



**PARENT SURVEY ON THE ACKNOWLEDGEMENT OF PATERNITY (AOP)**  
Mandated By Law

*This Survey should be completed after the AOP has been signed or a person has declined to sign the AOP.*

Hospital/Entity Name & Location: \_\_\_\_\_

Entity Code: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Please read and INITIAL the following:**

STATEMENTS	MOTHER	FATHER
1. I was given the opportunity to sign an Acknowledgment of Paternity.	_____	_____
2. I choose <b>NOT</b> to complete an Acknowledgment of Paternity	_____	_____

*If you initial #2, please skip questions 3 through 8.*

3. I was made aware that I could have a DNA test done before I signed the AOP.	_____	_____
4. I was given written and oral information regarding the benefits, rights and responsibilities of an AOP, an explanation of those rights and responsibilities, and information about child support.	_____	_____
5. The biological father who signed this AOP will have all legal rights and duties of a parent. This may include the legal responsibility for financial and medical support of the child named in this AOP.	_____	_____
6. If I change my mind, a Rescission of Acknowledgment of Paternity (VS-158) must be filed within the earlier of 60 days of signing the Acknowledgment of Paternity or the date a proceeding involving the child is initiated before a court.	_____	_____
7. After 60 days, I may challenge the AOP in court and must prove fraud, duress, or material mistake of fact.	_____	_____
8. I was given a completed copy of the AOP with the benefits, rights, and responsibilities on the back.	_____	_____

Mother's Printed Name: \_\_\_\_\_

ID Type: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Father's Printed Name: \_\_\_\_\_

ID Type: \_\_\_\_\_

Father's Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Certified Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Presumed Father:** (After you read the Denial of Paternity and Change of Mind sections of the rights and responsibilities, please read the statement below and initial.)

After I have signed the Denial of Paternity and it has been filed with the Vital Statistics Unit, my legal rights and responsibilities to this child will be terminated. If I change my mind, a Rescission of Acknowledgment of Paternity (VS-158) can be filed within the earlier of 60 days of signing the Acknowledgment of Paternity or the date a proceeding involving the child is initiated before a court. After 60 days, I may challenge the AOP in court and must prove fraud, duress, or material mistake of fact.

*Initial Here:* \_\_\_\_\_

Presumed Father's Printed Name: \_\_\_\_\_

ID Type: \_\_\_\_\_

Presumed Father's Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Certified Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_