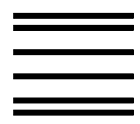



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DEPARTMENT OF SOCIAL & HEALTH SERVICES  
VOLUNTARY PATERNITY TESTING PROGRAM  
PO BOX 9162  
OLYMPIA WA 98507-9835

### Who can see my application information and my genetic test results?

DCS, its partners, including prosecuting attorneys and courts, and the other tested party may see this information.

### What should we do if the genetic testing report says the person tested is the biological father/parent?

If the genetic testing shows the person is the biological father/parent of the child, you may sign an Acknowledgment of Parentage at a county vital records office, a hospital or a DCS office. Signing the Acknowledgment of Parentage is voluntary, and the signatures on the form must be notarized or witnessed. If you file the Acknowledgment of Parentage on your own, the Department of Health requires a filing fee, but DCS may pay the filing fee if you bring or send the form to DCS. DCS staff may notarize or witness your signatures if you have proper identification.

If you need help getting or completing an Acknowledgment of Parentage form, call DCS at 1-800-442-KIDS (5437) or see the back of the "Establish Parentage for Your Child's Sake" brochure for the phone number of a DCS office near you.

Please note that this brochure does not advise you of all the rights and responsibilities of signing the Acknowledgment of Parentage. Please call 1-800-356-0463 for more information, or contact an attorney.

Scan the QR code below to watch a video that explains the Acknowledgment of Parentage.



### What if we have more questions about voluntary genetic testing through DCS?

Call the DCS Voluntary Paternity Testing Program information line at 1-800-285-1892. You may be asked to leave a short message and tell us a convenient time to call you back.

*DSHS does not discriminate and provides equal access to its programs and services for all persons without regard to race, color, gender, religion, creed, marital status, national origin, sexual preference/orientation, age, veteran's status or the presence of any physical, sensory or mental disability.*

Washington State's  
Child Support Program



# Voluntary Paternity Testing Program



Transforming lives

DSHS 22-1443 (Rev. 2/24)

## Who qualifies for the Voluntary Paternity Testing Program?

A mother/birth parent, child and possible biological father/parent may qualify for genetic testing at no cost **if all the following are true:**

- The child was born in Washington.
- The child is younger than 2 years old.
- The mother/birth parent was not married at the time of the child's birth and the child was born no later than 300 days after the marriage terminated.
- There is no second parent named on the child's birth certificate.
- An Acknowledgment of Parentage has not been completed and filed with the Washington State Department of Health.
- A court has not legally established parentage for the child.
- Both the mother/birth parent and possible father/parent are at least 18 years old.
- Both the mother/birth parent and possible father/parent are considering whether to sign a voluntary Acknowledgment of Parentage form.
- Both the mother/birth parent and possible father/parent agree to participate in the program.

If you have questions about whether or not you qualify for voluntary genetic testing, please call the DCS voluntary paternity testing information line at 1-800-285-1892.

## What is a paternity test?

A paternity test is a scientific test used to determine whether someone is, or is not, the biological father/parent of a child. A cheek swab is collected from the child, the mother/birth parent and the possible father/parent. The genetic samples are sent to a laboratory for testing. The lab issues a final report.

## Why does the Division of Child Support offer free voluntary genetic testing?

Under Washington law, parents may sign an Acknowledgment of Parentage to establish legal parentage for their child. When unmarried parents choose to sign an Acknowledgment of Parentage without first having genetic testing to confirm the biological father/parent, they may have doubts. DCS helps settle the question of the child's biological father/parent early in the child's life by offering genetic testing to unmarried parents who are interested in establishing parentage.

For more information about voluntarily acknowledging parentage, please refer to the Acknowledgment of Parentage, the "Establish Parentage for Your Child's Sake" brochure, the parentage video linked in the QR code on the back page of this brochure, or call the parentage information line at 1-800-356-0463. You may also wish to consult with an attorney.

## If we request voluntary genetic testing, will DCS automatically open a case to collect child support?

No. A request for no-cost voluntary genetic testing or signing an Acknowledgment of Parentage form does not cause DCS to open up a case for child support automatically. DCS opens a case for child support only if the child goes on public assistance, or if the custodial or noncustodial parent of the child applies for child support services. To ask DCS to provide child support services for your child, call DCS at 1-800-442-KIDS (5437) or visit [www.childsupportonline.wa.gov](http://www.childsupportonline.wa.gov).

If the child does go on public assistance, or a custodial or noncustodial parent of the child applies for child support services, DCS may stop paternity testing through the voluntary testing process and refer your case to the prosecuting attorney's office to establish parentage in court.

Other situations may lead DCS to transfer a case to the prosecutor to establish parentage. If someone is excluded as the father/parent by genetic testing through the Voluntary Paternity Testing Program, DCS may refer the mother/birth parent and child to the prosecutor for a possible parentage action in court. If the prosecutor files an action, you may be required to pay some costs.

## How do we apply for a free voluntary genetic test?

Both the mother/birth parent and the possible father/parent must agree to be tested. Complete the postage-paid application form on this brochure, tear it off, fold it and mail it to DCS. Once your application is received, DCS will check your child's birth information with birth records filed with the Department of Health. A representative from DCS will contact one of you to review your application.

If you qualify for services, DCS will schedule you for testing. DCS will send you a letter telling you the time and place for your test. The mother/birth parent, possible father/parent and child must all go to a testing location where the test is administered. Proper identification is required, including photo identification for the adults.

## Will we receive the test results?

Yes. The lab sends a report to both the mother/birth parent and the possible father/parent.



# Genetic Test Authorization Form

Possible Father/Parent's Name First	Middle	Last	Date of Birth month / day / year	Phone Number ( ) ( )
Address	Apt. #		Alt. Phone ( ) ( )	
City	State	Zip code	Email Address:	
Mother/Birth Parent's Name First	Middle	Last	Date of Birth month / day / year	Phone Number ( ) ( )
Address (if same as the possible father/parent's, write "same")	Apt. #		Alt. Phone ( ) ( )	
City	State	Zip Code	Email Address:	
Child's Name First	Middle	Last	Date of Birth month / day / year	
Name of hospital where the child was born:				

Whom should we call if we need to ask questions?

Mother/Birth Parent

Possible Father/Parent

Laboratories do genetic testing during daytime hours Monday through Friday.

By signing below, I agree that I have read this booklet. I knowingly and voluntarily acknowledge that the Division of Child Support and its partners may use application information, interview information, all genetic testing paperwork including the chain of custody, any genetic samples taken to be used in a subsequent paternity action, and genetic test results. I understand that if a paternity case is referred to court, I may be responsible for paying genetic testing costs if the court requires it or if a re-test is required by the Court and/or prosecuting attorney.

Please refer us for a voluntary no-cost genetic test.

Possible Father/Parent's Signature

Date

Mother/Birth Parent's Signature

Date

For staff use only

Referral Number:

Notes:

Detach this form, fold and seal for return mail

