

Saint Regis Mohawk Tribe  
Saint Regis Mohawk Tribal Court

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\_\_\_\_\_  
Petitioner

V

\_\_\_\_\_  
Respondent

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**PATERNITY ESTABLISHMENT  
PETITION**

1) I, \_\_\_\_\_ residing at \_\_\_\_\_, am the petitioner in this action to establish paternity of:

<u>Name</u>	<u>DOB</u>	<u>Tribal Affiliation</u>	<u>Estimated Conception</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2) Jurisdiction:

I am,  my child is, or  my children listed below are enrolled members of the Saint Regis Mohawk Tribe.

I reside or am domiciled,  my child resides or is domiciled, or  my children listed below reside or are domiciled within the territory of the Saint Regis Mohawk Tribe. (See No. 7 below.)

The respondent is an enrolled member of the Saint Regis Mohawk Tribe.

The respondent resides or is domiciled within the territory of the Saint Regis Mohawk Tribe.

The respondent is otherwise subject to this court's personal jurisdiction based on the facts alleged in the affidavit of the Petitioner attached hereto.

3) There  **IS** /  **IS NOT** an **ORDER OF PROTECTION** issued by a court of competent jurisdiction involving any person named in this petition. (FSA Sec III 2B (ii)).

If there **IS**, an order of protection, said order was issued by: \_\_\_\_\_.

A person[s] named in said order, who is also named in this petition, is \_\_\_\_\_.

4) The biological Mother is:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
Tribal Affiliation: \_\_\_\_\_

5) The putative/biological Father is:  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tribal Affiliation: \_\_\_\_\_

6) Petitioner  **DOES** /  **DOES NOT** request that child[ren]'s names and other personal/identifying information be redacted from this petition.

If the petitioner **DOES** wish to have information redacted, the identifying information is for:  
\_\_\_\_\_

7) There  **HAS** /  **HAS NOT** been a family court proceeding involving the child[ren] named in this petition.

If there **HAS** been such a proceeding, those proceedings (FSA Sec II 2 vi)).

<u>Type of Proceeding:</u>	<u>Date of Proceeding:</u>	<u>Name of Court:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

8) If paternity is established, the petitioner  **WILL** /  **WILL NOT** be seeking a child support order. (FSA Sec II 2 (vii)).

**AFFIRMATION**

I subscribe and affirm under penalty of perjury that this petition is made for the sole purpose(s) of establishing paternity and/or obtaining child support from an individual who is (or may be) legally responsible for the support of dependent child[ren]; and that statements made in this application or accompanying document(s) have been examined by me and to the best of my knowledge and belief are true and correct.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Date

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature