when it is filed with the New York City Department of
Health.

(Fold Here)

After the form is filed, a copy will be mailed to the father at the address entered on Page 4 of the form.

Page 4: Mother's mailing address and phone number

Similarly, the mother's mailing address and phone numbers must also be printed on page 4 of LDSS-4418 NYC, as shown below:

(Fold Here)

Mother's telephone number(s)
Daytime 212-756-3635
Evening 212-442-2014

MOTHER

Name: Patricia K. Moreno
Address 185 2nd St. Apt. 1-A
City: New York State: NY Zip 10031-3838

Mailing address of Mother must be printed here.
A copy of this Acknowledgment will be mailed to her
when it is filed with the New York City Department of
Health.

Page 4 of 4

After the form is filed, a copy will be mailed to the mother at the address entered on Page 4 of the form.

Registrar: Birth number, signature, filing the form

Only a New York City registrar can fill in the Birth Number at the top of the form.

<i>(For Official Use Only)</i>	
Hospital Code: <u>1450</u>	(4 DIGIT PFI No.)
Birth Number: <u>57-3734-2868-4635</u>	

The registrar must also complete and sign the form at the bottom.

The bottom section of the NYC form states that the form is filed (on the date entered) with the New York City Department of Health. It also includes a declaration of completeness and accuracy:

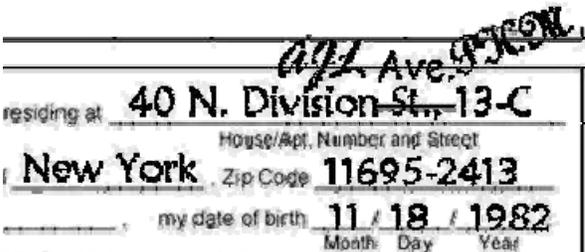
IMPORTANT NOTICE: This form must be completed and filed with the New York City Department of Health		
<i>(For Official Use Only)</i>		
The above ACKNOWLEDGMENT OF PATERNITY is hereby filed with the New York City Department of Health on		<u>07 / 05 / 2005</u>
		<small>Month Day Year</small>
This is to certify that I have examined the original record which this document seeks to amend. There are no omissions or apparent errors in this document that renders it unacceptable from amending the record. This document is, therefore, approved.		
<u>Helen R. Siegenthaler</u>		<u>07 / 05 / 2005</u>
<small>Deputy City Registrar</small>		<small>Month Day Year</small>

 Only a Deputy City Registrar can complete these sections of the form.

After the registrar signs the form, copies are sent to both parents and to the Putative Father Registry.

Avoid these common mistakes

Certain types of mistakes, especially incomplete information, can cause the AOP form to be rejected by the local birth registrar or by the Putative Father Registry. Be sure to watch for these mistakes and correct them as described below:

Error	Correction
Use of correction fluid anywhere on the form	Start over with a new form. NO correction fluid can be used on the AOP form.
Child's name crossed out and rewritten	Start over with a new form. NO cross-outs or corrections can be accepted in the child's name. Certain other information may be crossed out and corrected (see below).
Errors in parents' information (street address, apartment number, etc.) 	Correct as follows: 1. Cross out the error with a single line. 2. Write in the correct information. 3. Have both parents initial the correction. The correction will not be accepted unless both parents initial it.
Missing information, such as signature of parent or second witness	Make sure all information is complete. Check especially for <ul style="list-style-type: none"> • Both parents' signatures • Two witnesses' signatures for each parent's signature • Matching signature dates The date of each parent's signature must be the same date as the date of the witnesses' signatures for that parent.

☞ Each parent's signature requires two (2) witnesses who are not related to either parent.

Special concerns about Acknowledgment of Paternity

Is the information kept confidential?

Yes. All information entered on the Acknowledgment of Paternity form is confidential and cannot be released unless ordered by a judge. Only the parents and the child named on the form, the child's legal guardian or representative, or government officials acting in the capacity of their official duties may obtain copies of the form.

What about parents who are minors?

Parents who are minors can acknowledge paternity for their child.

However, hospital staff should take special care to explain the legal rights and consequences of signing an AOP to young parents.

 Encourage minors to get advice about acknowledgment from their own parents, attorneys, or counselors **before** signing the form.

What if the mother is or was married?

If the mother is or was married, she must not complete an AOP form. Only unmarried parents may sign an Acknowledgment of Paternity.

