

# PARENTAGE

Form version: March 1, 2021

# Form B

**A separate Form is required for each child. Check all boxes that apply.**

**1. Child's full name and date of birth:**

Name (First Middle Last)	Date of Birth (YYYY/MM/DD)
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2.  I am entitled to claim support for this child as I am the child's parent, guardian, or other person with responsibility for this child.

3.  I ask the court to find that the Respondent has an obligation to support the child.

If the parentage of this child is raised as an issue, I ask the court to determine that the Respondent is the parent of this child.

4. I believe that the Respondent should acknowledge parentage of this child because (check all that apply):

The Respondent and I resided together as a couple for the period from \_\_\_\_\_(YYYY/MM/DD) to \_\_\_\_\_ (YYY/MM/DD).

The Respondent and I were married to each other, in a registered civil union, or lived together as a couple, at the time of this child's birth.

My marriage to the Respondent ended by a Court Judgement or a Divorce Order, or we ceased to reside together within 300 days before the birth of this child.

The Respondent has stated (in writing) that he/she is the parent of this child (copy attached).

The Respondent is registered as a parent of this child on the birth registration or Vital Statistics records (copy attached).

Genetic testing has been completed which shows the Respondent is a parent of this child (copy attached).

The Respondent signed an acknowledgement of paternity of this child (copy attached).

The child was born using assisted reproduction and the Respondent's role was as follows:

Additional page(s) attached

Other presumptions or rules permitted under the laws of my jurisdiction

Additional page(s) attached

**Sections 5 and 6 are optional. You may wish to respond to these sections as it may be required should the Respondent dispute parentage and/or the obligation to support the child or fails to appear for the hearing. If these sections are not completed, and the court requires this information, you may be asked to complete it at a later date, resulting in a delay in the application process.**

5.  Should the Respondent request genetic testing to confirm parentage of this child, I agree to cooperate and will make myself and the child, if in my custody, available for this testing.

I request that the Respondent is to be directed to make the arrangements for the genetic testing.

I make the following suggestion regarding payment for genetic testing:

Additional page(s) attached

Genetic testing is not relevant to a determination of parentage based on the Respondent's role in assisted reproduction.

6.  **I make the following statements to support my claim that the Respondent is the biological parent of the child (check all that apply):**

I had sexual intercourse with the Respondent at: \_\_\_\_\_ (City, Province/Territory/State) on \_\_\_\_\_ (YYYY/MM/DD) or from: \_\_\_\_\_ to \_\_\_\_\_ (date range).

Provide an explanation in Section 9 below, if the resulting child was born prior to a full term pregnancy.

I did not have sexual intercourse with any other person during the time 30 days before to 30 days after the date the child was conceived.

The Respondent and I married each other after the child was born, and the Respondent admitted to being the biological parent of the child.

The Respondent admitted being a biological parent of the child.

The Respondent sent cards/letters/e-mails regarding the pregnancy and/or birth of the child (copy attached).

The Respondent was present when the child was born.

The Respondent visited the child at the hospital following birth.

The Respondent offered to pay for an abortion/medical expenses.

The Respondent paid for birth-related expenses.

The Respondent has provided food, clothes, gifts, or financial support for the child (provide details in Section 9 below).

The Respondent claimed the child on tax returns.

The Respondent lived with the child.

The Respondent visited the child.

There are witnesses to my relationship with the Respondent (list names, addresses, and facts known by each person in Section 9 below).

7. **I was married to a person other than the Respondent at the time of the child's birth:**

No      Yes      If yes, complete the following:

A. That person's name (First Middle Last) and last known address:

Additional page(s) attached

B. I do not believe that the person I was married to is the biological parent of the child because (list reasons, and attach all supporting documents):

Additional page(s) attached

8.  **The Respondent is not a biological parent of the child, but should be determined to have an obligation to support the child because (check all that apply):**
- The Respondent acted as a parent to the child in the following ways:
    - The Respondent, the child and I, lived together as a family during the period from \_\_\_\_\_(YYY/MM/DD) to \_\_\_\_\_(YYYY/DD/MM).
    - The Respondent lived with the child.
    - The Respondent visited the child.
    - The Respondent has provided food, clothes, gifts, or financial support for the child (provide details in Section 9 below).
    - The Respondent claimed the child on tax returns.
  - There are witnesses to this relationship with the Respondent (list names, addresses, and facts known by each person in Section 9 below).
  - Other information to describe the Respondent's relationship with the child (use Section 9 below).

9. **Information in support of a declaration of parentage/responsibility to support this child** (provide explanations for any responses requested above including further information relating to responses that indicate that the Respondent is the biological parent of the child OR that the Respondent is a parent based on his/her role in assisted reproduction OR that the Respondent acted as a parent to the child):

Additional page(s) attached

This document is attached to and forms part of the evidence in my support/support variation application.

\_\_\_\_\_  
(Signature of Claimant/Applicant)