

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES/DCSE
ALL VIRGINIA BIRTHING HOSPITALS
PATERNITY ACKNOWLEDGMENT RIGHTS AND RESPONSIBILITIES STATEMENT**

Rights and Responsibilities of the Father

Please read and a trained hospital staff member will read to you the following statements before you sign the Acknowledgment of Paternity form.

1. I understand that my signature on the Acknowledgment of Paternity form establishes that I am the natural father of the named child for all legal purposes.
2. I sign the Acknowledgment of Paternity voluntarily and understand that I am under no obligation to do so. No pressure has been placed upon me to sign. I understand I may take the following actions instead of signing this form:
 - a. Seek the advice or representation of legal counsel
 - b. Request that DNA testing be taken
 - c. Have the matter of paternity determined by the court
3. I understand I will have the responsibility to provide support for my child.
4. I understand I will be responsible to pay such support until the child turns 18 years of age or beyond if required by law.
5. I understand after paternity is established, I have the right to request visitation with the child. Custody and visitation are decided in legal actions separate from the issues of paternity or child support.
6. I understand the Acknowledgment of Paternity may be used in any legal proceeding regarding this child.
7. I understand I have the right to talk to a staff person to clarify information on this statement and to ask any questions I have.
8. I understand I have the right to rescind this acknowledgment within sixty days from the date of signing unless an administrative or judicial proceeding involving this child has taken place earlier.

Rights and Responsibilities of the Mother

Please read and a trained hospital staff member will read to you the following statements before you sign the Acknowledgment of Paternity form.

1. I understand that my signature on the Acknowledgment of Paternity form means that I swear that I am the mother of the named child and that the person signing as the father is the biological father of the child.
2. I sign the Acknowledgment of Paternity voluntarily and understand that I am under no obligation to do so. No pressure has been placed upon me to sign. I understand I may take the following actions instead of signing this form:
 - a. Seek the advice or representation of legal counsel
 - b. Request that DNA testing be taken
 - c. Have the matter of paternity determined by the court
3. I understand after paternity is established, I have the right to request visitation with the child. Custody and visitation are decided in legal actions separate from the issues of paternity or child support.
4. I understand I have the right to talk to a staff person to clarify information on this statement and to ask any questions I have.
5. I understand I have the right to rescind this acknowledgment within sixty days from the date of signing unless an administrative or judicial proceeding involving this child has taken place earlier.

I have read and have been provided with an oral description of the rights and responsibilities statement above.

Signature of Father _____
Social Security Number _____
Subscribed and Sworn before me on: _____
In the _____ of _____ in the
Commonwealth of Virginia
Notary Signature: _____
My Commission Expires: _____

I have read and have been provided with an oral description of the rights and responsibilities statement above.

Signature of Mother _____
Social Security Number _____
Subscribed and Sworn before me on: _____
In the _____ of _____ in the
Commonwealth of Virginia
Notary Signature: _____
My Commission Expires: _____