The Acknowledgment of Paternity may be signed only if the mother was unmarried throughout the pregnancy *and* at the time of the child's birth. The only exception is as follows: If the mother was unmarried during the pregnancy and at the birth, but she later marries the child's biological father, an AOP may be completed.

Under New York State law, there is a "presumption of legitimacy." That is, when a married woman gives birth, her husband is automatically presumed to be the father of the child. Only a judge may determine that someone other than her husband is the child's father.

What if one or both parents are reluctant to sign?

Hospital staff should consider the parents' circumstances when discussing acknowledgment of paternity. If both parents seem cooperative, it may be appropriate to discuss the acknowledgment with both parents at the same time. However, if the parents are not together or have specific individual concerns, each parent should be approached separately and in private.

☞ Remember that acknowledgment of paternity is *voluntary*. No one should be pressured into signing an Acknowledgment of Paternity.

Remember also that paternity can be established at a later date—either by Family Court or by acknowledgment at any time before the child's 21st birthday.

When is genetic testing recommended?

Genetic testing is recommended whenever there is *any* doubt about the child's father.

When the mother and putative father sign an Acknowledgment of Paternity, they are making statements that they assert to be true to the best of their knowledge. The mother is attesting that the man is the only possible father of the child; the man is stating that he is the biological father of the child.

☞ If either party has *any* doubt about the child's father, they should **not** sign an Acknowledgment of Paternity.

The Notice of Rights and Consequences on the AOP form advises parents of their right to genetic testing. Hospital staff should remind unmarried parents that genetic testing is available through Family Court and these tests can resolve any doubts. Anyone with any doubt should **not** complete an Acknowledgment of Paternity form.

What about surrogate births?

A surrogate mother can sign an Acknowledgment of Paternity form with the husband of a married couple when the husband is the sperm donor, as long as the surrogate mother was not married during the pregnancy nor at the time of birth. Adoption proceedings will follow the signing of the Acknowledgment of Paternity form.

Can paternity be acknowledged for older children?

Yes. Parents can complete and sign an Acknowledgment of Paternity any time after the birth of the child, up until the child is 21 years old. Acknowledgments may thus be completed for older children for whom paternity has not been established. An AOP form must be completed for each child, and the form must be filed with the registrar for the district in which the child was born and in which the original birth certificate was filed (or, in NYC, the forms must be filed with the Department of Health and Mental Hygiene's Office of Vital Records).

What about mothers' special concerns?

In addition to general questions or concerns about acknowledging paternity, mothers often have the following specific concerns:

Will I lose my temporary assistance benefits?

Acknowledging paternity will **not** cause a person's temporary assistance benefits to end.

In fact, acknowledging paternity (and applying for child support services) is a condition of (requirement for) receiving temporary assistance. If a mother does not help Child Support personnel to establish paternity and pursue child support, her benefits can be reduced or cancelled for that very reason.

Also, if it seems appropriate, remind mothers with this concern that their temporary assistance benefits will end eventually. It is true that if a child support order is established and the payments received are greater than the temporary assistance amount, the parent will no longer be eligible for temporary assistance—but s/he will have achieved self-sufficiency and will no longer need to depend on assistance.

Will I lose custody of my child?

Acknowledging paternity does give the non-custodial parent the right to file a custody petition with family court. However, having the right to file a custody petition does not mean that the non-custodial parent will actually request or be awarded custody. Only the court can decide custody issues.

I'm afraid of losing what the father is giving me now.

As long as child support is not being sought in court, then any informal agreements will not be affected by an Acknowledgment of Paternity.

However, if child support is sought in court, then the father named on the Acknowledgment of Paternity will be obligated to support his child. The father can still provide additional money if he chooses.

If the custodial parent is receiving temporary assistance, accepting any payment “under the table” from the non-custodial parent *instead of* a formal support obligation payment is considered **fraud**. For a custodial parent who receives temporary assistance, accepting any payment “under the table” can result not only in loss of temporary benefits, but also in civil and criminal prosecution.

The father has no income or is still in school.

The father’s circumstances may change, and he may have a good income in the future. Acknowledging paternity will entitle his child to financial and/or medical benefits if they become available.

I don’t want anything to do with the father.

The mother may want nothing to do with the father for various reasons; her family may disapprove of the father, he may have abandoned her and the child, and so on.

While it is important to remember that acknowledgment of paternity is **voluntary**, and no one should be pressured into acknowledgment, it may still be appropriate and helpful to remind the mother of the benefits of establishing paternity, such as

- the possibility of sharing parental responsibilities
- information about family medical history
- improved financial security for the family
- access to medical insurance for the child, if available