IN THE COURT OF COMMON PLEAS

ASHLAND COUNTY, OHIO

DOMESTIC RELATIONS DIVISION

|  |  |  |
| --- | --- | --- |
|  | Case No. |  |

Plaintiff/Petitioner,

vs./and

|  |
| --- |
|  |

Defendant/Petitioner.

**WAIVER OF PATERNITY TESTING AND LEGAL RIGHTS**

|  |  |  |
| --- | --- | --- |
| Now comes the undersigned, |  | , and states as follows under oath and penalty of perjury: |

|  |  |  |
| --- | --- | --- |
| 1. | I understand that this case involves the following minor child(ren), to wit: |  |

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|  |  |  |  |
| --- | --- | --- | --- |
| 2. | I hereby admit and acknowledge that |  | is the biological and/or legal parent |

of the above-named minor child(ren).

|  |  |
| --- | --- |
| 3. | I have had my rights to paternity testing and to contest paternity fully explained to me, and I understand |

those rights.

|  |  |
| --- | --- |
| 4. | I have had my right to counsel explained to me and: |

I waive any rights I have to counsel (if I am unrepresented in this case) or

I acknowledge that I am satisfied with the advice of my attorney in this case.

|  |  |
| --- | --- |
| 5. | I specifically waive any right I may have to paternity testing with regard to said child(ren) and my right to |

trial with regard to the paternity issue.

|  |  |
| --- | --- |
| 6. | I specifically waive any rights or causes of action I now have or may have in the future under Ohio law |

(including but not limited to O.R.C. Chapter 3111 or O.R.C. Section 3119.96, et. seq.), to contest the

status of the above-named person as the biological father and legal parent of the above-named

child(ren).

|  |  |
| --- | --- |
| 7. | I understand that by signing this document, I will never be able to request paternity testing with regard to |

the above-named child(ren) in the future, and that I will be forever barred from legally challenging the

paternity of the child(ren).

|  |  |
| --- | --- |
| 8. | I have signed this document voluntarily and with full understanding of the legal consequences of |

signing this document.

AFFIANT

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sworn to and subscribed in my presence this |  | day of |  | , 20 |  | . |

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